

S T A T E O F N E W Y O R K

S. 6256--B

A. 9056--B

S E N A T E - A S S E M B L Y

January 17, 2012

IN SENATE -- A BUDGET BILL, submitted by the Governor pursuant to article seven of the Constitution -- read twice and ordered printed, and when printed to be committed to the Committee on Finance -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

IN ASSEMBLY -- A BUDGET BILL, submitted by the Governor pursuant to article seven of the Constitution -- read once and referred to the Committee on Ways and Means -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee -- again reported from said committee with amendments, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the public health law, in relation to requiring the use of network providers for evaluations or services under the early intervention program, state aid reimbursement to municipalities for respite services, and service coordination; to repeal subdivision 7 of section 2551 and subdivision 4 of section 2557 of the public health law, relating to administering early intervention services; to amend the public health law, in relation to requiring that each municipality be responsible for providing early intervention services; to amend the public health law, in relation to removing the authorization of the commissioner of health to collect data from counties on early intervention programs for the purpose of improving efficiency, cost effectiveness and quality; to amend the public health law, in relation to requiring health maintenance organizations to include coverage for otherwise covered services that are part of an early intervention program; to amend the insurance law, in relation to payment for early intervention services; to amend the education law, in relation to special education services and programs for preschool children with handicapping conditions; and to repeal subdivision 18 of section 4403 of the education law, relating to the power of the education department to approve the provision of early intervention services (Part A); to amend the public authorities law, in relation to funding and operations of the Roswell Park Cancer Institute (Part B); to amend the public health law, in relation to establishment of an electronic death registration system (Part C); to amend the public health law, in

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

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relation to establishing the supportive housing development reinvestment program; to amend the social services law, in relation to applicability of the assisted living program; to amend the social services law, in relation to including podiatry services and lactation services under the term medical assistance; to amend the public health law and education law, in relation to medical prescriptions for limited English proficient individuals; to amend the social services law, in relation to education, outreach services and facilitated enrollment activities for certain aged, blind and disabled persons; to amend the public health law, in relation to including certain violations by a pharmacy as professional misconduct; expanding prenatal care programs, establishing the primary care service corps practitioner loan repayment program, requiring changes in directors of not-for-profit corporations that operate hospitals to be approved by the department, authorizing the commissioner of health to temporarily suspend or limit hospital operating certificates, revoking of hospital operating certificates, appointment and duties of temporary operators of a general hospital or diagnostic and treatment center, authorizing moneys in the medical indemnity fund to be invested in obligations of the United States or the state or obligations where the principal and interest are guaranteed by the United States or the state and moneys distributed as non-Medicaid grants to non-major public academic medical centers; to amend the social services law, in relation to prescriptions of opioid analgesics and brand name drugs covered by medical assistance; to amend the public health law, in relation to notice requirement for preferred drug program, payment to the commissioner of health by third-party payors, audit of payments to the commissioner of health, electronic submission of reports by hospitals, and changing the definition of eligible applicant; to amend the social services law, in relation to medical assistance where relative is absent or refuses or fails to provide necessary care; to amend the public health law, in relation to third-party payor's election to make payments; to amend the elder law, in relation to the elderly pharmaceutical insurance coverage program; to amend the public health law, in relation to reserved bed days; to amend the social services law, in relation to the personal care services worker recruitment and retention program; to amend the public health law, in relation to the tobacco control and insurance initiatives pool distributions; to amend the social services law, in relation to certain public school districts and state operated/state supported schools; to amend the public health law, in relation to the licensure of home care services agencies; to amend the social services law, in relation to managed care programs; to amend the public health law, in relation to the distribution of the professional education pools; to amend chapter 584 of the laws of 2011, amending the public authorities law, relating to the powers and duties of the dormitory authority of the state of New York relative to the establishment of subsidiaries for certain purposes, in relation to the effectiveness thereof; to amend chapter 119 of the laws of 1997 relating to authorizing the department of health to establish certain payments to general hospitals, in relation to costs incurred in excess of revenues by general hospitals in providing services in eligible programs to uninsured patients and patients eligible for Medicaid assistance; to amend subdivision 1 of section 92 of part H of chapter 59 of the laws of 2011, relating to known and projected department of health state funds Medicaid expenditures, in relation to the effectiveness thereof; to amend section 90

of part H of chapter 59 of the laws of 2011, relating to types of appropriations exempt from certain reductions, in relation to certain payments with regard to local governments; to amend section 1 of part C of chapter 58 of the laws of 2005, relating to authorizing reimbursements for expenditures made by or on behalf of social services districts for medical assistance for needy persons and the administration thereof, in relation to Medicaid reimbursement; and to repeal certain provisions of the public health law, the social services law and the elder law relating thereto (Part D); to amend the public authorities law and the public officers law, in relation to the establishment of the New York Health Benefit Exchange (Part E); to amend chapter 58 of the laws of 2005 authorizing reimbursements for expenditures made by or on behalf of social services districts for medical assistance for needy persons and the administration thereof, in relation to an administrative cap on such program; to amend chapter 59 of the laws of 2011, amending the public health law and other laws relating to general hospital reimbursement for annual rates, in relation to the cap on local Medicaid expenditures; and to amend the social services law, in relation to the department assumption of program administration for medical assistance (Part F); to amend the public health law, in relation to regulations for computing hospital inpatient rates and to amend chapter 58 of the laws of 2005 relating to the preferred drug program, in relation to the effectiveness thereof (Part G); to amend chapter 57 of the laws of 2006, relating to establishing a cost of living adjustment for designated human services programs, in relation to foregoing such adjustment during the 2012-2013 state fiscal year; and in relation to directing limits on state reimbursement for executive compensation and administrative costs (Part H); in relation to contracts by the office for people with developmental disabilities made under section 1115 of the federal social security act (Part I); to amend the mental hygiene law, the public health law, the general municipal law, the education law, the social services law, and the surrogate's court procedure act, in relation to the office for people with developmental disabilities and the creation of developmental disabilities regional offices and state operations offices (Part J); to amend chapter 723 of the laws of 1989 amending the mental hygiene law and other laws relating to comprehensive psychiatric emergency programs, in relation to extending the repeal of certain provisions thereof (Part K); to permit the commissioners of the department of health, the office of mental health, the office of alcoholism and substance abuse services and the office for people with developmental disabilities the regulatory flexibility to more efficiently and effectively integrate health and behavioral health services (Part L); to permit the office of mental health and the state education department to enter into an agreement for purposes of providing education programming for patients residing in hospitals operated by the office of mental health who are between the ages of five and twenty-one; and providing for the repeal of such provisions upon expiration thereof (Part M); to amend the mental hygiene law and the public health law, in relation to the statewide comprehensive services plan for people with mental disabilities and in relation to the local planning process; and to repeal certain provisions of the mental hygiene law relating thereto (Part N); to amend the mental hygiene law, in relation to the closure and the reduction in size of certain facilities serving persons with mental illness (Part O); to amend the mental hygiene law, in relation to amending procedures under

the sex offender management and treatment act, and to amend the penal law, in relation to providing criminal penalties for certain violations of orders of commitment and strict and intensive supervision and treatment (Part P); to amend the criminal procedure law, in relation to providing for outpatient capacity restoration of felony defendants, or restoration at psychiatric units of jails or article 28 hospitals (Part Q); to amend chapter 111 of the laws of 2010 relating to the recovery of exempt income by the office of mental health for community residences and family-based treatment programs, in relation to the effectiveness thereof (Part R); and to amend the public health law, in relation to consolidating the excess medical malpractice liability coverage pool; and to repeal section 18 of chapter 266 of the laws of 1986, amending the civil practice law and rules and other laws relating to medical and dental malpractice, relating thereto (Part S)

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

1 Section 1. This act enacts into law major components of legislation
2 which are necessary to implement the state fiscal plan for the 2012-2013
3 state fiscal year. Each component is wholly contained within a Part
4 identified as Parts A through S. The effective date for each particular
5 provision contained within such Part is set forth in the last section of
6 such Part. Any provision in any section contained within a Part, including
7 the effective date of the Part, which makes a reference to a section
8 "of this act", when used in connection with that particular component,
9 shall be deemed to mean and refer to the corresponding section of the
10 Part in which it is found. Section three of this act sets forth the
11 general effective date of this act.

12 PART A

13 Section 1. Paragraph (a) of subdivision 2 of section 2544 of the
14 public health law, as added by chapter 428 of the laws of 1992, is
15 amended and a new paragraph (c) is added to read as follows:

16 (a) [The] SUBJECT TO THE PROVISIONS OF SECTION TWENTY-FIVE HUNDRED
17 FORTY-FIVE-A OF THIS TITLE, THE parent may select an evaluator from the
18 list of approved evaluators as described in section twenty-five hundred
19 forty-two of this title to conduct the evaluation. The parent or evaluator
20 shall immediately notify the early intervention official of such
21 selection. The evaluator may begin the evaluation no sooner than four
22 working days after such notification, unless otherwise approved by the
23 initial service coordinator.

24 (C) IF, IN CONSULTATION WITH THE EVALUATOR, THE SERVICE COORDINATOR
25 IDENTIFIES A CHILD THAT IS POTENTIALLY ELIGIBLE FOR PROGRAMS OR SERVICES
26 OFFERED BY OR UNDER THE AUSPICES OF THE OFFICE FOR PEOPLE WITH DEVELOPMENTAL
27 DISABILITIES, THE SERVICE COORDINATOR SHALL, WITH PARENT CONSENT,
28 NOTIFY THE OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES' REGIONAL
29 DEVELOPMENTAL DISABILITIES SERVICES OFFICE OF THE POTENTIAL ELIGIBILITY
30 OF SUCH CHILD FOR SAID PROGRAMS OR SERVICES.

31 S 2. Subdivision 1, the opening paragraph of subdivision 2 and subdivision
32 7 of section 2545 of the public health law, as added by chapter
33 428 of the laws of 1992, are amended to read as follows:

1 1. If the evaluator determines that the infant or toddler is an eligi-
2 ble child, the early intervention official shall convene a meeting, at a
3 time and place convenient to the parent, consisting of the parent, such
4 official, the evaluator, A REPRESENTATIVE FROM THE CHILD'S INSURER OR
5 HEALTH MAINTENANCE ORGANIZATION, WHICH SHALL INCLUDE THE MEDICAL ASSIST-
6 ANCE PROGRAM OR THE CHILD HEALTH INSURANCE PROGRAM ESTABLISHED IN TITLE
7 ONE-A OF THIS ARTICLE, OR ANY OTHER GOVERNMENTAL THIRD PARTY PAYOR, IF
8 THE CHILD HAS COVERAGE THROUGH AN INSURER OR HEALTH MAINTENANCE ORGAN-
9 IZATION AND THE REPRESENTATIVE IS AVAILABLE TO ATTEND THE MEETING ON THE
10 DATE AND TIME CHOSEN BY THE EARLY INTERVENTION OFFICIAL, the initial
11 service coordinator and any other persons who the parent or the initial
12 service coordinator, with the parent's consent, invite, provided that
13 such meeting shall be held no later than forty-five days from the date
14 that the early intervention official was first contacted regarding the
15 child, except under exceptional circumstances prescribed by the commis-
16 sioner. The early intervention official, at or prior to the time of
17 scheduling the meeting, shall inform the parent of the right to invite
18 any person to the meeting. IF THE REPRESENTATIVE FROM THE CHILD'S
19 INSURER OR HEALTH MAINTENANCE ORGANIZATION IS NOT AVAILABLE TO ATTEND
20 THE MEETING IN PERSON ON THE DATE AND TIME CHOSEN BY THE EARLY INTER-
21 VENTION OFFICIAL, ARRANGEMENTS MAY BE MADE FOR THE REPRESENTATIVE'S
22 INVOLVEMENT IN THE MEETING BY PARTICIPATION IN A TELEPHONE CONFERENCE
23 CALL OR BY OTHER MEANS.

