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May 4, 2026

RE: AN ACT to amend the insurance law
and the social services law, in relation
to requiring health insurance policies
and Medicaid to cover patient
navigation services

A.6586 (Weprin)
S.5565 (Bailey)

MEMORANDUM IN OPPOSITION

Submitted on behalf of the Blue Cross and Blue Shield Plans

The New York State Conference of Blue Cross and Blue Shield Plans strongly opposes the enactment of this legislation, which would require comprehensive health insurance and Medicaid to cover patient navigation services for individuals with a serious condition that is expected to last at least three (3) months and places the individual at high risk for one or more of the following: hospitalization; nursing home placement; a sudden worsening. In addition to duplicative coverage of patient navigation services already provided to Medicaid enrollees, this is yet another costly health insurance mandate that will ultimately come at a significant cost to the State.

This bill would require coverage of referrals to or the provisions of patient navigation services to eligible members. Patient navigation services include screening for nonclinical or social needs that do not require a licensed healthcare provider to complete, referrals and follow-up to connect members to services like transportation, employment, job training, food insecurity, childcare, housing, language or literacy support. These services also include help with enrollment or maintaining coverage in a government program or other assistance program, arranging for and accompaniment to an in-person and virtual health care visits, and other prevention, screening and treatment health education, health navigation, health advocacy, or individual supports including transition of care supports. While this bill is all well-intentioned, these types of services are not traditional health care services covered by commercial health insurance and would represent a new benefit mandate.

On January 9, 2024, the Centers for Medicare and Medicaid Services ("CMS") approved a three-year 1115 Waiver amendment, including \$3.5 billion for a program of Social Care Networks

(“SCNs”) to improve integration across health, behavioral health, and social care.¹ SCNs are tasked with identifying Medicaid enrollees’ unmet social needs, navigating members to health-related social needs (“HRSN”) services, and reimbursing HRSN service providers. While this bill laudably seeks to provide screening for social needs, referrals, and other assistance to Medicaid enrollees to maintain their status in government programs, this benefit is already provided through SCNs for Medicaid enrollees.

Insofar as access to transportation to healthcare visits is required under this bill, since 2012, the 1115 Medicaid Redesign Team (“MRT”) demonstration authorized MLTC plans to offer non-emergency medical transportation (“NEMT”) services to members and was approved by the Centers for Medicare and Medicaid Services as a State Plan Amendment in 2023. Effective 2024, this benefit was carved out of the MLTC benefit package and has been managed through the fee-for-service (“FFS”) program. As such, this benefit is already available to enrollees.

This bill would also cost a substantial sum to the State as coverage for patient navigation services is not part of New York State’s Essential Health Benefits (“EHB”). Under the Patient Protection and Affordable Care Act (“ACA”), the State must pay the full cost of any State mandates that are in addition to EHB enacted on or after January 1, 2012, for all individual and small group health insurance coverage, unless the benefit is added due to federal requirements.² Thus, this legislation would require the State to incur the cost in full of providing this benefit.

For the foregoing reasons, the New York State Conference of Blue Cross and Blue Shield Plans strongly opposes enactment of this legislation.

Respectfully submitted,

HINMAN STRAUB ADVISORS, LLC
Legislative Counsel for the Blue Cross and Blue Shield Plans

¹ https://www.health.ny.gov/health_care/medicaid/redesign/sdh/scn/docs/overview.pdf

² 42 U.S.C. § 18031(d)(3)(B) and 45 C.F.R. § 155.170(a).