2025 Health Care Affordability State Policy Snapshot

NEW YORK

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HEALTHCARE VALUE HUB

State Has Active Legislation

State Does Not Have Active Legislation

The Health Care Value Hub ("the Hub") is proud to launch the 2025 Health Care Affordability Policy Snapshot ("Affordability Snapshot"). The Affordability Snapshot provides legislators, consumer advocates, regulators and other interested parties a tool to compare their state's health policies across other states.

The categories examined in this resource explore a variety of policy options that impact health care affordability. Policies were examined for whether they were active, implemented to a limited degree, or not active as of June 1, 2025. Sources for this information can be found in the downloadable **Data and Source Document available on the Dashboard page. Definitions and descriptions for each policy category can be found in the Glossary.**

The Hub offers online and hands-on support with staff dedicated to understanding health care policy and connecting advocates and other interested parties together to help build a patient-centered, high-value healthcare system. As a research-based organization, the Hub takes a comprehensive approach to improving affordability through policy analysis, translation, visualization, and collaborative engagement. We encourage advocates, legislators, and other stakeholders to share our findings to improve consumer health care affordability across the states.

Address Consolidation and Promote Competition

Consolidation Oversight

Policy	Status as of June 2025	Summary
Transaction Notification Required	Requires health systems or providers to notify the state of consolidation transactions	New York requires health care entities to notify the Department of Health at least 30 days before completing a material transaction, such as a merger, acquisition, affiliation, or partnership. Once the notice is submitted, the Department must immediately forward it to the Attorney General's Antitrust, Health Care, and Charities Bureaus. The state's Certificate of Need program must also be notified of certain health facility acquisitions.
Authority to Modify or Reject Consolidation Transactions	Has authority to approve, set conditions, or disapprove consolidation transactions	The Attorney General and courts have authority to approve or disapprove transactions for nonprofit corporations (not healthcare specific). The Certificate of Need program also has authority to approve or disprove transactions.
Affordability Criteria included in Transaction Review	Includes consumer affordability or price growth in review criteria, approval conditions, or both	Health care entities must provide the Attorney General and Department of Health with information on the anticipated impact of the material transaction on cost, quality, access, health equity, and competition in the impacted markets.

State Has Active Policy or Program | Policy or Program Partially Implemented | State Does Not Have an Active Policy or Program | * No Source, or Limited Information Found

Address Consolidation and Promote Competition

Facility Fees

Policy	Status as of June 2025	Summary
Prohibits Facility Fees	State prohibits provider from charging a facility fee for specified procedures, care settings, or both	New York prohibits providers from charging facility fees for preventive services.
Facility Fee Transparency Laws	State requires providers to disclose facility fees to consumers, requires off-campus outpatient departments to identify the physical location where care was provided on claims forms, or both	If facility fees apply, New York requires that providers must notify patients in writing, seven days prior to the date of service that there will be a facility fee, the amount of the fee, the purpose of the fee, if it will be covered by insurance, and for uninsured patients, how to apply for financial assistance.
Limits Cost-Sharing for Facility Fees	The state has no laws that limit the amount a patient may be billed out-of-pocket for facility fees	

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Address Consolidation and Promote Competition

Anti-Competitive Contract Provisions

Policy	Status as of June 2025	Summary
Restricts All-or-Nothing Contract Provisions	⊗ No law restricting All-or-Nothing contract provisions	
Restricts Anti-Tiering and Anti-Steering Contract Provisions	⊗ No law restricting Anti-Tiering or Anti-Steering contract provisions	During the 2025 legislative session New York lawmakers introduced a bill to ban anti-tiering and anti-steering clauses, but it failed in committee.
Restricts Physician Noncompete Clauses	⊗ No statutes limiting physician non-competes	
Restricts Most-Favored Nation Contract Provisions	● Law restricts Most Favored Nation contract provisions	New York prohibits Most Favored Nation clauses in contracts between health maintenance organizations (HMOs) and health care providers, with the exception of residential health care facilities. When such clauses appear in contracts involving MCOs, IPAs, and ACOs, they trigger a material contract change requiring approval from the commissioner, though the Department of Health strongly discourages them.