24 The early intervention official, A REPRESENTATIVE FROM THE CHILD'S
25 INSURER OR HEALTH MAINTENANCE ORGANIZATION, WHICH SHALL INCLUDE THE
26 MEDICAL ASSISTANCE PROGRAM OR THE CHILD HEALTH INSURANCE PROGRAM ESTAB-
27 LISHED IN TITLE ONE-A OF THIS ARTICLE, OR ANY OTHER GOVERNMENTAL THIRD
28 PARTY PAYOR, IF THE CHILD HAS COVERAGE THROUGH AN INSURER OR HEALTH
29 MAINTENANCE ORGANIZATION AND THE REPRESENTATIVE IS AVAILABLE TO ATTEND
30 THE MEETING ON THE DATE AND TIME CHOSEN BY THE EARLY INTERVENTION OFFI-
31 CIAL, initial service coordinator, parent and evaluator shall develop an
32 IFSP for an eligible child whose parents request services. The IFSP
33 shall be in writing and shall include, but not be limited to:

34 7. The IFSP shall be reviewed at six month intervals and shall be
35 evaluated annually by the early intervention official, A REPRESENTATIVE
36 FROM THE CHILD'S INSURER OR HEALTH MAINTENANCE ORGANIZATION, WHICH SHALL
37 INCLUDE THE MEDICAL ASSISTANCE PROGRAM OR THE CHILD HEALTH INSURANCE
38 PROGRAM ESTABLISHED IN TITLE ONE-A OF THIS ARTICLE, OR ANY OTHER GOVERN-
39 MENTAL THIRD PARTY PAYOR, IF THE CHILD HAS COVERAGE THROUGH AN INSURER
40 OR HEALTH MAINTENANCE ORGANIZATION AND THE REPRESENTATIVE IS AVAILABLE
41 TO PARTICIPATE IN THE REVIEW OR ATTEND ON THE DATE AND TIME CHOSEN BY
42 THE EARLY INTERVENTION OFFICIAL, THE service coordinator, the parent and
43 providers of services to the eligible child. Upon request of a parent,
44 the plan may be reviewed by such persons at more frequent intervals. IF
45 THE REPRESENTATIVE FROM THE CHILD'S INSURER OR HEALTH MAINTENANCE ORGAN-
46 IZATION IS NOT AVAILABLE TO PARTICIPATE IN THE REVIEW OR ATTEND IN
47 PERSON ON THE DATE AND TIME CHOSEN BY THE EARLY INTERVENTION OFFICIAL,
48 ARRANGEMENTS MAY BE MADE FOR THE REPRESENTATIVE'S INVOLVEMENT BY PARTIC-
49 IPATION IN A TELEPHONE CONFERENCE CALL OR BY OTHER MEANS.

50 S 2-a. Section 2545 of the public health law is amended by adding a
51 new subdivision 10 to read as follows:

52 10. THE SERVICE COORDINATOR SHALL ENSURE THAT THE IFSP, INCLUDING ANY
53 AMENDMENTS THERETO, IS IMPLEMENTED IN A TIMELY MANNER BUT NOT LATER THAN
54 THIRTY DAYS AFTER THE PROJECTED DATES FOR INITIATION OF THE SERVICES AS
55 SET FORTH IN THE PLAN.

1 S 3. The public health law is amended by adding a new section 2545-a
2 to read as follows:

3 S 2545-A. USE OF NETWORK PROVIDERS. FOR CHILDREN REFERRED TO THE
4 EARLY INTERVENTION PROGRAM ON OR AFTER JANUARY FIRST, TWO THOUSAND THIR-
5 TEEN, IF A CHILD HAS COVERAGE UNDER AN INSURANCE POLICY, PLAN OR
6 CONTRACT, INCLUDING COVERAGE AVAILABLE UNDER THE MEDICAL ASSISTANCE
7 PROGRAM OR THE CHILD HEALTH INSURANCE PROGRAM ESTABLISHED IN TITLE ONE-A
8 OF THIS ARTICLE OR UNDER ANY OTHER GOVERNMENTAL THIRD PARTY PAYOR, AND
9 THE INSURANCE POLICY, PLAN OR CONTRACT PROVIDES COVERAGE FOR EVALUATIONS
10 OR SERVICES THAT MAY BE RENDERED TO THE CHILD UNDER THE EARLY INTER-
11 VENTION PROGRAM, THE SERVICE COORDINATOR, OR, IN ACCORDANCE WITH SECTION
12 TWENTY-FIVE HUNDRED FORTY-FOUR OF THIS TITLE, THE PARENT, WITH RESPECT
13 TO EVALUATIONS, SHALL SELECT A PROVIDER APPROVED BY THE DEPARTMENT AND
14 WITHIN THE INSURER'S OR HEALTH MAINTENANCE ORGANIZATION'S NETWORK, IF
15 APPLICABLE, FOR THE PROVISION OF SUCH EVALUATION OR SERVICES, PROVIDED
16 HOWEVER THAT THIS SUBDIVISION SHALL NOT APPLY UNDER THE FOLLOWING CONDI-
17 TIONS:

18 1. THERE IS NO PROVIDER IN THE INSURER'S OR HEALTH MAINTENANCE ORGAN-
19 IZATION'S NETWORK THAT IS AVAILABLE OR APPROPRIATE TO RECEIVE THE REFER-
20 RAL AND TO CONDUCT THE EVALUATION OR TO BEGIN PROVIDING SERVICES IN A
21 TIMELY MANNER IN ACCORDANCE WITH THE CHILD'S IFSP;

22 2. INSURANCE OR HEALTH PLAN BENEFITS HAVE BEEN EXHAUSTED; OR

23 3. THE CHILD HAS A DEMONSTRATED NEED, AS DETERMINED BY THE INSURER OR
24 HEALTH MAINTENANCE ORGANIZATION, IF APPLICABLE, FOR AN EVALUATION OR
25 SERVICE RENDERED BY A PROVIDER WHO DOES NOT HOLD AN AGREEMENT WITH THE
26 CHILD'S INSURER OR HEALTH MAINTENANCE ORGANIZATION FOR THE PROVISION OF
27 SUCH EVALUATION OR SERVICE.

28 S 4. Subdivision 2 of section 2547 of the public health law, as
29 amended by chapter 231 of the laws of 1993, is amended to read as
30 follows:

31 2. In addition to respite services provided pursuant to subdivision
32 one of this section and subject to the amounts appropriated therefor,
33 the state shall reimburse the municipality IN ACCORDANCE WITH THE
34 PERCENTAGE OF STATE AID REIMBURSEMENT FOR APPROVED COSTS AS SET FORTH IN
35 SUBDIVISION TWO OF SECTION TWENTY-FIVE HUNDRED FIFTY-SEVEN OF THIS
36 TITLE, for [fifty percent of] the costs of respite services provided to
37 eligible children and their families with the approval of the early
38 intervention official.

39 S 5. Section 2548 of the public health law, as amended by section 20
40 of part H of chapter 686 of the laws of 2003, is amended to read as
41 follows:

42 S 2548. Transition plan. To the extent that a toddler with a disabili-
43 ty is thought to be eligible for services pursuant to section forty-four
44 hundred ten of the education law, the [early intervention official]
45 SERVICE COORDINATOR shall notify in writing the committee on preschool
46 special education of the local school district in which an eligible
47 child resides of the potential transition of such child and, with
48 parental consent, arrange for a conference among the service coordina-
49 tor, the parent and the chairperson of the preschool committee on
50 special education or his or her designee at least ninety days before
51 such child would be eligible for services under section forty-four
52 hundred ten of the education law to review the child's program options
53 and to establish a transition plan, if appropriate. If a parent does not
54 consent to a conference with the service coordinator and the chairperson
55 of the preschool committee on special education or his or her designee
56 to determine whether the child should be referred for services under

1 section forty-four hundred ten of the education law, and the child is
2 not determined to be eligible by the committee on preschool special
3 education for such services prior to the child's third birthday, the
4 child's eligibility for early intervention program services shall end at
5 the child's third birthday.

6 S 6. Subdivision 2 of section 2550 of the public health law, as
7 amended by section 5 of part B3 of chapter 62 of the laws of 2003, is
8 amended to read as follows:

9 2. In meeting the requirements of subdivision one of this section, the
10 lead agency shall adopt and use proper methods of administering the
11 early intervention program, including:

12 (a) establishing standards for evaluators, service coordinators and
13 providers of early intervention services;

14 (b) approving, and periodically re-approving evaluators, service coor-
15 dinators and providers of early intervention services who meet depart-
16 ment standards; PROVIDED HOWEVER THAT THE DEPARTMENT MAY REQUIRE THAT
17 APPROVED EVALUATORS, SERVICE COORDINATORS AND PROVIDERS OF EARLY INTER-
18 VENTION SERVICES ENTER INTO AGREEMENTS WITH THE DEPARTMENT IN ORDER TO
19 CONDUCT EVALUATIONS OR RENDER SERVICE COORDINATION OR EARLY INTERVENTION
20 SERVICES IN THE EARLY INTERVENTION PROGRAM. SUCH AGREEMENTS SHALL SET
21 FORTH THE TERMS AND CONDITIONS OF PARTICIPATION IN THE PROGRAM. IF THE
22 DEPARTMENT REQUIRES THAT SUCH PROVIDERS ENTER INTO AGREEMENTS WITH THE
23 DEPARTMENT FOR PARTICIPATION IN THE PROGRAM, "APPROVAL" OR "APPROVED" AS
24 USED IN THIS TITLE SHALL MEAN A PROVIDER WHO IS APPROVED BY THE DEPART-
25 MENT IN ACCORDANCE WITH DEPARTMENT REGULATIONS AND HAS ENTERED INTO AN
26 AGREEMENT WITH THE DEPARTMENT FOR THE PROVISION OF EVALUATIONS, SERVICE
27 COORDINATION OR EARLY INTERVENTION SERVICES.

28 A LESS-THAN-ARMS-LENGTH RELATIONSHIP SHALL NOT EXIST BETWEEN THE
29 SERVICE COORDINATOR, EVALUATOR AND THE PROVIDER AUTHORIZED TO DELIVER
30 EARLY INTERVENTION SERVICES TO THE CHILD, UNLESS APPROVAL OF THE LEAD
31 AGENCY, IN CONSULTATION WITH THE EARLY INTERVENTION OFFICIAL, IS
32 OBTAINED. PROVIDED FURTHER THAT, UNLESS AUTHORIZED BY THE LEAD AGENCY,
33 IN CONSULTATION WITH THE EARLY INTERVENTION OFFICIAL, UPON A FINDING
34 THAT IT HAS BEEN DEMONSTRATED THAT AN APPROVED PROVIDER IS THE ONLY
35 APPROPRIATE PROVIDER AVAILABLE TO RENDER THE SERVICES RECOMMENDED FOR
36 SUCH CHILD, THE SERVICE COORDINATOR, THE EVALUATOR SELECTED BY THE
37 PARENT AND THE PROVIDER RECOMMENDED TO DELIVER SERVICES TO SUCH CHILD,
38 AND ANY AGENCY UNDER WHICH SUCH SERVICE COORDINATOR, EVALUATOR OR
39 PROVIDER IS EMPLOYED BY OR UNDER CONTRACT WITH, SHALL NOT BE THE SAME
40 ENTITY.

