STATE OF NEW YORK

7361

2025-2026 Regular Sessions

IN SENATE

April 10, 2025

Introduced by Sen. RHOADS -- read twice and ordered printed, and when printed to be committed to the Committee on Labor

AN ACT to amend the workers' compensation law, in relation to medical treatment for workers' compensation claimants when the workers' compensation claim has been controverted

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

Section 1. Subdivision 2 of section 25 of the workers' compensation law is amended by adding a new paragraph (d) to read as follows:

(d) (i) In the event the employer or insurance carrier elects to controvert the right to compensation, and it is confirmed that the claimant holds a valid policy of insurance from a health insurance provider in effect on the date of injury, such employer or insurance carrier shall provide medical treatment to the injured worker pursuant to the provisions of section thirteen of this chapter, and payment to health care providers pursuant to procedures established by the board without regard to such controversy.

(ii) In the event the board makes a final determination that the claim is not compensable, the employer or insurance carrier may seek reimbursement for medical bills from the claimant's health insurance provider in an amount not to exceed the actual payments made by the employer or insurance carrier on behalf of the claimant for such medical treatment. Within thirty days of receipt by the health insurance provider of the medical reports, bills and proof of payment, such health insurance provider shall reimburse the employer or insurance carrier for the full amount of the actual payments made. Bills submitted for reimbursement under this section may not be challenged on the grounds of medical necessity; utilization of an out of network provider or if the established reimbursement rate for the health insurance provider is less than what is provided under the workers' compensation fee schedule. Should the health insurance provider fail to make timely payment, the

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

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employer or insurance carrier shall retain a private right of action against such health insurance provider on behalf of the claimant. In no event may the employer, carrier or health insurance provider seek reimbursement of any kind, including the payment of co-payments, from the injured employee, such employee's surviving spouse, dependents, or estate.

(iii) The New York compensation insurance rating board shall, no less frequently than on an annual basis, request that insurance carriers report the number of claims in which reimbursement is sought, the amounts of reimbursement sought, and the amounts of reimbursement received. Insurance carriers shall provide data responsive to such request. The New York compensation insurance rating board shall, upon request, provide such data to the board.

§ 2. This act shall take effect immediately.