● State Has Active Policy or Program ◉ Policy or Program Partially Implemented ⊗ State Does Not Have an Active Policy or Program * No Source, or Limited Information Found

Medical Debt Prevention

Balance Billing and Short-Term Insurance

Policy	Status as of June 2025	Summary
Prohibits Balance Billing for Ground Ambulance Services	● Prohibits balance billing for out-of-network ground ambulance services	New York has established balance bill protections that extend to public and private ground ambulance services, but these protections do not apply to interfacility transport or non-emergency transport.
Prohibits Short-Term, Limited Duration Health Plans	● State law has eliminated short-term, limited duration health plans	All state-regulated health plans issued in New York must be guaranteed renewable. Consequently, the sale of short-term, limited-duration health plans is not permitted within the state.

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Medical Debt Prevention

Charity Care and Community Benefit

Policy	Status as of June 2025	Summary
Mandated Hospital Charity Care	State law requires hospitals to provide free or discounted care to low-income patients and sets standards for eligibility (see notes)	New York hospitals must provide discounted or free charity care to patients with incomes up to 400% of the federal poverty level (FPL). Patients at or below 200% FPL receive full charity care. For those between 200% and 300% FPL, payments are capped at 10% of the Medicaid rate, and for those between 301% and 400% FPL, payments are capped at 20%. Hospitals may offer additional assistance at their discretion. Immigration status is not a factor in determining eligibility.
Hospital Charity Care Screening Requirements	State does not require health care providers to screen patients for Medicaid, Marketplace, or charity care eligibility before collecting payment	
Hospital Charity Care Notification Requirement	State law requires health care providers to notify patients of charity care options before collecting payment	Hospitals must provide clear, understandable written policies, including information on eligibility, application procedures, and income thresholds. This must be provided during intake and discharge, as well as through conspicuous postings and on hospital bills and statements.
Hospital Community Benefit Reporting Requirement	State law requires hospitals to annually report the amount of charity care provided	Hospitals in New York are required to file an annual report with the Commissioner of Health that includes information on charity care and bad debts.

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Medical Debt Prevention

Reducing Financial Consequences

Policy	Status as of June 2025	Summary
Mandates Waiting Prior to Collections	State law prohibits sending medical debts to collections for a prescribed period (see note)	Hospitals in New York are prohibited from refer a patient to a debt collector for nonpayment until 180 days after the first post-service bill is issued and after reasonable efforts are made to determine the patient's eligibility for financial assistance.
Limits on Liens or Foreclosures due to Medical Debt	State law prohibits initiating a lien or foreclosure to collect medical debt	New York prohibits placing a lien or foreclosing on a patients' primary residence to collect outstanding medical debts.
Limits Wage Garnishment due to Medical Debt	State law exceeds federal wage garnishment protections for residents with medical debt	Hospitals and debt collectors in New York are fully prohibited from garnishing a patient's wages to collect unpaid medical debts.
Limits on the Amount of Interest Charged to Medical Debt	State law limits interest rates on medical debt	New York caps the annually interest rate on consumer debts, including medical debts, at 2%.

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Curb Excess Costs in the System

Premium Rate Review

Policy	Status as of June 2025	Summary
Effective Rate Review per Centers for Medicare and Medicaid Services (CMS)	● Has an effective rate review process	
Authority to Modify or Reject Premium Rate Increases	● Has the authority to modify or reject premium rate increases	New York has the authority to approve or deny rate filings in the individual and small group market and rate filings submitted by carriers offering community-rated large group policies, Healthy New York policies, and Medicare Supplemental (Medigap) policies.
Affordability Criteria Included in Premium Rate Review	⊗ Does not incorporate affordability criteria into premium rate review	

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Curb Excess Costs in the System