41 ALL APPROVED EVALUATORS AND PROVIDERS OF EARLY INTERVENTION SERVICES,
42 HEREINAFTER COLLECTIVELY REFERRED TO AS "PROVIDER" OR "PROVIDERS" FOR
43 PURPOSES OF THIS SUBPARAGRAPH, SHALL ESTABLISH AND MAINTAIN CONTRACTS OR
44 AGREEMENTS WITH A SUFFICIENT NUMBER OF INSURERS OR HEALTH MAINTENANCE
45 ORGANIZATIONS, INCLUDING THE MEDICAL ASSISTANCE PROGRAM OR THE CHILD
46 HEALTH INSURANCE PROGRAM ESTABLISHED UNDER TITLE ONE-A OF THIS ARTICLE,
47 AS DETERMINED NECESSARY BY THE COMMISSIONER TO MEET INSURER OR HEALTH
48 MAINTENANCE ORGANIZATION NETWORK ADEQUACY; PROVIDED, HOWEVER, THAT THE
49 DEPARTMENT MAY, IN ITS DISCRETION, APPROVE A PROVIDER WHO DOES NOT HAVE
50 A CONTRACT OR AGREEMENT WITH ONE OR MORE INSURERS OR HEALTH MAINTENANCE
51 ORGANIZATIONS IF THE PROVIDER RENDERS A SERVICE THAT MEETS A UNIQUE NEED
52 FOR SUCH SERVICE UNDER THE EARLY INTERVENTION PROGRAM. APPROVED PROVID-
53 ERS SHALL SUBMIT TO THE DEPARTMENT, INFORMATION AND DOCUMENTATION OF THE
54 INSURERS AND HEALTH MAINTENANCE ORGANIZATIONS, WITH WHICH THE PROVIDER
55 HOLDS AN AGREEMENT OR CONTRACT. A PROVIDER'S APPROVAL WITH THE DEPART-
56 MENT TO DELIVER EVALUATIONS OR EARLY INTERVENTION SERVICES SHALL TERMI-

1 NATE IF THE PROVIDER FAILS TO PROVIDE SUCH INFORMATION OR DOCUMENTATION
2 ACCEPTABLE TO THE DEPARTMENT OF ITS CONTRACTS OR AGREEMENTS WITH INSUR-
3 ERS OR HEALTH MAINTENANCE ORGANIZATIONS AS REQUESTED BY THE DEPARTMENT;

4 (c) [compiling and disseminating to the municipalities lists of
5 approved evaluators, service coordinators and providers of early inter-
6 vention services;

7 (d)] monitoring of agencies, institutions and organizations under this
8 title and agencies, institutions and organizations providing early
9 intervention services which are under the jurisdiction of a state early
10 intervention service agency;

11 [(e)] (D) enforcing any obligations imposed on those agencies under
12 this title or Part H of the federal individuals with disabilities educa-
13 tion act and its regulations;

14 [(f)] (E) providing training and technical assistance to those agen-
15 cies, institutions and organizations, including initial and ongoing
16 training and technical assistance to municipalities to help enable them
17 to identify, locate and evaluate eligible children, develop IFSPs,
18 ensure the provision of appropriate early intervention services, promote
19 the development of new services, where there is a demonstrated need for
20 such services and afford procedural safeguards to infants and toddlers
21 and their families;

22 [(g)] (F) correcting deficiencies that are identified through monitor-
23 ing; and

24 [(h)] (G) in monitoring early intervention services, the commissioner
25 shall provide municipalities with the results of any review of early
26 intervention services undertaken and shall provide the municipalities
27 with the opportunity to comment thereon.

28 S 7. Subdivision 7 of section 2551 of the public health law is
29 REPEALED, and subdivisions 8, 9 and 10 are renumbered subdivisions 7, 8
30 and 9.

31 S 8. Section 2552 of the public health law, as added by chapter 428
32 of the laws of 1992, subdivisions 2 and 3 as amended by chapter 231 of
33 the laws of 1993, and subdivision 4 as added by section 6 of part B3 of
34 chapter 62 of the laws of 2003, is amended to read as follows:

35 S 2552. Responsibility of municipality. 1. Each municipality shall be
36 responsible for ensuring that the early intervention services contained
37 in an IFSP are provided to eligible children and their families who
38 reside in such municipality [and may contract with approved providers of
39 early intervention services for such purpose]. THE SERVICE COORDINATOR
40 SHALL REPORT, IN A MANNER AND FORMAT AS DETERMINED BY THE MUNICIPALITY,
41 ON THE DELIVERY OF SERVICES TO AN ELIGIBLE CHILD IN ACCORDANCE WITH THE
42 ELIGIBLE CHILD'S IFSP. A MUNICIPALITY MAY REQUEST THAT THE PARENT SELECT
43 A NEW SERVICE COORDINATOR OR REQUIRE THAT THE SERVICE COORDINATOR SELECT
44 A NEW PROVIDER OF SERVICES IF THE MUNICIPALITY FINDS THAT THE SERVICE
45 COORDINATOR HAS NOT BEEN PERFORMING HIS OR HER RESPONSIBILITIES AS
46 REQUIRED BY THIS TITLE OR THAT SERVICES HAVE NOT BEEN PROVIDED IN
47 ACCORDANCE WITH THE ELIGIBLE CHILD'S IFSP.

48 2. [After consultation with early intervention officials, the commis-
49 sioner shall develop procedures to permit a municipality to contract or
50 otherwise make arrangements with other municipalities for an eligible
51 child and the child's family to receive services from such other munici-
52 palities.

53 3. The municipality shall monitor claims for service reimbursement
54 authorized by this title and shall verify such claims prior to payment.
55 The municipality shall inform the commissioner of discrepancies in bill-
56 ing and when payment is to be denied or withheld by the municipality.

1 4.] The early intervention official shall require an eligible child's
2 parent to furnish the parents' and eligible child's social security
3 numbers for the purpose of the department's and municipality's adminis-
4 tration of the program.

5 S 9. Subdivision 1 of section 2557 of the public health law, as
6 amended by section 4 of part C of chapter 1 of the laws of 2002, is
7 amended to read as follows:

8 1. The approved costs, OTHER THAN THOSE REIMBURSABLE IN ACCORDANCE
9 WITH SECTION TWENTY-FIVE HUNDRED FIFTY-NINE OF THIS TITLE, for [an
10 eligible] A child who receives an evaluation and early intervention
11 services pursuant to this title shall be a charge upon the municipality
12 wherein the eligible child resides or, where the services are covered by
13 the medical assistance program, upon the social services district of
14 fiscal responsibility with respect to those eligible children who are
15 also eligible for medical assistance. All approved costs shall be paid
16 in the first instance and at least quarterly by the appropriate govern-
17 ing body or officer of the municipality upon vouchers presented and
18 audited in the same manner as the case of other claims against the muni-
19 cipality. Notwithstanding the insurance law or regulations thereunder
20 relating to the permissible exclusion of payments for services under
21 governmental programs, no such exclusion shall apply with respect to
22 payments made pursuant to this title. Notwithstanding the insurance law
23 or any other law or agreement to the contrary, benefits under this title
24 shall be considered secondary to any [plan of insurance or state govern-
25 ment benefit program] INSURANCE POLICY, PLAN OR CONTRACT under which an
26 eligible child may have coverage, INCLUDING COVERAGE AVAILABLE UNDER THE
27 MEDICAL ASSISTANCE PROGRAM OR THE CHILD HEALTH INSURANCE PROGRAM ESTAB-
28 LISHED IN TITLE ONE-A OF THIS ARTICLE, OR UNDER ANY OTHER GOVERNMENTAL
29 THIRD PARTY PAYOR. Nothing in this section shall increase or enhance
30 coverages provided for within an insurance contract subject to the
31 provisions of this title.

32 S 9-a. Subdivision 4 of section 2557 of the public health law is
33 REPEALED and subdivisions 2 and 5, subdivision 2 as added by chapter 428
34 of the laws of 1992 and subdivision 5 as added by section 7 of part B3
35 of chapter 62 of the laws of 2003, are amended to read as follows:

36 2. The department shall reimburse the approved costs paid by a munici-
37 pality for the purposes of this title, other than those reimbursable by
38 AN INSURER OR HEALTH MAINTENANCE ORGANIZATION, OR GOVERNMENTAL THIRD
39 PARTY PAYOR INCLUDING the medical assistance program or [by third party
40 payors] THE CHILD HEALTH INSURANCE PROGRAM ESTABLISHED IN TITLE ONE-A OF
41 THIS ARTICLE, in an amount of fifty percent of the amount expended in
42 accordance with the rules and regulations of the commissioner; PROVIDED,
43 HOWEVER, THAT IN THE DISCRETION OF THE DEPARTMENT AND WITH THE APPROVAL
44 OF THE DIRECTOR OF THE DIVISION OF THE BUDGET, THE DEPARTMENT MAY REIM-
45 BURSE MUNICIPALITIES IN AN AMOUNT GREATER THAN FIFTY PERCENT OF THE
46 AMOUNT EXPENDED. Such state reimbursement to the municipality shall not
47 be paid prior to April first of the year in which the approved costs are
48 paid by the municipality, PROVIDED, HOWEVER THAT, SUBJECT TO THE
49 APPROVAL OF THE DIRECTOR OF THE BUDGET, THE DEPARTMENT MAY PAY SUCH
50 STATE AID REIMBURSEMENT TO THE MUNICIPALITY PRIOR TO SUCH DATE.

51 5. [The department shall] (A) THE COMMISSIONER, IN HIS OR HER
52 DISCRETION, IS AUTHORIZED TO contract with [an independent organization]
53 ONE OR MORE ENTITIES to act as the fiscal agent for the department AND
54 MUNICIPALITIES WITH RESPECT TO FISCAL MANAGEMENT AND PAYMENT OF EARLY
55 INTERVENTION CLAIMS. MUNICIPALITIES SHALL GRANT SUFFICIENT AUTHORITY TO
56 THE FISCAL AGENT TO ACT ON THEIR BEHALF. MUNICIPALITIES, AND INDIVIDUAL

1 AND AGENCY PROVIDERS AS DEFINED BY THE COMMISSIONER IN REGULATION SHALL
2 UTILIZE SUCH FISCAL AGENT FOR PAYMENT OF EARLY INTERVENTION CLAIMS AS
3 DETERMINED BY THE DEPARTMENT AND SHALL PROVIDE SUCH INFORMATION AND
4 DOCUMENTATION AS REQUIRED BY THE DEPARTMENT AND NECESSARY FOR THE FISCAL
5 AGENT TO CARRY OUT ITS DUTIES.

