

STATE OF NEW YORK

7918--A

2025-2026 Regular Sessions

IN SENATE

May 14, 2025

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

AN ACT to amend the insurance law and the social services law, in relation to reimbursement for anesthesia services

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

1 Section 1. The insurance law is amended by adding a new section 3246
2 to read as follows:

3 § 3246. Reimbursement for anesthesia services. (a) An insurer issuing
4 a policy of hospital, medical, or surgical expense insurance pursuant to
5 this section or any other section of law shall not impose arbitrary time
6 caps on reimbursement for anesthesia services provided during medically
7 necessary procedures.

8 (b) Reimbursement for anesthesia services shall be determined based on
9 medical necessity as determined by the insurer, taking into consider-
10 ation the complexity of the procedure as evidenced by the submission of
11 medical records submitted by the attending anesthesiologist or licensed
12 anesthesia provider.

13 (c) (1) An insurer issuing a policy of hospital, medical, or surgical
14 expense insurance pursuant to this section or any other section of law
15 shall be prohibited from denying payment for anesthesia services solely
16 because the duration of care exceeded a pre-set time limit.

17 (2) Notwithstanding paragraph one of this subsection, an insurer may
18 use a time related reimbursement methodology for anesthesia services if
19 such methodology is based upon criteria established by an independent
20 organization, including the criteria used by the centers for Medicare
21 and Medicaid services to reimburse anesthesia services under title XVIII
22 of the United States Social Security Act (Medicare). If an insurer uses
23 a time related reimbursement methodology, it should have an established

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

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1 process for the submission of additional medical records and the sharing
2 of electronic medical records to assess whether an increase to the
3 reimbursement is warranted.

4 § 2. The insurance law is amended by adding a new section 4331 to read
5 as follows:

6 § 4331. Reimbursement for anesthesia services. (a) Every corporation
7 subject to the provisions of this article that provide hospital,
8 medical, or surgical expense insurance coverage shall not impose arbi-
9 trary time caps on reimbursement for anesthesia services provided during
10 medically necessary procedures.

11 (b) Reimbursement for anesthesia services shall be determined based on
12 medical necessity as determined by the corporation, taking into consid-
13 eration the complexity of the procedure as evidenced by the submission
14 of medical records submitted by the attending anesthesiologist or
15 licensed anesthesia provider.

16 (c)(1) A corporation issuing hospital, medical, or surgical expense
17 insurance coverage shall be prohibited from denying payment for anes-
18 thesia services solely because the duration of care exceeded a pre-set
19 time limit.

20 (2) Notwithstanding paragraph one of this subsection, a corporation
21 may use a time related reimbursement methodology for anesthesia services
22 if such methodology is based upon criteria established by an independent
23 organization, including the criteria used by the centers for Medicare
24 and Medicaid services to reimburse anesthesia services under title XVIII
25 of the United States Social Security Act (Medicare). If a corporation
26 uses a time related reimbursement methodology, it should have an estab-
27 lished process for the submission of additional medical records and the
28 sharing of electronic medical records to assess whether an increase to
29 the reimbursement is warranted.

30 § 3. The social services law is amended by adding a new section 365-q
31 to read as follows:

32 § 365-q. Reimbursement for anesthesia services. 1. Any medical assist-
33 ance provider whose medical assistance includes the provision of anes-
34 thesia, including such assistance furnished through a managed care
35 program, shall not be subject to arbitrary time caps on reimbursement
36 when furnished during medically necessary procedures, and such payment
37 shall not be denied for such assistance solely because the duration of
38 such assistance exceeded a pre-set time limit.

39 2. Notwithstanding subdivision one of this section, a managed care
40 provider may use a time related reimbursement methodology for anesthesia
41 services if such methodology is based upon criteria established by an
42 independent organization, including the criteria used by the centers for
43 Medicare and Medicaid services to reimburse anesthesia services under
44 title XVIII of the United States Social Security Act (Medicare). If a
45 managed care provider uses a time related reimbursement methodology, it
46 should have an established process for the submission of additional
47 medical records and the sharing of electronic medical records to assess
48 whether an increase to the reimbursement is warranted.

49 § 4. This act shall take effect January 1, 2026.