Hospital Price Regulation

Policy	Status as of June 2025	Summary
Medicare Reference-Based Pricing	⊗ State does not use reference-based pricing tied to Medicare rates to regulate hospital pricing	
Hospital Global Budgets	● State has implemented hospital global budgets	In 2024, New York received approval to amend the state's 1115 Medicaid Demonstration waiver, securing $2.2 billion to fund a Medicaid hospital global budget initiative. From April 2025 - March 2027, select safety-net hospitals in Bronx, Kings, Queens, and Westchester counties will revise their Medicaid reimbursement strategies to utilize a hospital global budget. Additionally, in October 2024, New York was selected to participate in the Achieving Healthcare Efficiency through Accountable Design (AHEAD) Model, a state total cost of care (TCOC) model. The model will be implemented in five New York Counties (Bronx, Kings, Queens, Richmond, and Westchester).

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Curb Excess Costs in the System

Affordable Coverage

Policy	Status as of June 2025	Summary
Public Option	⊗ State does not offer an active public option insurance plan	
Public Option Includes Provider Participation Mandate	⊗ State does not does not offer a public option, with or without a participation mandate	
Basic Health Plan	● State operates a Basic Health Plan	New York operates a basic health program, the Essential Plan, which provides premium- and deductible-free coverage to residents earning up to 250% of the Federal Poverty Line (FPL). Cost-sharing for enrollees is also limited under the program. Recent changes at the federal level are expected to force New York lawmakers to make changes to the program, which will likely result in significant coverage losses across the state.
State-Based Premium Subsidies	● Supplementary state-funded premium subsidies are available to eligible residents	Beginning in 2025, New York operates a cost-sharing reduction program for Marketplace enrollees with incomes up to 400% of the Federal Poverty Line (FPL), along with additional support for diabetes management and for pregnant or postpartum individuals. The program continues in 2026.

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Curb Excess Costs in the System

Prescription Drug Pricing

Policy	Status as of June 2025	Summary
Biologic Substitution Laws: Prescriber Permission Requirements	State does not require express authorization for biologic substitution	Pharmacists in New York may substitute an interchangeable biosimilar for the originator biologic without prior approval from the prescribing physician if the substitution is less expensive than the biological product prescribed.
Biologic Substitution Laws: Prescriber Notification Requirements	Pharmacists are required to notify prescribers of biologic substitution	Pharmacists in New York are required to notify the prescribing physician of a substitution within five business days.
Drug Purchasing Consortium	State participates in a drug purchasing consortium (see note)	New York is a member of the National Medicaid Pooling Initiative.
Drug Coupon Prohibitions	State does not prohibit the use of drug manufacturer coupons*	
Medicaid Managed Care Organization (MCO) Carve Out	State Medicaid carves out any drug classes from their MCO benefits (see note)*	As of July 1, 2023, New York carves out the following drugs/classes from MCO benefits: Oncology/CAR-T drugs.
Mandatory Generics in Medicaid Fee-for-Service (FFS)	Medicaid Fee-for-Service (FFS) programs and pharmacists are required to substitute a generic version of a drug	New York has policies or tools to promote mandatory generics.

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Curb Excess Costs in the System

Prescription Drug Pricing

Policy	Status as of June 2025	Summary
Supplemental Rebate Programs	Medicaid Pharmacy Supplemental Rebate Agreement (SRA) in place	
Drug Rebate Transparency and Reporting Requirements	Pharmacy benefit managers are required to report rebate data to the state	
Spread Pricing Restrictions	State prohibits pharmacy benefit managers from engaging in spread pricing	
Pharmacy Benefit Manager Reimbursement and Clawbacks	State does not prohibit PBMs from retroactively reducing reimbursement to pharmacies (“clawbacks”)	
Cost-Disclosure and Gag Clause Restrictions	State law prohibits gag clauses in pharmacy contracts	
Prohibits Copay Accumulator Programs	State prohibits copay accumulator programs	

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Curb Excess Costs in the System

Medicaid Costs

Policy	Status as of June 2025	Summary
Medical Loss Ratio Remittances (MLR) for Medicaid Managed Care Population	State requires MLR remittances for its Medicaid managed care population	
Medicaid Site Neutral Payments	State has not enacted Medicaid site neutral payment legislation	Legislators in New York introduced several bills related to site neutrality in 2025, but none were successful.