6 (B) NOTWITHSTANDING ANY INCONSISTENT PROVISION OF SECTION ONE HUNDRED
7 TWELVE OR ONE HUNDRED SIXTY-THREE OF THE STATE FINANCE LAW, SECTIONS ONE
8 HUNDRED FORTY-TWO AND ONE HUNDRED FORTY-THREE OF THE ECONOMIC DEVELOP-
9 MENT LAW, OR ANY OTHER CONTRARY PROVISION OF LAW, THE COMMISSIONER IS
10 AUTHORIZED TO ENTER INTO A CONTRACT OR CONTRACTS UNDER PARAGRAPH (A) OF
11 THIS SUBDIVISION WITHOUT A COMPETITIVE BID OR REQUEST FOR PROPOSAL PROC-
12 ESS, PROVIDED, HOWEVER, THAT:

13 (I) THE DEPARTMENT SHALL POST ON ITS WEBSITE, FOR A PERIOD OF NO LESS
14 THAN THIRTY DAYS:

15 (1) A DESCRIPTION OF THE PROPOSED SERVICES TO BE PROVIDED PURSUANT TO
16 THE CONTRACT OR CONTRACTS;

17 (2) THE CRITERIA FOR SELECTION OF A CONTRACTOR OR CONTRACTORS;

18 (3) THE PERIOD OF TIME DURING WHICH A PROSPECTIVE CONTRACTOR MAY SEEK
19 SELECTION, WHICH SHALL BE NO LESS THAN THIRTY DAYS AFTER SUCH INFORMA-
20 TION IS FIRST POSTED ON THE WEBSITE; AND

21 (4) THE MANNER BY WHICH A PROSPECTIVE CONTRACTOR MAY SEEK SUCH
22 SELECTION, WHICH MAY INCLUDE SUBMISSION BY ELECTRONIC MEANS;

23 (II) ALL REASONABLE AND RESPONSIVE SUBMISSIONS THAT ARE RECEIVED FROM
24 PROSPECTIVE CONTRACTORS IN A TIMELY FASHION SHALL BE REVIEWED BY THE
25 COMMISSIONER; AND

26 (III) THE COMMISSIONER SHALL SELECT SUCH CONTRACTOR OR CONTRACTORS
27 THAT, IN HIS OR HER DISCRETION, ARE BEST SUITED TO SERVE THE PURPOSES OF
28 THIS SECTION.

29 (C) PARAGRAPH (B) OF THIS SUBDIVISION SHALL APPLY ONLY TO THE INITIAL
30 CONTRACT OR CONTRACTS NECESSARY TO OBTAIN THE SERVICES OF A FISCAL AGENT
31 FOR EARLY INTERVENTION PROGRAM FISCAL MANAGEMENT AND PAYMENT OF EARLY
32 INTERVENTION CLAIMS AND SHALL NOT APPLY TO SUBSEQUENT CONTRACTS NEEDED
33 TO MAINTAIN SUCH SERVICES, AS DETERMINED BY THE COMMISSIONER IN HIS OR
34 HER DISCRETION. [A municipality may elect to utilize the services of
35 such organization for early intervention program fiscal management and
36 claiming as determined by the commissioner or may select an independent
37 agent to act as the fiscal agent for such municipality or may act as its
38 own fiscal agent.]

39 S 10. Subdivision 4 of section 2558 of the public health law, as added
40 by chapter 428 of the laws of 1992, is amended to read as follows:

41 4. Local contribution. The municipality of residence shall be finan-
42 cially responsible for the local contribution in the amount of fifty
43 percent of the [approved costs] AMOUNT EXPENDED PROVIDED, HOWEVER, THAT
44 IN THE DISCRETION OF THE DEPARTMENT AND WITH THE APPROVAL OF THE DIREC-
45 TOR OF THE DIVISION OF THE BUDGET, IN ACCORDANCE WITH SUBDIVISION TWO OF
46 SECTION TWENTY-FIVE HUNDRED FIFTY-SEVEN OF THIS TITLE, THE DEPARTMENT
47 MAY REQUIRE THAT MUNICIPALITIES BE FINANCIALLY RESPONSIBLE FOR A LOCAL
48 CONTRIBUTION IN AN AMOUNT LESS THAN FIFTY PERCENT OF THE AMOUNT
49 EXPENDED. The commissioner shall certify to the comptroller the amount
50 of the local contribution owed by each municipality to the state. The
51 comptroller shall deduct the amount of such local contribution first
52 from any moneys due the municipality pursuant to section twenty-five
53 hundred fifty-six of this title and then from any other moneys due or to
54 become due to the municipality.

55 S 11. Paragraphs (a), (c) and (d) of subdivision 3 of section 2559 of
56 the public health law, paragraph (a) as amended and paragraph (d) as

1 added by chapter 231 of the laws of 1993, subparagraphs (i) and (ii) of
2 paragraph (a) as added by chapter 406 of the laws of 2011, and paragraph
3 (c) as added by chapter 428 of the laws of 1992 are amended to read as
4 follows:

5 (a) Providers of EVALUATIONS AND early intervention services [and],
6 INCLUDING transportation services, HEREINAFTER COLLECTIVELY REFERRED TO
7 IN THIS SUBDIVISION AS "PROVIDER" OR "PROVIDERS", shall in the first
8 instance and where applicable, seek payment from all [third party payors
9 including governmental agencies] INSURERS AND HEALTH MAINTENANCE ORGAN-
10 IZATIONS, INCLUDING THE MEDICAL ASSISTANCE PROGRAM AND THE CHILD HEALTH
11 INSURANCE PROGRAM ESTABLISHED IN TITLE ONE-A OF THIS ARTICLE AND ANY
12 OTHER GOVERNMENTAL THIRD PARTY PAYORS prior to claiming payment from a
13 given municipality for EVALUATIONS CONDUCTED UNDER THE PROGRAM AND FOR
14 services rendered to eligible children, provided that, [for the purpose
15 of seeking payment from the medical assistance program or from other
16 third party payors, the municipality shall be deemed the provider of
17 such early intervention services to the extent that the provider has
18 promptly furnished to the municipality adequate and complete information
19 necessary to support the municipality billing, and provided further
20 that] the obligation to seek payment shall not apply to a payment from
21 [a third party payor] AN INSURER who is not prohibited from applying
22 such payment, and will apply such payment, to an annual or lifetime
23 limit specified in the insured's policy.

24 (i) Parents shall provide [and] the municipality [shall obtain] AND
25 SERVICE COORDINATOR information on any [plan of insurance] INSURANCE
26 POLICY, PLAN OR CONTRACT under which an eligible child has coverage.

27 (ii) Parents shall provide the municipality AND THE SERVICE COORDINA-
28 TOR with a written referral from a primary care provider as documenta-
29 tion, for eligible children, of the medical necessity of early inter-
30 vention services.

31 (III) PROVIDERS SHALL UTILIZE THE DEPARTMENT'S FISCAL AGENT AND DATA
32 SYSTEM FOR CLAIMING PAYMENT FROM INSURERS OR HEALTH MAINTENANCE ORGAN-
33 IZATIONS FOR EVALUATIONS AND SERVICES RENDERED UNDER THE EARLY INTER-
34 VENTION PROGRAM.

35 (IV) NOTWITHSTANDING ANY INCONSISTENT PROVISION OF LAW, RULE OR REGU-
36 LATION, PAYMENTS MADE BY ANY INSURER OR HEALTH MAINTENANCE ORGANIZATION
37 FOR EVALUATIONS AND SERVICES PROVIDED UNDER THE EARLY INTERVENTION
38 PROGRAM SHALL BE AT RATES ESTABLISHED UNDER AN AGREEMENT NEGOTIATED
39 BETWEEN THE INSURER OR HEALTH MAINTENANCE ORGANIZATION, IF APPLICABLE,
40 PROVIDED, HOWEVER, THAT IF THE INSURER OR HEALTH MAINTENANCE ORGANIZA-
41 TION MAINTAINS A NETWORK OF PROVIDERS AND A CHILD HAS A DEMONSTRATED
42 NEED, AS DETERMINED BY THE INSURER OR HEALTH MAINTENANCE ORGANIZATION,
43 IF APPLICABLE, FOR AN EVALUATION OR SERVICE RENDERED BY A PROVIDER WHO
44 IS NOT WITHIN THE INSURER OR HEALTH MAINTENANCE ORGANIZATION'S NETWORK,
45 PAYMENT TO SUCH OUT OF NETWORK PROVIDER SHALL BE MADE AT RATES ESTAB-
46 LISHED BY THE COMMISSIONER IN ACCORDANCE WITH REGULATION.

47 (V) PAYMENTS MADE BY ANY INSURER OR HEALTH MAINTENANCE PROGRAM SHALL
48 BE CONSIDERED PAYMENTS IN FULL FOR SUCH SERVICES AND THE PROVIDER SHALL
49 NOT SEEK ADDITIONAL PAYMENT FROM THE MUNICIPALITY, CHILD, OR HIS OR HER
50 PARENTS FOR ANY PORTION OF THE COSTS OF SAID SERVICES. NOTHING HEREIN
51 SHALL PROHIBIT AN INSURER OR HEALTH MAINTENANCE ORGANIZATION FROM APPLY-
52 ING A COPAYMENT, COINSURANCE OR DEDUCTIBLE AS SET FORTH IN THE POLICY OR
53 PLAN. PAYMENTS FOR COPAYMENTS, COINSURANCE OR DEDUCTIBLES SHALL BE MADE
54 IN ACCORDANCE WITH PARAGRAPH (B) OF THIS SUBDIVISION.

55 (VI) WHEN PAYMENT UNDER AN INSURANCE POLICY, PLAN OR CONTRACT IS NOT
56 AVAILABLE OR HAS BEEN EXHAUSTED, PROVIDERS SHALL SEEK PAYMENT FOR

SERVICES IN ACCORDANCE WITH SECTION TWENTY-FIVE HUNDRED FIFTY-SEVEN OF THIS TITLE; PROVIDED, HOWEVER, THAT IF THE SERVICE PROVIDED IS A COVERED BENEFIT UNDER THE POLICY, PLAN OR CONTRACT AND PAYMENT HAS BEEN DENIED ON GROUNDS OTHER THAN THAT BENEFITS HAVE BEEN EXHAUSTED, THE PROVIDER SHALL EXHAUST ALL APPEALS OF SAID DENIAL PRIOR TO CLAIMING PAYMENT TO THE MUNICIPALITY FOR THE SERVICE IN ACCORDANCE WITH SECTION TWENTY-FIVE HUNDRED FIFTY-SEVEN OF THIS TITLE. PROVIDERS SHALL NOT DISCONTINUE OR DELAY SERVICES TO ELIGIBLE CHILDREN PENDING PAYMENT OF THE CLAIM OR DETERMINATIONS OF ANY APPEAL DENIALS.

(c) Payments made for early intervention services under an insurance policy or health benefit plan, INCLUDING PAYMENTS MADE BY THE MEDICAL ASSISTANCE PROGRAM OR THE CHILD HEALTH INSURANCE PROGRAM ESTABLISHED UNDER TITLE ONE-A OF THIS ARTICLE OR OTHER GOVERNMENTAL THIRD PARTY PAYOR, which are provided as part of an IFSP pursuant to section twenty-five hundred forty-five of this title shall not be applied by the insurer or plan administrator against any maximum lifetime or annual limits specified in the policy or health benefits plan, pursuant to section eleven of the chapter of the laws of nineteen hundred ninety-two which added this title.

[(d) A municipality, or its designee, shall be subrogated, to the extent of the expenditures by such municipality for early intervention services furnished to persons eligible for benefits under this title, to any rights such person may have or be entitled to from third party reimbursement. The right of subrogation does not attach to benefits paid or provided under any health insurance policy or health benefits plan prior to receipt of written notice of the exercise of subrogation rights by the insurer or plan administrator providing such benefits.]

