Ensuring Access to Health Care in New York

S.5241/A.6648 Fact Sheet

Sponsors: Sen. Fernandez and Asm. Hunter

The Problem

In New York, many families don't get the treatment they need, even when their health plan promises to cover the services.

Inconsistent and opaque rules lead to delays, denials and treatment being cut short. This has significant consequences for New York families:

- **Worsening conditions and health crises**

  Medical, mental health, and substance use conditions often get worse, become harder and more costly to treat, and can result in poor outcomes, including suicide and overdose.

- **Financial instability**

  Families are forced to pay thousands of dollars in out-of-pocket expenses to access critical health care on top of the premiums they are already paying for denied coverage.

- **Community disruption**

  People who don't get the treatment they need face great risk of emergency department visits, hospitalizations, school failure, loss of employment or housing, and involvement in the criminal legal system.

By The Numbers:

32 thousand

grievances against health insurance denials were filed in New York last year.

2/3 of NYers

with commercial insurance who have a diagnosed mental health condition have not received the care they need over the past year.

53%

of New York high schoolers with major depression received no treatment – none at all.

The Good News

New York lawmakers have the power to close these loopholes and ensure patients get the mental health care they've been promised.

S.5241/A.6648 will establish fair standards in mental health care and put appropriate discretion back in the hands of doctors and patients. The bill would:

- Establish a standard definition of "medical necessity" in line with evidence-based best practices.
- Ensure carriers are not denying coverage for doctor-prescribed, medically necessary health care--mental health, substance use, and physical health services--that are included under the patient's health plan.
- Clarify that if insurers deny care they have determined is "medically unnecessary," the criteria they utilize will be transparent and consistent with medical and scientific evidence. For mental health conditions, it allows the Office of Mental Health to designate specific level of care criteria.
- Place limits on an insurer's ability to "claw back" previously disbursed payments after-the-fact from patients or providers for already-approved treatment.

Updating New York law with clear and commonsense definitions and standards of medical, mental health, and addiction care will save lives, reduce homelessness, and decrease costs for our communities and the state.

Many states have taken similar action to strengthen patient protections and prevent wrongful denials, including:

California SB 855 (2020)

Oregon HB 3046 (2021)

Maryland SB 791 (2024)

Illinois HB 5395 (2024)

Colorado HB 1002 (2025)