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Medicaid Services and Immigrant Coverage

Medicaid Administration

Policy	Status as of June 2025	Summary
Medicaid Managed Care (MCO)	State partners with MCOs to operate their Medicaid program	MCOs provide coverage for most Medicaid covered adults, children, and pregnant women.
Medicaid Vendor — Eligibility and Enrollment	State contracts with a vendor for Medicaid enrollment or eligibility	
Integrated Medicaid-Medicare	State integrates Medicare-Medicaid to coordinate care for the dually eligible population	New York has either or a combination of both highly integrated or fully integrated dual eligible special needs programs (HIDE/FIDE), as well as program of all-inclusive care for the elderly (PACE).

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Medicaid Services and Immigrant Coverage

Medicaid Covered Services

Policy	Status as of June 2025	Summary
Medicaid Coverage for Fertility Services	State Medicaid program covers infertility treatments, fertility preservation, or both (see notes)	Effective October 1, 2019, Medicaid fee-for-service (FFS) and Medicaid Managed Care (MMC) benefits will include medically necessary ovulation enhancing drugs and medical services related to prescribing and monitoring the use of such drugs for individuals 21 through 44 years of age experiencing infertility.
Medicaid Coverage for Doula Services	State Medicaid program actively reimburses for doula services	
Medicaid Coverage for Abortion Care	State Medicaid program utilizes state-based funds to cover abortion care	
Medicaid Coverage for Transition-Related Care	State Medicaid program explicitly covers any transition-related care for adults	
Medicaid Coverage for Hearing Aids	State Medicaid program covers hearing aids for all adults	
Medicaid Coverage for Eye Exams and Glasses	State Medicaid program covers only eye exams or eyeglasses but not both, or biannually or less frequently, or restricts coverage based on age or health condition (see notes)	Exams and glasses covered biannually.
Medicaid Coverage for Dental Services	State Medicaid program covers preventive and diagnostic dental services, extractions, dentures, root canals, fillings, and crowns for adults	

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Medicaid Services and Immigrant Coverage

Medicaid Eligibility

Policy	Status as of June 2025	Summary
Medicaid Expansion	State has expanded Medicaid eligibility to 138% of the federal poverty level (FPL)	.
Retroactive Medicaid	State retroactively extends Medicaid benefits 90 days prior to application date for all adult enrollees	.
Adult Medicaid Continuous Eligibility	State has not authorized 12-month continuous eligibility for non-pregnant adult Medicaid enrollees	New York provides 12-month continuous eligibility for adults whose Medicaid eligibility is based on their Modified Adjusted Gross Income.
12-Month Postpartum Coverage	State has authorized 12-month postpartum Medicaid coverage	
Medicaid Available to People who are Incarcerated	State offers Medicaid coverage to justice-involved individuals while they are in a correctional setting	New York has a pending waiver to provide Medicaid pre-release coverage for individuals who are incarcerated.
Medicaid Aged, Blind and Disabled (ABD) Asset Limits	State has expanded the asset limit for Medicaid for the Elderly and Disabled eligibility beyond $2,000 for an individual applicant and $3,000 for joint applicants	New York Medicaid has expanded its asset limit to $32,396 for individual applicants and $43,781 for joint applicants.
Medicaid Aged, Blind and Disabled (ABD) Life Insurance Exemption	Life insurance exemption limits do not exceed $1,500	
Medicaid Aged, Blind and Disabled (ABD) Retirement Account Exemptions	State exempts both applicants' and spouses' retirement savings from Medicaid eligibility determinations	Applicant and/or spouse's retirement account must be in payout status (i.e. generating monthly income) in order to be exempt.

