STATE OF NEW YORK

8096

2025-2026 Regular Sessions

IN SENATE

May 15, 2025

Introduced by Sens. HARCKHAM, ADDABBO, ASHBY, BORRELLO, BROUK, CANZONERI-FITZPATRICK, CHAN, CLEARE, COMRIE, COONEY, FAHY, FERNANDEZ, GALLIVAN, GONZALEZ, HELMING, HINCHEY, HOYLMAN-SIGAL, JACKSON, KRUEGER, LANZA, LIU, MARTINEZ, MARTINS, MATTERA, MAY, MAYER, MURRAY, OBERACKER, PALUMBO, PARKER, RAMOS, RHOADS, RIVERA, ROLISON, C. RYAN, S. RYAN, SALAZAR, SCARCELLA-SPANTON, SEPULVEDA, SERRANO, SKOUFIS, STAVISKY, STEC, TEDISCO, WEBB, WEBER, WEIK -- read twice and ordered printed, and when printed to be committed to the Committee on Civil Service and Pensions

AN ACT establishing the "Health Equity for Retirees Act"

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

Section 1. This act shall be known as the "Health Equity for Retirees Act" or "(HERA)".

§ 2. 1. A public employer shall not diminish the health insurance benefits provided to retirees and their Medicare-eligible dependents or the contributions such employer makes for such health insurance coverage below the level of such benefits or contributions made on behalf of such retirees and their dependents by such public employer. Nothing in this subdivision shall be construed to impair the ability of any employee organization to negotiate the terms and conditions of employment for their employee members.

2. For the purposes of this act:

(a) "diminish" shall mean any change in health care offered that could potentially make it harder for retirees residing anywhere within the United States, including its territories and possessions, to access their health care than before such change was made. These changes shall include, but are not limited to, increasing the cost of such health care, including with respect to premiums, deductibles, coinsurance, and copayments, reducing contributions made by a public employer, forcing retirees into Medicare Advantage Plans, forcing them to use health care

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

LBD13145-01-5

providers only from pre-designated panels, or forcing them to wait for pre-authorization for medical procedures that are recommended by their health care providers;

(b) "health care benefits" shall mean any and all aspects of health care coverage offered to retirees and their Medicare-eligible dependents by public employers, including, but not limited to: (i) costs, including but not limited to the amount of money, on either an absolute or proportional basis, retirees and their Medicare-eligible dependents are charged for premiums, deductibles, coinsurance, and copayments associated with any health care coverage; (ii) coverage, including but not limited to the specific services and benefits covered by the health care plan, including inpatient and outpatient care, preventative services, prescription drugs, mental health and substance abuse treatment, and vision and dental care; and (iii) provider choice, including but not limited to the ability of retirees and their Medicare-eligible dependents to access any health care provider who accepts Medicare or participates in the offered plan's network, without restriction;

(c) "public employer" shall mean the following: (i) the state or a civil division thereof; (ii) a county, city, town or village; (iii) a school district, board of cooperative educational services, vocational education and extension board or a school district as enumerated in section 1 of chapter 566 of the laws of 1967, as amended; (iv) any governmental entity operating a college or university; (v) a public improvement or special district including police or fire districts; (vi) a public authority, commission or public benefit corporation; and (vii) any other public corporation, agency, instrumentality or unit of government which exercises governmental power under the laws of this state; and

(d) "retiree" shall mean a Medicare-eligible retiree of a public employer.

§ 3. This act shall take effect immediately.