S 12. Subdivision 7 of section 2510 of the public health law, as amended by section 21 of part B of chapter 109 of the laws of 2010, is amended to read as follows:

7. "Covered health care services" means: the services of physicians, optometrists, nurses, nurse practitioners, midwives and other related professional personnel which are provided on an outpatient basis, including routine well-child visits; diagnosis and treatment of illness and injury; inpatient health care services; laboratory tests; diagnostic x-rays; prescription and non-prescription drugs and durable medical equipment; radiation therapy; chemotherapy; hemodialysis; emergency room services; hospice services; emergency, preventive and routine dental care, including medically necessary orthodontia but excluding cosmetic surgery; emergency, preventive and routine vision care, including eyeglasses; speech and hearing services; and, inpatient and outpatient mental health, alcohol and substance abuse services as defined by the commissioner in consultation with the superintendent. "COVERED HEALTH CARE SERVICES" SHALL ALSO INCLUDE EARLY INTERVENTION SERVICES PROVIDED PURSUANT TO TITLE TWO-A OF THIS ARTICLE UP TO THE SCOPE AND LEVEL OF COVERAGE FOR THE SAME SERVICES PROVIDED PURSUANT TO THIS SUBDIVISION, AS DEFINED BY THE COMMISSIONER. "Covered health care services" shall not include drugs, procedures and supplies for the treatment of erectile dysfunction when provided to, or prescribed for use by, a person who is required to register as a sex offender pursuant to article six-C of the correction law, provided that any denial of coverage of such drugs, procedures or supplies shall provide the patient with the means of obtaining additional information concerning both the denial and the means of challenging such denial.

S 13. Intentionally omitted.

1 S 14. Paragraph (b) of subdivision 5 of section 4403 of the public
2 health law is relettered paragraph (c), paragraph (c), as added by chap-
3 ter 705 of the laws of 1996, is amended and a new paragraph (b) is added
4 to read as follows:

5 (B) UPON THE EFFECTIVE DATE OF THIS PARAGRAPH AND AT THE TIME OF EVERY
6 THREE YEAR REVIEW BY THE COMMISSIONER AS SET FORTH IN PARAGRAPH (A) OF
7 THIS SUBDIVISION, AND UPON APPLICATION FOR EXPANSION OF SERVICE AREA,
8 THE HEALTH MAINTENANCE ORGANIZATION SHALL DEMONSTRATE THAT IT MAINTAINS
9 AN ADEQUATE NETWORK OF PROVIDERS WHO ARE APPROVED TO DELIVER EVALUATIONS
10 AND EARLY INTERVENTION PROGRAM SERVICES IN ACCORDANCE WITH TITLE II-A OF
11 ARTICLE TWENTY-FIVE OF THIS CHAPTER, BY SHOWING TO THE SATISFACTION OF
12 THE COMMISSIONER THAT (I) THERE ARE A SUFFICIENT NUMBER OF GEOGRAPH-
13 ICALLY ACCESSIBLE PARTICIPATING PROVIDERS; AND (II) THERE ARE SUFFICIENT
14 PROVIDERS IN EACH AREA OF SPECIALTY OF PRACTICE TO MEET THE NEEDS OF THE
15 ENROLLMENT POPULATION.

16 [(c)] (D) Each organization shall report on an annual basis the number
17 of enrollees and the number of participating providers in each organiza-
18 tion. EACH HEALTH MAINTENANCE ORGANIZATION SHALL MAKE PUBLICLY AVAIL-
19 ABLE AND UPDATE ON A QUARTERLY BASIS, THE NAMES OF PARTICIPATING PROVID-
20 ERS IN THE HEALTH MAINTENANCE ORGANIZATION'S NETWORK WHO ARE APPROVED TO
21 DELIVER EVALUATIONS AND EARLY INTERVENTION PROGRAM SERVICES IN ACCORD-
22 ANCE WITH TITLE II-A OF ARTICLE TWENTY-FIVE OF THIS CHAPTER.

23 S 15. Section 4406 of the public health law is amended by adding a new
24 subdivision 6 to read as follows:

25 6. (A) NO SUBSCRIBER CONTRACT OR BENEFIT PACKAGE SHALL EXCLUDE COVER-
26 AGE FOR OTHERWISE COVERED SERVICES SOLELY ON THE BASIS THAT THE SERVICES
27 CONSTITUTE EARLY INTERVENTION PROGRAM SERVICES UNDER TITLE II-A OF ARTI-
28 CLE TWENTY-FIVE OF THIS CHAPTER.

29 (B) WHERE A SUBSCRIBER CONTRACT OR BENEFIT PACKAGE PROVIDES COVERAGE
30 FOR A SERVICE THAT IS PROVIDED UNDER THE EARLY INTERVENTION PROGRAM AND
31 IS OTHERWISE COVERED UNDER THE SUBSCRIBER CONTRACT OR BENEFIT PACKAGE,
32 SUCH COVERAGE SHALL NOT BE APPLIED AGAINST ANY MAXIMUM ANNUAL OR LIFE-
33 TIME MONETARY LIMITS SET FORTH IN SUCH SUBSCRIBER CONTRACT OR BENEFIT
34 PACKAGE. VISIT LIMITATIONS AND OTHER TERMS AND CONDITIONS OF THE
35 SUBSCRIBER CONTRACT OR BENEFIT PACKAGE WILL CONTINUE TO APPLY TO EARLY
36 INTERVENTION SERVICES. HOWEVER, ANY VISITS USED FOR EARLY INTERVENTION
37 PROGRAM SERVICES SHALL NOT REDUCE THE NUMBER OF VISITS OTHERWISE AVAIL-
38 ABLE UNDER THE SUBSCRIBER CONTRACT OR BENEFIT PACKAGE FOR SUCH SERVICES
39 THAT ARE NOT PROVIDED UNDER THE EARLY INTERVENTION PROGRAM.

40 (C) THE HEALTH MAINTENANCE ORGANIZATION SHALL PROVIDE THE MUNICIPALITY
41 AND SERVICE COORDINATOR WITH INFORMATION ON THE EXTENT OF BENEFITS
42 AVAILABLE TO AN ENROLLEE UNDER SUCH SUBSCRIBER CONTRACT OR BENEFIT PACK-
43 AGE WITHIN FIFTEEN DAYS OF THE HEALTH MAINTENANCE ORGANIZATION'S RECEIPT
44 OF WRITTEN REQUEST AND NOTICE AUTHORIZING SUCH RELEASE.

45 (D) NO HEALTH MAINTENANCE ORGANIZATION SHALL REFUSE TO ISSUE A
46 SUBSCRIBER CONTRACT OR BENEFIT PACKAGE OR REFUSE TO RENEW A SUBSCRIBER
47 CONTRACT OR BENEFIT PACKAGE SOLELY BECAUSE THE APPLICANT OR ENROLLEE IS
48 RECEIVING SERVICES UNDER THE EARLY INTERVENTION PROGRAM.

49 (E) HEALTH MAINTENANCE ORGANIZATIONS SHALL ACCEPT CLAIMS SUBMITTED FOR
50 PAYMENT UNDER THE CONTRACT FROM A PROVIDER THROUGH THE DEPARTMENT'S
51 FISCAL AGENT AND DATA SYSTEM FOR SUCH CLAIMING. HEALTH MAINTENANCE
52 ORGANIZATIONS SHALL, IN A MANNER AND FORMAT AS REQUIRED BY THE DEPART-
53 MENT, PROVIDE THE DEPARTMENT WITH INFORMATION ON CLAIMS SUBMITTED FOR
54 EVALUATIONS AND EARLY INTERVENTION SERVICES PROVIDED TO CHILDREN UNDER
55 THE EARLY INTERVENTION PROGRAM AND DISPOSITION OF SUCH CLAIMS.

1 (F) WHERE A SUBSCRIBER CONTRACT OR BENEFIT PACKAGE PROVIDES COVERAGE
2 FOR AN EVALUATION OR SERVICE PROVIDED UNDER THE EARLY INTERVENTION
3 PROGRAM, REIMBURSEMENT FOR SUCH EVALUATION OR SERVICE SHALL BE AT RATES
4 NEGOTIATED BY THE HEALTH MAINTENANCE ORGANIZATION AND PROVIDER PROVIDED,
5 HOWEVER, THAT IF A CHILD HAS A DEMONSTRATED NEED, AS DETERMINED BY THE
6 HEALTH MAINTENANCE ORGANIZATION, FOR AN EVALUATION OR SERVICE RENDERED
7 BY A PROVIDER WHO DOES NOT HOLD AN AGREEMENT WITH THE CHILD'S HEALTH
8 MAINTENANCE ORGANIZATION FOR THE PROVISION OF SERVICES TO COVERED
9 PERSONS, PAYMENT TO SUCH OUT OF NETWORK PROVIDER SHALL BE MADE AT RATES
10 ESTABLISHED BY THE COMMISSIONER IN ACCORDANCE WITH REGULATION.

11 (G) HEALTH MAINTENANCE ORGANIZATIONS SHALL ENSURE THAT THE TERMS AND
12 CONDITIONS CONTAINED IN SUBSCRIBER CONTRACTS OR BENEFIT PACKAGES RELAT-
13 ING TO PROVISION OF SERVICES TO CHILDREN UNDER THE EARLY INTERVENTION
14 PROGRAM COMPLIES WITH TITLE II-A OF ARTICLE TWENTY-FIVE OF THIS CHAPTER
15 AND WITH STANDARDS SET FORTH IN PART C OF THE INDIVIDUALS WITH DISABILI-
16 TIES EDUCATION ACT, AS AMENDED BY THE INDIVIDUALS WITH DISABILITIES
17 EDUCATION IMPROVEMENT ACT OF 2004.

18 S 16. Intentionally omitted.

19 S 17. Subsections (c) and (e) of section 3235-a of the insurance law,
20 subsection (c) as amended and subsection (e) as added by chapter 406 of
21 the laws of 2011, are amended, and a new subsection (f) is added to read
22 as follows:

23 (c) [Any right of subrogation to benefits which a municipality is
24 entitled in accordance with paragraph (d) of subdivision three of
25 section twenty-five hundred fifty-nine of the public health law shall be
26 valid and enforceable to the extent benefits are available under any
27 accident and health insurance policy. The right of subrogation does not
28 attach to insurance benefits paid or provided under any accident and
29 health insurance policy prior to receipt by the insurer of written
30 notice from the municipality. Upon the insurer's receipt of written
31 request and notice from the municipality that such right of subrogation
32 has been granted to such municipality and that the insured has author-
33 ized the release of information to the municipality, the] THE insurer
34 shall provide the municipality AND SERVICE COORDINATOR with information
35 on the extent of benefits available to the covered person under such
36 policy WITHIN FIFTEEN DAYS OF THE INSURER'S RECEIPT OF WRITTEN REQUEST
37 AND NOTICE AUTHORIZING SUCH RELEASE.