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Medicaid Services and Immigrant Coverage

Immigrant Coverage

Policy	Status as of June 2025	Summary
From Conception to End of Pregnancy (FCEP)	Covers pregnancy-related services through the CHIP From-Conception-to-End-of-Pregnancy (FCEP) Option and post-partum coverage	New York extends postpartum coverage to 12 months for parents covered by the From Conception to End of Pregnancy option.
Immigrant Children without a Five-Year Bar	State offers coverage for lawfully residing immigrant children without a five-year bar	
Pregnant Immigrants without a Five-Year Bar	Offers coverage for lawfully residing pregnant immigrants without a five-year bar	
State-Funded Coverage for Children Regardless of Citizenship Status	Offers coverage for children regardless of immigration status	
State-Funded Coverage for Adults Regardless of Citizenship Status	Offers coverage for some, but not all, adults regardless of immigration status	New York extended state-funded coverage to individuals ages 65 and older regardless of immigration status beginning in 2023. New York offers Medicaid-like coverage for people age 65 and older regardless of immigration status. The state also offers comprehensive Medicaid-like coverage for certain income-eligible adults who are considered Permanently Residing Under Color of Law (PRUCOL), including DACA recipients/applicants. As of April 2024, the state also offers the Basic Health Plan/Essential plan to those with DACA earning 250% FPL or less.

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Improve Oversight, Accountability, and Transparency

All-Payer Claims Database

Policy	Status as of June 2025	Summary
Established an All-Payer Claims Database (APCD)	State has a(n) all-payer or multi-payer claims database	
All-Payer Claims Database (APCD) Operated by the State	APCD is operated by the state	

Prescription Drug Affordability Board

Policy	Status as of June 2025	Summary
Established Prescription Drug Affordability Board (PDAB)	The state has an active prescription drug affordability board	New York's Medicaid Drug Benefit Budget Cap has the authority to negotiate with drug manufacturers for supplemental rebates if spending on a drug is expected to exceed the Medicaid drug cap, or meets requirements to be considered "high cost".
Prescription Drug Upper Payment Limits	The state has not established Upper Payment Limits for prescription drugs	

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Improve Oversight, Accountability, and Transparency

Price Transparency

Policy	Status as of June 2025	Summary
Service Cost Price Transparency Tool	⊗ State does not have a public-facing price transparency tool	
Prescription Drug Price Reporting Requirement	● Organizations are required to report prescription drug price information to a state entity	Drug manufacturers must report any price increases of more than 16% for drugs with a wholesale acquisition cost of more than $40 for a course of therapy to the Department of Financial Services.

Health Care Spending Oversight

Policy	Status as of June 2025	Summary
Health Care Spending Benchmark	⊗ State has not established a health care spending benchmark for providers, insurance carriers, or both	
Authority to Enforce Health Care Spending Benchmark	⊗ State has not established a health care spending benchmark, with or without enforcement mechanisms	
Hospital or Primary Care Spending Oversight Entity	⊗ State does not monitor and report hospital spending, primary care spending, or both	

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Reduce Cost-Sharing for Patients

Reduce Cost-Sharing: Prescription Drugs

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Diabetes Medications	State has enacted legislation to limit cost-sharing for insulin, diabetes related equipment, or both	New York prohibits cost-sharing for covered prescription insulin, meaning that health insurance carriers can not charge enrollees for insulin.
Waives or Reduces Cost-Sharing for Asthma Inhalers	The state has enacted legislation to limit cost-sharing for asthma inhalers	New York caps cost-sharing for covered prescription asthma inhalers at $25.00 per thirty-day supply.
Waives or Reduces Cost-Sharing for Epinephrine Auto-Injectors	State has enacted legislation to limit cost-sharing for prescription epinephrine autoinjector (s)	
Waives or Reduces Cost-Sharing for Specialty Drugs	State has not enacted legislation to limit cost-sharing for specialty drugs	

