

# STATE OF NEW YORK

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3592

2025-2026 Regular Sessions

## IN SENATE

January 28, 2025

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Introduced by Sens. RIVERA, MYRIE, BAILEY, CLEARE, FERNANDEZ, GONZALEZ, GOUNARDES, HOYLMAN-SIGAL, KRUEGER, LIU, RAMOS, SALAZAR, SANDERS, SEPULVEDA, SERRANO -- read twice and ordered printed, and when printed to be committed to the Committee on Health

AN ACT to amend the public health law, in relation to setting reimbursement rates for essential safety net hospitals

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

1 Section 1. Legislative intent. Essential safety net hospitals predomi-  
2 nately serve historically marginalized neighborhoods and communities of  
3 color, with Medicaid and uninsured patients comprising 36 percent or  
4 more of their patient population. Years of disinvestment and the current  
5 financing system impedes the ability of these facilities to provide  
6 equitable care in the communities they serve. The perpetual cycle of  
7 underfunding of these hospitals prevents critical investment in services  
8 and requires annual supplemental state support to simply remain open to  
9 provide care. The legislature seeks to implement a permanent solution to  
10 address decades-long inequities faced by communities served by essential  
11 safety net hospitals. It is the intent of the legislature to provide  
12 enhanced rates to essential safety net hospitals to support investments  
13 to stabilize the safety net workforce, allow for investment in critical  
14 hospital infrastructure, and provide expanded and equitable programs and  
15 services to underserved communities. This legislation will promote  
16 access to care by ensuring that essential safety net hospitals in New  
17 York's most marginalized communities remain open and are better posi-  
18 tioned to successfully meet community needs. It is recognized that this  
19 legislation may require eligible hospitals to waive the receipt of Medi-  
20 caid Disproportionate Share Hospital allotments as a condition of  
21 receiving enhanced reimbursement rates as a result of this legislation.  
22 It is further recognized that an eligible essential safety net hospital

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

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1 may decline to participate in the reimbursement structure created by  
2 this legislation.

3 § 2. Section 2807-c of the public health law is amended by adding a  
4 new subdivision 34-a to read as follows:

5 34-a. Health equity stabilization and transformation act. (a) For the  
6 purposes of this subdivision, "essential safety net hospital" shall  
7 mean:

8 (i) Any hospital eligible for participation in the directed payment  
9 template (DPT) preprint submitted by the state to the Centers for Medi-  
10 caid and Medicare Services for fiscal year two thousand twenty-five;

11 (ii) Any non-state public hospital operated by a county, municipality  
12 or public benefit corporation; or

13 (iii) Any voluntary hospital certified under this article that is a  
14 general hospital, which, in any of the previous three calendar years,  
15 has met the following criteria:

16 (A) at least thirty-six percent of inpatient volumes are associated  
17 with Medicaid and uninsured individuals;

18 (B) at least thirty-six percent of outpatient volumes are associated  
19 with Medicaid and uninsured individuals;

20 (C) no more than twenty percent of inpatient volumes are associated  
21 with commercially insured individuals; and

22 (D) the hospital is not part of a private health system with ten  
23 billion dollars or more in annual total patient revenue.

24 (b) For purposes of this subdivision, "essential safety net hospital"  
25 shall not include hospitals that are (i) public hospitals operated by  
26 the state; (ii) federally designated as a critical access hospital;  
27 (iii) federally designated as a sole community hospital; (iv) specialty  
28 hospitals; or (v) children's hospitals.

29 (c) For purposes of this subdivision, "health care services" shall  
30 include, but is not limited to, acute inpatient discharges, inpatient  
31 psychiatric days, ambulatory surgery visits, emergency room visits, and  
32 outpatient clinic services.

33 (d) For essential safety net hospitals that qualify pursuant to para-  
34 graph (a) of this subdivision, the commissioner shall, subject to feder-  
35 al approval, require inpatient hospital rates and hospital outpatient  
36 rates paid by the medical assistance program for services provided to  
37 patients enrolled in Medicaid managed care to reimburse the entire class  
38 of essential safety net hospitals in each geographic region at no less  
39 than regional average commercial rates for health care services provided  
40 by all hospitals in the same geographic region, as reported in a bench-  
41 marking database maintained by a nonprofit organization specified by the  
42 commissioner. Such nonprofit organization shall not be affiliated with  
43 an insurer, a corporation subject to article forty-three of the insur-  
44 ance law, a municipal cooperative health benefit plan certified pursuant  
45 to article forty-seven of the insurance law, a health maintenance organ-  
46 ization certified pursuant to article forty-four of this chapter, or a  
47 provider licensed under this chapter. For purposes of this paragraph:

48 (i) The commissioner shall establish two geographic regions within the  
49 state for establishing the regional average commercial rate. The first  
50 region shall consist of the average commercial rate for services  
51 provided in the following counties: Bronx, Kings, New York, Queens, and  
52 Richmond. The second region shall consist of the average commercial  
53 rate for services provided in all of the remaining counties.

54 (ii) The regional average commercial rate for health care services  
55 shall reflect the most recent twelve-month period in which data on  
56 commercial rates is available, and shall be updated no less frequently

1 than every three years, provided that the average commercial rate shall  
2 be trended forward to adjust for inflation on an annual basis between  
3 such updates.

4 (iii) The commissioner shall ensure that all essential safety net  
5 hospitals shall receive the rates defined in this paragraph. The commis-  
6 sioner shall not exclude any qualifying essential safety net hospitals,  
7 including public hospitals.

8 (e) In the event it is determined by the commissioner that the state  
9 will be unable to secure all necessary federal approvals for the  
10 purposes of implementation of this subdivision, the commissioner shall  
11 seek approval for reimbursement rates that are as close to the average  
12 commercial rate as possible in order to obtain all necessary federal  
13 approvals.

14 (f) Managed care organizations shall provide written certification to  
15 the commissioner on a quarterly basis that all payments to essential  
16 safety net hospitals are made in compliance with this subdivision and in  
17 accordance with section three thousand two hundred twenty-four-a of the  
18 insurance law. Managed care organizations shall also report to the  
19 commissioner claim denial information for claims submitted by essential  
20 safety net hospitals, in a manner specified by the commissioner, to be  
21 made publicly available.

22 (g) Any hospital qualifying under this subdivision shall annually  
23 report to the department demonstrating that it meets the criteria as an  
24 essential safety net hospital. The report shall also include information  
25 to demonstrate how increased reimbursement has been utilized to improve  
26 patient access, patient quality and patient experience.

27 (h) The commissioner shall make any quality data reported by essential  
28 safety net hospitals pursuant to paragraph (g) of this subdivision  
29 publicly available in a manner that is useful for patients to make qual-  
30 ity determinations.

31 (i) No later than September first, two thousand twenty-five, the  
32 commissioner shall provide the governor, the temporary president of the  
33 senate and the speaker of the assembly with a report on the feasibility  
34 of obtaining a state plan amendment to modify the Medicaid fee-for-ser-  
35 vice rates for health care services in the manner prescribed in this  
36 subdivision.

37 § 3. This act shall take effect on the first of April next succeeding  
38 the date on which it shall have become a law. Effective immediately the  
39 commissioner of health or their designees shall make such rules and  
40 regulations, and seek any federal approvals necessary for the implemen-  
41 tation of this act on its effective date.