38 (e) [Written claim for early intervention program services shall be
39 submitted by the municipality as the approved provider within one
40 hundred fifty days from the date of service.] WHERE A POLICY OF ACCIDENT
41 AND HEALTH INSURANCE, INCLUDING A CONTRACT ISSUED PURSUANT TO ARTICLE
42 FORTY-THREE OF THIS CHAPTER, UTILIZES A NETWORK OF PROVIDERS, THE INSUR-
43 ER SHALL DEMONSTRATE TO THE SUPERINTENDENT THAT IT MAINTAINS AN ADEQUATE
44 NETWORK OF PROVIDERS WHO ARE APPROVED TO DELIVER EVALUATIONS AND EARLY
45 INTERVENTION PROGRAM SERVICES IN ACCORDANCE WITH TITLE II-A OF ARTICLE
46 TWENTY-FIVE OF THE PUBLIC HEALTH LAW BY DOCUMENTING THAT (I) THERE ARE A
47 SUFFICIENT NUMBER OF GEOGRAPHICALLY ACCESSIBLE PARTICIPATING PROVIDERS;
48 AND (II) THERE ARE SUFFICIENT PROVIDERS IN EACH AREA OF SPECIALTY OF
49 PRACTICE TO MEET THE NEEDS OF THE ENROLLMENT POPULATION. WHERE A POLICY
50 OF ACCIDENT AND HEALTH INSURANCE, INCLUDING A CONTRACT ISSUED PURSUANT
51 TO ARTICLE FORTY-THREE OF THIS CHAPTER, PROVIDES COVERAGE FOR AN EVALU-
52 ATION OR SERVICE PROVIDED UNDER THE EARLY INTERVENTION PROGRAM,
53 REIMBURSEMENT FOR SUCH EVALUATION OR SERVICE SHALL BE AT RATES NEGOTI-
54 ATED BY THE INSURER AND PROVIDER, IF APPLICABLE, PROVIDED, HOWEVER, THAT
55 IF A CHILD HAS A DEMONSTRATED NEED FOR AN EVALUATION OR SERVICE RENDERED
56 BY A PROVIDER WHO DOES NOT HOLD AN AGREEMENT WITH THE CHILD'S INSURER

FOR THE PROVISION OF SERVICES TO COVERED PERSONS, PAYMENT TO SUCH PROVIDER SHALL BE MADE AT RATES ESTABLISHED BY THE COMMISSIONER OF HEALTH IN ACCORDANCE WITH REGULATION.

(F) NOTHING IN THIS SECTION SHALL BE DEEMED TO LIMIT THE SUPERINTENDENT'S AUTHORITY TO IMPOSE NETWORK ADEQUACY REQUIREMENTS ON INSURERS IN GENERAL.

S 18. Subdivision 18 of section 4403 of the education law is REPEALED.

S 19. Paragraph f of subdivision 3 and the opening paragraph of paragraph a of subdivision 9 of section 4410 of the education law, as amended by chapter 82 of the laws of 1995, are amended to read as follows:

f. After notification by [an early intervention official] A SERVICE COORDINATOR, as defined in section twenty-five hundred forty-one of the public health law, that a child receiving services pursuant to title II-A of article twenty-five of the public health law potentially will transition to receiving services under this section and that a conference is to be convened to review the child's program options and establish a transition plan, which conference must occur at least ninety days before such child would be eligible for services under this section, the chairperson of the committee on preschool special education of the local school district or his or her designee in which such child resides shall participate in the conference.

Providers of special services or programs shall apply to the commissioner for program approval on a form prescribed by the commissioner; such application shall include, but not be limited to, a listing of the services to be provided, the population to be served, a plan for providing services in the least restrictive environment and a description of its evaluation component, if any. [Providers of early intervention services seeking approval pursuant to subdivision seven of section twenty-five hundred fifty-one of the public health law shall apply to the commissioner for such approval on a form prescribed by the commissioner.] The commissioner shall approve programs in accordance with regulations adopted for such purpose and shall periodically review such programs at which time the commissioner shall provide the municipality in which the program is located or for which the municipality bears fiscal responsibility an opportunity for comment within thirty days of the review. In collaboration with municipalities and representatives of approved programs, the commissioner shall develop procedures for conducting such reviews. Municipalities shall be allowed to participate in such departmental review process. Such review shall be conducted by individuals with appropriate experience as determined by the commissioner and shall be conducted not more than once every three years.

S 20. Intentionally omitted.

S 21. Intentionally omitted.

S 22. Intentionally omitted.

S 23. This act shall take effect January 1, 2013; provided, however, that:

1. the amendments to subdivision 7 of section 2510 of the public health law made by section twelve of this act shall not affect the expiration of such subdivision and shall be deemed to expire therewith;

2. the requirements contained in subparagraph (iv) of paragraph (a) of subdivision 3 of section 2559 of the public health law, as added by section eleven of this act, paragraph (f) of subdivision 6 of section 4406 of the public health law, as added by section fifteen of this act, and subsection (e) of section 3235-a of the insurance law, as amended by section seventeen of this act, as such sections pertain to requiring

1 that an insurer or health maintenance organization make payment to a
2 provider who is not within the insurer or health maintenance organiza-
3 tion's network at rates established by the commissioner of health in
4 accordance with regulation, if a child has a demonstrated need, as
5 determined by the insurer or health maintenance organization, if appli-
6 cable, for an evaluation or service rendered by a provider who is not
7 within the insurer or health maintenance organization's network, shall
8 apply only to policies, benefit packages and contracts issued, renewed,
9 modified, altered or amended on or after the effective date of such
10 sections of this act; and

11 3. sections two-a, four, five, seven, eight, nine-a, ten, eighteen and
12 nineteen of this act shall take effect April 1, 2013.

13 PART B

14 Section 1. Subdivisions 9, 10 and 11 of section 3555 of the public
15 authorities law, as added by chapter 5 of the laws of 1997, are amended
16 to read as follows:

17 9. to determine the conditions under which a physician may be extended
18 the privilege of practicing within a health facility under the jurisdic-
19 tion of the corporation, to promulgate internal policies for the conduct
20 of all persons, physicians and allied health practitioners within such
21 facility, and to appoint and grant privileges to qualified and competent
22 clinical practitioners; [and]

23 10. except as provided in this subdivision or as expressly limited by
24 any applicable state law or regulation, and in support of the powers
25 granted by subdivisions five and six of this section, to form and to
26 participate in the formation of one or more corporations, and to exer-
27 cise and perform such purposes, powers, duties, functions or activities
28 through one or more subsidiary corporations or other entities owned or
29 controlled wholly or in part by the corporation, which shall be formed
30 pursuant to the business corporation law, the limited liability company
31 law, the not-for-profit corporation law, or the partnership law; any
32 such subsidiary may be authorized to act as a general or limited partner
33 in a partnership or as a member of a limited liability company, and
34 enter into an arrangement calling for an initial and subsequent payment
35 or payments or contributions to capital by such subsidiary in consider-
36 ation of an interest in revenues or other contractual rights. An entity
37 shall be deemed a subsidiary corporation whenever and so long as (a)
38 more than half of any voting shares or other membership interest of such
39 subsidiary are owned or held by the corporation or (b) a majority of the
40 directors, trustees or members of such subsidiary are designees of the
41 corporation[.];

42 11. TO ACCEPT FUNDING FROM THE STATE PURSUANT TO PARAGRAPH (O) OF
43 SUBDIVISION ONE OF SECTION TWENTY-EIGHT HUNDRED SEVEN-V OF THE PUBLIC
44 HEALTH LAW OR PURSUANT TO SECTION TWENTY-EIGHT HUNDRED EIGHTEEN OF THE
45 PUBLIC HEALTH LAW, PROVIDED, HOWEVER, THAT AS A CONDITION FOR RECEIPT OF
46 SUCH FUNDS THE CORPORATION IS REQUIRED TO TAKE ALL NECESSARY AND APPRO-
47 PRIATE STEPS AND ARRANGEMENTS, INCLUDING BUT NOT LIMITED TO, ENTERING
48 INTO AN ARRANGEMENT FOR MERGER OR OTHER AFFILIATION WITH ONE OR MORE
49 HEALTH CARE, ACADEMIC OR OTHER ENTITIES, LOCATED WITHIN THE SAME
50 GEOGRAPHICAL REGION AS THE CORPORATION, FOR THE PURPOSE OF PROMOTING THE
51 CONTINUED FINANCIAL VIABILITY OF THE CORPORATION, PROTECTING AND PROMOT-
52 ING THE HEALTH OF THE PATIENTS SERVED BY ITS HEALTH FACILITIES AND, TO
53 THE EXTENT POSSIBLE, CONTRIBUTING TO THE ECONOMIC REVITALIZATION OF THE
54 REGION BY BECOMING OPERATIONALLY AND FISCALLY INDEPENDENT OF THE DEPART-

MENT OF HEALTH BY NO LATER THAN MARCH THIRTY-FIRST, TWO THOUSAND FOURTEEN, AND PROVIDED FURTHER, HOWEVER, THAT THE COMMISSIONER OF HEALTH SHALL MONITOR SUCH STEPS AND ARRANGEMENTS, ESTABLISH GOALS AND BENCHMARKS FOR THE ACHIEVEMENT OF SUCH INDEPENDENCE, INTERCEDE AS DEEMED NECESSARY AND APPROPRIATE AND DELAY OR PRECLUDE THE CORPORATION'S RECEIPT OF SUCH FUNDS IN THE EVENT THE COMMISSIONER OF HEALTH DETERMINES THAT SUCH GOALS AND BENCHMARKS HAVE NOT BEEN MET.

12. No subsidiary of the corporation shall own, operate, manage or control the existing research, education, acute inpatient or outpatient facilities and services now operated by the Roswell Park Cancer Institute.

S 2. This act shall take effect April 1, 2012.

PART C

Section 1. The public health law is amended by adding a new section 4148 to read as follows:

S 4148. ELECTRONIC DEATH REGISTRATION SYSTEM. 1. LEGISLATIVE FINDINGS. THE LEGISLATURE FINDS THAT IT IS NECESSARY TO UPDATE AND MODERNIZE THE STATE'S SYSTEM OF FILING AND MAINTAINING INFORMATION AND DOCUMENTS RELATED TO THE REGISTRATION OF DEATH. AN ELECTRONIC DEATH REGISTRATION SYSTEM WILL PROMOTE ACCURACY AND PROVIDE FOR MORE TIMELY TRANSMISSION OF DOCUMENTATION, PROMOTING EFFICIENCY IN THE OPERATIONS OF THE DEPARTMENT, WHICH OVERSEES THE DEATH REGISTRATION FILING PROCESS; LOCAL REGISTRARS, WHICH ACCEPT AND FILE CERTIFICATES OF DEATH AND ISSUE BURIAL AND REMOVAL PERMITS; HEALTH CARE INSTITUTIONS AND PRACTITIONERS, CORONERS AND MEDICAL EXAMINERS, WHICH PREPARE CERTIFICATES OF DEATH; AND LICENSED FUNERAL DIRECTORS AND UNDERTAKERS, WHO REQUIRE PROMPT ACCESS TO CERTIFICATES OF DEATH TO CONDUCT BURIALS AND FUNERALS IN A TIMELY FASHION. LICENSED FUNERAL DIRECTORS AND UNDERTAKERS HAVE EXPRESSED THEIR INTEREST IN PARTNERING WITH THE DEPARTMENT TO SUPPORT THE ESTABLISHMENT AND MAINTENANCE OF SUCH SYSTEM THROUGH A CONTRIBUTION, TENDERED FOR EACH BURIAL AND REMOVAL PERMIT ISSUED TO A LICENSED FUNERAL DIRECTOR OR UNDERTAKER, IN THE AMOUNT OF TWENTY DOLLARS.