Reduced Cost-Sharing: Behavioral Health

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for an Annual Behavioral Health Office Visit	State does not require private insurers to cover at least one annual mental health wellness exam without cost-sharing	

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Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Preventive Care

Policy	Status as of June 2025	Summary
Waives Cost-Sharing for Preventive Services Recommended by the U.S. Preventive Services Task Force (USPSTF)	State mandates private insurers cover USPSTF recommended preventive services without cost-sharing	

Reduced Cost-Sharing: Maternal and Reproductive Health Care

Policy	Status as of June 2025	Summary
Individual and Small Group Health Plans Required to Cover Fertility Treatment	The state requires individual and small group health plans to offer coverage for in-vitro fertilization alone or in addition to fertility preservation services	New York requires large group health insurance to cover 3 cycles of in-vitro fertilization for individuals diagnosed with infertility. These insurers must also cover fertility preservation services for individuals with conditions or who are undergoing treatments that may cause infertility.
Individual and Small Group Health Plans Required to Cover Doula Services	State does not require private health insurers to cover doula services for enrollees	
Individual and Small Group Health Plans Required to Cover Abortion Services	The state requires individual and small group health plans to cover abortion services	

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Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Colorectal Cancer Screenings	State law requires insurers to cover colorectal cancer screening tests with no cost-sharing	All large group health insurance policies in New York are required to cover colorectal cancer screenings without cost-sharing. Legislation to extend the coverage mandate to individual and small group health insurance carriers was introduced in 2025, but both bills failed to progress.
Waives or Reduces Cost-Sharing for Follow-Up Colorectal Cancer Screening Exams	State law requires insurers to cover follow-up colorectal cancer screening tests with no cost-sharing	All large group health insurance policies in New York are required to cover an initial colonoscopy or other medical test or procedure for colorectal cancer screening and a follow-up colonoscopy performed as a result of a positive result on a non-colonoscopy preventive screening test without cost-sharing. Legislation to extend the coverage mandate to individual and small group health insurance carriers was introduced in 2025, but both bills failed to progress.
Waives or Reduces Cost-Sharing for Lung Cancer Screenings	State law does not require coverage or waive cost-sharing for lung cancer screening exams*	

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Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Cervical Cancer Screenings	State law requires insurers to cover cervical cancer screening but allows cost-sharing	
Waives or Reduces Cost-Sharing for Breast Cancer Screenings	State law requires insurers to cover breast cancer screening but allows cost-sharing	New York requires health insurance carriers to cover screening, baseline, an annual mammograms, including breast tomosynthesis, for residents older than thirty-five and residents with a high risk of developing breast cancer. Beginning January 1, 2026, state law will prohibit the imposition of any annual deductible or coinsurance for these services.
Waives or Reduces Cost-Sharing for Supplementary Breast Cancer Screenings	State law does not require coverage or waive cost-sharing for supplementary breast cancer screening exams	Beginning January 1, 2026, health insurance carriers in New York will be required to cover screening and diagnostic imaging, including diagnostic mammograms, breast ultrasounds, or magnetic resonance imaging, for the detection of breast cancer without imposing any deductible or coinsurance requirements.

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Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Prostate Cancer Screenings	State law requires insurers to cover prostate cancer screening but allows cost-sharing	Health insurance carriers in New York are required to cover diagnostic screening for prostatic cancer and are prohibited from imposing any deductible or coinsurance requirements for the services.
Waives or Reduces Cost-Sharing for Ovarian Cancer Screening	State law does not require coverage or waive cost-sharing for ovarian cancer screening exams	Legislation that would require health insurance carriers in New York to cover ovarian cancer screening was introduced in 2025, but the bills did not progress.
Waives or Reduces Cost-Sharing for Biomarker Testing for Cancer	State requires coverage of biomarker testing for cancer screening but allows cost-sharing	New York law requires coverage for biomarker precision medical tests when used for appropriate diagnostic and treatment purposes, but does not prohibit cost-sharing.

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