STATE OF NEW YORK

10698--A

IN SENATE

September 11, 2026

Introduced by Sen. COONEY -- read twice and ordered printed, and when printed to be committed to the Committee on Rules -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the public health law, in relation to universal health care for children; and to repeal certain provisions of such law relating thereto

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

Section 1. Paragraphs (a), (b) and (c) of subdivision 6 of section 2510 of the public health law, as added by section 69 of part B of chapter 58 of the laws of 2005, are amended to read as follows:

(a) the period of eligibility for a child who ceases to be eligible because [~~he or she~~] **they** no longer [~~resides~~] **reside** in New York state or [~~has access to or~~] obtained other health insurance coverage, as defined by the commissioner in consultation with the superintendent pursuant to paragraph (c) of subdivision two of section twenty-five hundred eleven of this article, shall end the last day of the month in which the child ceases to be an eligible child; and

(b) the period of eligibility for a child who becomes eligible for medical assistance shall end the last day of the [~~third~~] **sixth** month after the child becomes eligible for medical assistance[~~; and~~

~~(c) the period of eligibility for a child for whom an applicable premium payment has not been paid shall end in accordance with time frames and procedures determined by the commissioner~~].

§ 2. Subdivision 9 of section 2510 of the public health law is amended by adding a new paragraph (f) to read as follows:

(f) for periods on or after January first, two thousand twenty-eight, no payments are required for eligible children.

§ 3. Subparagraphs (ii) and (iii) of paragraph (a) of subdivision 2 of section 2511 of the public health law, subparagraph (ii) as amended by section 28 of part A of chapter 58 of the laws of 2007, and subparagraph (iii) as amended by section 30 of part D of chapter 56 of the laws

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

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of 2013, are amended and a new subparagraph (iv) is added to read as follows:

(ii) effective July first, two thousand, resides in a household having a gross household income at or below two hundred fifty percent of the non-farm federal poverty level (as defined and updated by the United States department of health and human services); [~~and~~]

(iii) effective September first, two thousand eight, resides in a household having a household income at or below four hundred percent of the non-farm federal poverty level (as defined and updated by the United States department of health and human services); **and**

(iv) effective January first, two thousand twenty-eight, household income is removed as a factor for determining eligibility;

§ 4. Paragraph (b) of subdivision 2 of section 2511 of the public health law, as amended by chapter 639 of the laws of 1996, is amended to read as follows:

(b) is not eligible for medical assistance, except that a child who becomes eligible for medical assistance after becoming an eligible child under this title, may be eligible for a subsidy payment pursuant to subdivision three of this section as medical assistance for a period up to [~~three~~] **six** months after becoming eligible for medical assistance; and

§ 5. Paragraph (f) of subdivision 2 of section 2511 of the public health law is REPEALED and a new paragraph (f) is added to read as follows:

(f) Notwithstanding any inconsistent provision of law to the contrary and subject to the availability of federal financial participation under title XIX of the federal social security act, a child under the age of nineteen shall be presumed to be eligible for subsidy payments and temporarily enrolled for coverage under this title, once during a twelve-month period, beginning on the first day of the enrollment period. The temporary enrollment period shall continue until an eligibility determination is made pursuant to title eleven of article five of the social services law, or two months after the date temporary enrollment begins; provided however, a temporary enrollment period may be extended in the event an eligibility determination under title eleven of article five of the social services law is not made within such two-month period through no fault of the applicant for insurance for medical assistance. The commissioner shall assure that children who are enrolled pursuant to this paragraph receive the appropriate follow-up for a determination of eligibility for benefits under title eleven of article five of the social services law prior to the termination of the temporary enrollment period. The commissioner shall ensure that children and their families are informed of all available enrollment sites in accordance with subdivision nine of this section.

§ 6. Subdivision 4 of section 2511 of the public health law, as amended by section 21 of part D of chapter 56 of the laws of 2013, is amended to read as follows:

4. Households shall report to the approved organization or state enrollment center, whichever is applicable, within thirty days, any changes in New York state residency or health care coverage under insurance that may make a child ineligible for subsidy payments pursuant to this section. Any individual who, with the intent to obtain benefits, willfully misstates [~~income or~~] residence to establish eligibility pursuant to subdivision two of this section or willfully fails to notify an approved organization or state enrollment center of a change in residence or health care coverage pursuant to this subdivision shall repay

such subsidy to the commissioner. Individuals seeking to enroll children for coverage shall be informed that such willful misstatement or failure to notify shall result in such liability.

§ 7. Paragraph (i) of subdivision 8 of section 2511 of the public health law is amended by adding a new subparagraph (iii) to read as follows:

(iii) Effective January first, two thousand twenty-eight, reimbursement for covered health care services provided shall be at rates negotiated between the insurer and the providers of such health care services, provided that such rates are not less than the rates that would be paid for such services pursuant to the corresponding Medicare rate. In the instance that a covered health service under this section does not have a corresponding billing code in Medicare, the rate of reimbursement to the providers of the covered health care services shall be no less than 100% of the Medicaid fee for-service rate.

§ 8. The commissioner of health shall, expeditiously and as necessary, submit the appropriate waivers, including, but not limited to, those authorized under section 1115, title XIX, or title XXI of the federal social security act, or successor provisions, and any other waivers and state plan amendments necessary to secure federal financial participation under this act.

§ 9. This act shall take effect on the first of January next succeeding the date on which it shall have become a law. Effective immediately, the addition, amendment and/or repeal of any rule or regulation necessary for the implementation of this act on its effective date are authorized to be made and completed on or before such effective date.