2. THE DEPARTMENT IS HEREBY AUTHORIZED AND DIRECTED TO DESIGN, IMPLEMENT AND MAINTAIN AN ELECTRONIC DEATH REGISTRATION SYSTEM FOR COLLECTING, STORING, RECORDING, TRANSMITTING, AMENDING, CORRECTING AND AUTHENTICATING INFORMATION, AS NECESSARY AND APPROPRIATE TO COMPLETE A DEATH REGISTRATION, AND TO GENERATE SUCH DOCUMENTS AS DETERMINED BY THE DEPARTMENT IN RELATION TO A DEATH OCCURRING IN THIS STATE. THE CONTRIBUTION REFERENCED IN SUBDIVISION ONE OF THIS SECTION SHALL BE COLLECTED FOR EACH BURIAL OR REMOVAL PERMIT ISSUED ON OR AFTER THE EFFECTIVE DATE OF THIS SECTION FROM THE LICENSED FUNERAL DIRECTOR OR UNDERTAKER TO WHOM SUCH PERMIT IS ISSUED, IN THE MANNER SPECIFIED BY THE DEPARTMENT AND SHALL BE USED SOLELY FOR THE PURPOSE SET FORTH IN SUBDIVISION 1 OF THIS SECTION.

3. COMMENCING ON JANUARY FIRST, TWO THOUSAND FOURTEEN, OR AS SOON THEREAFTER AS THE COMMISSIONER REASONABLY DETERMINES IS FEASIBLE IN LIGHT OF THE INTENT OF THIS SECTION, THE DEPARTMENT SHALL REQUIRE THAT DEATHS OCCURRING WITHIN THIS STATE MUST BE REGISTERED USING THE ELECTRONIC DEATH REGISTRATION SYSTEM ESTABLISHED IN THIS SECTION. ELECTRONIC DEATH REGISTRATION MAY BE PHASED IN, AS DETERMINED BY THE COMMISSIONER, FOR DEATHS OCCURRING IN THE STATE UNTIL THE ELECTRONIC DEATH REGISTRATION SYSTEM IS FULLY IMPLEMENTED IN THE STATE.

4. COMMENCING ON JANUARY FIRST, TWO THOUSAND FOURTEEN, OR ON SUCH DATE DETERMINED BY THE COMMISSIONER PURSUANT TO SUBDIVISION 3 OF THIS

SECTION, ALL PERSONS REQUIRED TO REGISTER A DEATH OR FILE A CERTIFICATE OF DEATH UNDER THIS ARTICLE, AND SUCH OTHERS AS MAY BE AUTHORIZED BY THE COMMISSIONER, SHALL HAVE ACCESS TO THE ELECTRONIC DEATH REGISTRATION SYSTEM FOR THE PURPOSE OF ENTERING INFORMATION REQUIRED TO EXECUTE, COMPLETE AND FILE A CERTIFICATE OF DEATH OR TO RETRIEVE SUCH INFORMATION OR GENERATE DOCUMENTATION FROM THE ELECTRONIC DEATH REGISTRATION SYSTEM. THE CONFIDENTIALITY PROVISIONS IN SECTION FORTY-ONE HUNDRED FORTY-SEVEN OF THIS TITLE SHALL APPLY TO INFORMATION MAINTAINED IN THIS SYSTEM.

5. NOTWITHSTANDING ANY PROVISION OF LAW TO THE CONTRARY, COMMENCING ON OR AFTER JANUARY FIRST, TWO THOUSAND FOURTEEN, OR ON SUCH DATE DETERMINED BY THE COMMISSIONER PURSUANT TO SUBDIVISION 3 OF THIS SECTION, ANY REQUIREMENT OF THIS TITLE FOR A SIGNATURE OF ANY PERSON SHALL BE DEEMED SATISFIED BY THE USE BY SUCH PERSON OF DIGITAL SIGNATURE PROVIDED SUCH PERSON IS AUTHORIZED IN ACCORDANCE WITH THIS SECTION TO USE THE ELECTRONIC DEATH REGISTRATION SYSTEM.

S 2. Subdivision 1 of section 4100-a of the public health law, as amended by chapter 644 of the laws of 1988, is amended and a new subdivision 5 is added to read as follows:

1. The term "certified copy" means a photographic reproduction in the form of a photocopy or a microfilm print of the original certificate OR ELECTRONICALLY PRODUCED PRINT OF THE ORIGINAL CERTIFICATE, COMMENCING ON OR AFTER JANUARY FIRST, TWO THOUSAND FOURTEEN, and certified by the commissioner, his designated representative, a local registrar [or his deputy], DEPUTY REGISTRAR OR SUB-REGISTRAR as a true copy thereof.

5. THE TERM "ELECTRONIC DEATH REGISTRATION SYSTEM" MEANS THE DATA SYSTEM CREATED AND MAINTAINED BY THE DEPARTMENT FOR COLLECTING, STORING, RECORDING, TRANSMITTING, AMENDING, CORRECTING AND AUTHENTICATING INFORMATION, AS NECESSARY AND APPROPRIATE TO COMPLETE A DEATH REGISTRATION, AND TO GENERATE SUCH DOCUMENTS AS DETERMINED BY THE DEPARTMENT, INCLUDING PERMITS OR CERTIFICATES, RELATING TO A DEATH OCCURRING IN THIS STATE.

S 3. Subdivision 1 of section 4140 of the public health law is amended to read as follows:

1. The death of each person who has died in this state shall be registered immediately and not later than seventy-two hours after death or the finding of a dead human body, by filing with the registrar of the district in which the death occurred or the body was found a certificate of such death, [which certificate shall be upon the form] IN A MANNER AND FORMAT AS prescribed by the commissioner, WHICH SHALL INCLUDE THROUGH ELECTRONIC MEANS IN ACCORDANCE WITH SECTION FORTY-ONE HUNDRED FORTY-EIGHT OF THIS TITLE.

S 4. Section 4141-a of the public health law, as amended by chapter 153 of the laws of 2011, is amended to read as follows:

S 4141-a. Death certificate; duties of hospital administrator. When a death occurs in a hospital, except in those cases where certificates are issued by coroners or medical examiners, the person in charge of such hospital or his or her designated representative shall promptly present the certificate to the physician or nurse practitioner in attendance, or a physician or nurse practitioner acting in his or her behalf, who shall promptly certify to the facts of death, provide the medical information required by the certificate, sign the medical certificate of death, and thereupon return such certificate to such person, so that the seventy-two hour registration time limit prescribed in section four thousand one hundred forty of this title can be met; PROVIDED, HOWEVER THAT COMMENCING ON OR AFTER JANUARY FIRST, TWO THOUSAND FOURTEEN, OR ON SUCH DATE DETERMINED BY THE COMMISSIONER PURSUANT TO SUBDIVISION 3 OF SECTION 4148

1 OF THIS TITLE, INFORMATION AND SIGNATURES REQUIRED BY THIS SECTION SHALL
2 BE OBTAINED AND MADE IN ACCORDANCE WITH SECTION FORTY-ONE HUNDRED
3 FORTY-EIGHT OF THIS TITLE.

4 S 5. Section 4142 of the public health law is amended by adding a new
5 subdivision (e) to read as follows:

6 (E) NOTWITHSTANDING ANY CONTRARY PROVISIONS OF LAW AS MAY BE SET FORTH
7 IN THIS SECTION, COMMENCING ON OR AFTER JANUARY FIRST, TWO THOUSAND
8 FOURTEEN, OR ON SUCH DATE DETERMINED BY THE COMMISSIONER PURSUANT TO
9 SUBDIVISION 3 OF SECTION 4148 OF THIS TITLE, INFORMATION AND SIGNATURES
10 REQUIRED BY THIS SUBDIVISION SHALL BE OBTAINED AND MADE IN ACCORDANCE
11 WITH SECTION FORTY-ONE HUNDRED FORTY-EIGHT OF THIS TITLE.

12 S 6. Paragraph (b) of subdivision 2 and subdivisions 3 and 5 of
13 section 4144 of the public health law, paragraph (b) of subdivision 2 as
14 amended by chapter 153 of the laws of 2011, are amended to read as
15 follows:

16 (b) Verbal permission to remove a body of a deceased person from the
17 county in which death occurred or the body was found to a non-adjacent
18 county within the state of New York, as provided in subdivision one of
19 this section, shall be issued by the said registrar of vital statistics,
20 upon request by telephone of a licensed funeral director or undertaker
21 who holds a certificate of death signed by the attending physician or
22 nurse practitioner, OR FOR DEATHS OCCURRING ON OR AFTER JANUARY FIRST,
23 TWO THOUSAND FOURTEEN, OR ON SUCH DATE DETERMINED BY THE COMMISSIONER
24 PURSUANT TO SUBDIVISION 3 OF SECTION 4148 OF THIS TITLE, SUCH CERTIF-
25 ICATE OF DEATH SIGNED BY THE ATTENDING PHYSICIAN OR NURSE PRACTITIONER
26 IS AVAILABLE ELECTRONICALLY IN ACCORDANCE WITH SECTION FORTY-ONE HUNDRED
27 FORTY-EIGHT OF THIS TITLE, showing that the death resulted from natural
28 causes and was not a result of accidental, suicidal, homicidal or other
29 external causes.

30 3. No registrar of vital statistics shall receive any fee for the
31 issuance of burial or removal permits under this chapter EXCEPT AS
32 REFERENCED BY SECTION FORTY-ONE HUNDRED FORTY-EIGHT OF THIS TITLE AND
33 other than the compensation provided in this article.

34 5. If the interment, or other disposition of the body of a deceased
35 person is to be made within the state, the wording of the burial or
36 removal permit may be limited to a statement by the registrar, and over
37 his signature, that a satisfactory certificate of death, having been
38 filed with him, as required by law, permission is granted to inter,
39 remove or otherwise dispose of the body, stating the name, age, sex,
40 cause of death, and other necessary details [upon the form prescribed by
41 the commissioner] IN A MANNER AND FORMAT AS MAY BE REQUIRED BY THE
42 COMMISSIONER.

43 S 7. Subdivisions 1 and 4 of section 4161 of the public health law,
44 subdivision 1 as amended by chapter 589 of the laws of 1991 and subdivi-
45 sion 4 as amended by chapter 153 of the laws of 2011, are amended to
46 read as follows:

47 1. The certificate of fetal death and the report of fetal death shall
48 contain such information and be in such form as the commissioner may
49 prescribe; PROVIDED HOWEVER THAT COMMENCING ON OR AFTER JANUARY FIRST,
50 TWO THOUSAND FOURTEEN, OR ON SUCH DATE DETERMINED BY THE COMMISSIONER
51 PURSUANT TO SUBDIVISION 3 OF THIS SECTION, INFORMATION AND SIGNATURES
52 REQUIRED BY THIS SUBDIVISION SHALL BE OBTAINED AND MADE IN ACCORDANCE
53 WITH SECTION FORTY-ONE HUNDRED FORTY-EIGHT OF THIS ARTICLE, except that
54 unless requested by the woman neither the certificate nor the report of
55 fetal death shall contain the name of the woman, her social security
56 number or any other information which would permit her to be identified

1 except as provided in this subdivision. The report shall state that a
2 certificate of fetal death was filed with the commissioner and the date
3 of such filing. The commissioner shall develop a unique, confidential
4 identifier to be used on the certificate of fetal death to be used in
5 connection with the exercise of the commissioner's authority to monitor
6 the quality of care provided by any individual or entity licensed to
7 perform an abortion in this state and to permit coordination of data
8 concerning the medical history of the woman for purposes of conducting
9 surveillance scientific studies and research pursuant to the provisions
10 of paragraph (j) of subdivision one of section two hundred six of this
11 chapter.

