# STATE OF NEW YORK

9312

2025-2026 Regular Sessions

# IN ASSEMBLY

December 10, 2025

Introduced by M. of A. SLATER -- read once and referred to the Committee on Health

AN ACT to amend the public health law, in relation to strengthening transparency regarding Medicaid network adequacy and protecting beneficiaries from disruptions in care

**The People of the State of New York, represented in Senate and Assembly, do enact as follows:**

Section 1. This act shall be known and may be cited as the "Medicaid network access protection act".

§ 2. The legislature finds that:

1. Medicaid represents the state's largest expenditure, yet many beneficiaries face difficulty accessing primary and specialty care, particularly in the Hudson Valley and other suburban and rural regions.

2. Recent decisions by large healthcare systems - including Optum - to withdraw from Medicaid and Medicare Advantage networks highlight systemic vulnerabilities and the need for stronger oversight to ensure continuity of care and prevent taxpayer-funded access erosion.

3. Medicaid policy has prioritized coverage expansion without a publicly available, transparent evaluation of whether reimbursement levels and program structures support real-world access to providers.

4. Emergency room utilization increases significantly when patients cannot obtain routine care, driving up costs for the system and straining hospital capacity.

5. Expanded transparency regarding Medicaid network adequacy is necessary to ensure Medicaid dollars are used to provide accessible, continuous patient care.

It is therefore the intent of this act to ensure New Yorkers have timely access to care and that Medicaid funding is used effectively to provide enrollees with access to care, regardless of where they are located in the state.

EXPLANATION--Matter in *italics* (underscored) is new; matter in brackets [-] is old law to be omitted.

LBD14130-01-5

§ 3. The public health law is amended by adding a new section 4403-h to read as follows:

**§ 4403-h. Network adequacy reviews. 1. The commissioner, in consultation with the superintendent of financial services, the commissioner of addiction services and supports, and the commissioner of mental health, shall:**

**(a) Annually update network adequacy guidelines.**

**(b) Quarterly publicly publish the results of the department's network adequacy surveys of managed care organizations on the department's website and, within thirty days of such publication, the department shall also publish a summary of such survey. Such results shall have any personally identifiable information of patients and providers removed prior to being published.**

**2. Any organization withdrawing from a Medicaid managed care organization or Medicare advantage network shall provide a minimum of ninety days' notice to the department, the department of financial services, and all patients covered under such plan and who have received services from the organization in the past year.**

§ 4. Subparagraph 1 of paragraph (e) of subdivision 6 of section 4403 of the public health law, as amended by section 10 of subpart B of part AA of chapter 57 of the laws of 2022, is amended to read as follows:

(1) If an enrollee's health care provider leaves the health maintenance organization's network of providers for reasons other than those for which the provider would not be eligible to receive a hearing pursuant to paragraph a of subdivision two of section forty-four hundred six-d of this chapter, the health maintenance organization shall provide written notice to the enrollee of the provider's disaffiliation and permit the enrollee to continue an ongoing course of treatment with the enrollee's current health care provider during a transitional period of: (i) [~~ninety~~] **one hundred eighty** days from the later of the date of the notice to the enrollee of the provider's disaffiliation from the organization's network or the effective date of the provider's disaffiliation from the organization's network; or (ii) if the enrollee is pregnant at the time of the provider's disaffiliation, the duration of the pregnancy and post-partum care directly related to the delivery.

§ 5. Paragraph (f) of subdivision 6 of section 4403 of the public health law, as added by chapter 705 of the laws of 1996, is amended to read as follows:

(f) If a new enrollee whose health care provider is not a member of the health maintenance organization's provider network enrolls in the health maintenance organization, the organization shall permit the enrollee to continue an ongoing course of treatment with the enrollee's current health care provider during a transitional period of up to [~~sixty~~] **one hundred eighty** days from the effective date of enrollment, if (i) the enrollee has a life-threatening disease or condition or a degenerative and disabling disease or condition or (ii) the enrollee has entered the second trimester of pregnancy at the effective date of enrollment, in which case the transitional period shall include the provision of post-partum care directly related to the delivery. If an enrollee elects to continue to receive care from such health care provider pursuant to this paragraph, such care shall be authorized by the health maintenance organization for the transitional period only if the health care provider agrees (A) to accept reimbursement from the health maintenance organization at rates established by the health maintenance organization as payment in full, which rates shall be no more than the level of reimbursement applicable to similar providers within

the health maintenance organization's network for such services; (B) to adhere to the organization's quality assurance requirements and agrees to provide to the organization necessary medical information related to such care; and (C) to otherwise adhere to the organization's policies and procedures including, but not limited to procedures regarding referrals and obtaining pre-authorization and a treatment plan approved by the organization. In no event shall this paragraph be construed to require a health maintenance organization to provide coverage for benefits not otherwise covered or to diminish or impair pre-existing condition limitations contained within the subscriber's contract.

§ 6. This act shall take effect immediately.