12 4. When a fetal death occurs in a hospital, except in those cases
13 where certificates are issued by coroners or medical examiners, the
14 person in charge of such hospital or his or her designated represen-
15 tative shall promptly present the certificate to the physician or nurse
16 practitioner in attendance, or a physician or nurse practitioner acting
17 in his or her behalf, who shall promptly certify to the facts of birth
18 and of fetal death, provide the medical information required by the
19 certificate, sign the medical certificate of birth and death, and there-
20 upon return such certificate to such person, so that the seventy-two
21 hour registration time limit prescribed in section four thousand one
22 hundred sixty of this title can be met; PROVIDED, HOWEVER THAT COMMENC-
23 ING ON OR AFTER JANUARY FIRST, TWO THOUSAND FOURTEEN, OR ON SUCH DATE
24 DETERMINED BY THE COMMISSIONER PURSUANT TO SUBDIVISION 3 OF SECTION 4148
25 OF THIS ARTICLE, INFORMATION AND SIGNATURES REQUIRED BY THIS SUBDIVISION
26 SHALL BE OBTAINED AND MADE IN ACCORDANCE WITH SECTION FORTY-ONE HUNDRED
27 FORTY-EIGHT OF THIS ARTICLE.

28 S 8. Subdivision 3 of section 4171 of the public health law is amended
29 to read as follows:

30 3. All certificates, either of birth or death, shall be written legi-
31 bly, in durable black ink, [and no] PROVIDED HOWEVER, THAT COMMENCING ON
32 OR AFTER JANUARY FIRST, TWO THOUSAND FOURTEEN, OR ON SUCH DATE DETER-
33 MINED BY THE COMMISSIONER PURSUANT TO SUBDIVISION 3 OF SECTION 4148 OF
34 THIS ARTICLE, DEATH CERTIFICATES SHALL BE COMPLETED IN ACCORDANCE WITH
35 SECTION FORTY-ONE HUNDRED FORTY-EIGHT OF THIS ARTICLE. NO certificate,
36 WHETHER FILED IN PAPER FORM OR DEATH CERTIFICATE FILED ELECTRONICALLY IN
37 ACCORDANCE WITH SECTION FORTY-ONE HUNDRED FORTY-EIGHT OF THIS ARTICLE,
38 shall be held to be complete and correct that does not supply all of the
39 items of information called for therein, or satisfactorily account for
40 their omission.

41 S 9. This act shall take effect immediately; provided, however, that
42 if chapter 153 of the laws of 2011 is not in effect on such date then
43 the amendments made to section 4141-a of the public health law, para-
44 graph (b) of subdivision 2 of section 4144 of the public health law and
45 subdivision 4 of section 4161 of the public health law by sections four,
46 six and seven of this act shall take effect on the same date and same
47 manner as chapter 153 of the laws of 2011, takes effect; provided
48 further that the commissioner of health is authorized to promulgate
49 regulations as necessary to implement the provisions of this act.

50

PART D

51 Section 1. The public health law is amended by adding a new section
52 2823 to read as follows:

53 S 2823. SUPPORTIVE HOUSING DEVELOPMENT REINVESTMENT PROGRAM. 1.
54 NOTWITHSTANDING SECTIONS ONE HUNDRED TWELVE AND ONE HUNDRED SIXTY-THREE

1 OF THE STATE FINANCE LAW OR SECTIONS ONE HUNDRED FORTY-TWO AND ONE
2 HUNDRED FORTY-THREE OF THE ECONOMIC DEVELOPMENT LAW OR ANY OTHER CONTRA-
3 RY PROVISION OF LAW, REINVESTMENT FUNDS FOR SUPPORTIVE HOUSING FOR
4 VULNERABLE POPULATIONS SHALL BE ALLOCATED ANNUALLY BY THE COMMISSIONER
5 BASED UPON THE FOLLOWING CRITERIA:

6 (A) THE EFFICIENCY AND EFFECTIVENESS OF THE USE OF FUNDING FOR THE
7 DEVELOPMENT OF ADEQUATE AND ACCESSIBLE HOUSING TO SUPPORT VULNERABLE
8 PERSONS IN THE COMMUNITY AND TO ENSURE ACCESS TO SUPPORTS NECESSARY TO
9 MAXIMIZE EXPECTED OUTCOMES; AND

10 (B) OTHER RELEVANT FACTORS RELATING TO THE MAINTENANCE OF EXISTING
11 SUPPORTIVE HOUSING AND THE DEVELOPMENT OF NEW SUPPORTIVE HOUSING AND
12 ASSOCIATED SERVICES.

13 2. AMOUNTS PROVIDED PURSUANT TO THIS SECTION SHALL BE USED ONLY TO
14 FUND HOUSING DEVELOPMENT ACTIVITIES AND OTHER GENERAL PROGRAMMATIC
15 ACTIVITIES TO HELP ENSURE A STABLE SYSTEM OF SUPPORTIVE HOUSING FOR
16 VULNERABLE PERSONS IN THE COMMUNITY.

17 3. THE COMMISSIONER IS AUTHORIZED AND EMPOWERED TO MAKE INSPECTIONS
18 AND EXAMINE RECORDS OF ANY ENTITY FUNDED PURSUANT TO SUBDIVISION TWO OF
19 THIS SECTION. SUCH EXAMINATION SHALL INCLUDE ALL MEDICAL, SERVICE AND
20 FINANCIAL RECORDS, RECEIPTS, DISBURSEMENTS, CONTRACTS, LOANS AND OTHER
21 MONEYS RELATING TO THE FINANCIAL OPERATION OF THE PROVIDER.

22 4. THE AMOUNT OF SUPPORTIVE HOUSING DEVELOPMENT REINVESTMENT FUNDS FOR
23 THE DEPARTMENT SHALL BE ITEMIZED IN THE ANNUAL BUDGET IN AN AMOUNT
24 DETERMINED BY THE COMMISSIONER, SUBJECT TO THE APPROVAL OF THE DIRECTOR
25 OF THE BUDGET. THIS AMOUNT SHALL INCLUDE THE AMOUNT OF GENERAL FUND
26 SAVINGS DIRECTLY RELATED TO INPATIENT HOSPITAL AND NURSING HOME BED
27 DECERTIFICATION AND/OR FACILITY CLOSURE. THE METHODOLOGIES USED TO
28 CALCULATE THE SAVINGS SHALL BE DEVELOPED BY THE COMMISSIONER AND THE
29 DIRECTOR OF THE BUDGET. IN NO EVENT SHALL THE FULL ANNUAL VALUE OF
30 SUPPORTIVE HOUSING DEVELOPMENT REINVESTMENT PROGRAMS ATTRIBUTABLE TO
31 INPATIENT HOSPITAL AND NURSING HOME BED DECERTIFICATION AND/OR FACILITY
32 CLOSURE EXCEED THE TWELVE MONTH VALUE OF THE DEPARTMENT OF HEALTH GENER-
33 AL FUND REDUCTIONS RESULTING FROM SUCH DECERTIFICATION AND/OR FACILITY
34 CLOSURE.

35 5. THE ANNUAL SUPPORTIVE HOUSING DEVELOPMENT REINVESTMENT APPROPRI-
36 ATION SHALL REFLECT A PROPORTION OF THE AMOUNT OF GENERAL FUND SAVINGS
37 RESULTING FROM SUBDIVISION FOUR OF THIS SECTION. WITHIN ANY FISCAL YEAR
38 WHERE APPROPRIATION INCREASES ARE RECOMMENDED FOR THE SUPPORTIVE HOUSING
39 DEVELOPMENT REINVESTMENT PROGRAM, INsofar AS PROJECTED BED DECERTIFI-
40 CATION AND/OR FACILITY CLOSURES DO NOT OCCUR AS ESTIMATED, AND GENERAL
41 FUND SAVINGS DO NOT RESULT, THEN THE REINVESTMENT APPROPRIATIONS MAY BE
42 REDUCED IN THE NEXT YEAR'S ANNUAL BUDGET ITEMIZATION.

43 6. AMOUNTS MADE AVAILABLE TO THE SUPPORTIVE HOUSING DEVELOPMENT REIN-
44 VESTMENT PROGRAM OF THE DEPARTMENT SHALL BE SUBJECT TO ANNUAL APPROPRI-
45 ATIONS THEREFOR.

46 7. NO PROVISION IN THIS SECTION SHALL CREATE OR BE DEEMED TO CREATE
47 ANY RIGHT, INTEREST OR ENTITLEMENT TO SERVICES OR FUNDS THAT ARE SUBJECT
48 TO THIS SECTION, OR TO ANY OTHER SERVICES OR FUNDS, WHETHER TO INDIVID-
49 UALS, LOCALITIES, PROVIDERS OR OTHERS, INDIVIDUALLY OR COLLECTIVELY.

50 8. ALL APPROPRIATIONS FOR SUPPORTIVE HOUSING DEVELOPMENT SHALL BE
51 ADJUSTED IN THE FOLLOWING FISCAL YEAR TO REFLECT THE VARIANCE BETWEEN
52 THE INITIAL AND REVISED ESTIMATES OF BED DECERTIFICATION AND/OR FACILITY
53 CLOSURE.

54 9. THE COMMISSIONER SHALL PROMULGATE REGULATIONS, AND MAY PROMULGATE
55 EMERGENCY REGULATIONS, TO EFFECTUATE THE PROVISIONS OF THIS SECTION.

1 S 2. Paragraph (e) of subdivision 1 of section 461-1 of the social
2 services law, as added by chapter 165 of the laws of 1991, is amended to
3 read as follows:

4 (e) "Services" shall mean all services for which full payment to an
5 assisted living program is included in the capitated rate of payment,
6 which shall include personal care services, home care services and such
7 other services as the commissioner in conjunction with the commissioner
8 of health determine by regulation must be included in the capitated rate
9 of payment, and which the assisted living program shall provide, or
10 arrange for the provision of, through contracts with a social services
11 district, [a] long term home health care [program or a] PROGRAMS, certi-
12 fied home health [agency, and] AGENCIES, AND/OR other qualified provid-
13 ers.

14 S 3. Paragraphs (b) and (d) of subdivision 2 of section 461-1 of the
15 social services law, as added by chapter 165 of the laws of 1991 and
16 subparagraph (iii) of paragraph (d) as amended by chapter 569 of the
17 laws of 2000, are amended to read as follows:

18 (b) If an assisted living program itself is not a certified home
19 health agency or long term home health care program, the assisted living
20 program shall contract with [a] ONE OR MORE certified home health [agen-
21 cy or] AGENCIES AND/OR long term home health care [program] PROGRAMS for
22 the provision of services pursuant to article thirty-six of the public
23 health law. [An assisted living program shall contract with no more than
24 one certified home health agency or long term home health care program,
25 provided, however, that the commissioner and the commissioner of health
26 may approve additional contracts for good cause.]

27 (d) Patient services and care. (i) An assisted living program[, or if
28 the assisted living program itself does not include a long term home
29 health care program or certified home health agency an assisted living
30 program and a long term home health care program or certified home
31 health agency,] shall conduct an initial assessment to determine whether
32 a person would otherwise require placement in a residential health care
33 facility if not for the availability of the assisted living program and
34 is appropriate for admission to an assisted living program. The assisted
35 living program shall forward such assessment of a medical assistance
36 applicant or recipient to the appropriate social services district.

37 (ii) No person shall be determined eligible for and admitted to an
38 assisted living program unless the assisted living program [and the long
39 term home health care program or the certified home health care agency
40 agree, based on the initial assessment,] FINDS that the person meets the
41 criteria provided in paragraph (d) of subdivision one of this section
42 and unless the appropriate social services district prior authorizes
43 payment for services.

44 (iii) Appropriate services shall be provided to an eligible person
45 only in accordance with a plan of care which is based upon an initial
46 assessment and periodic reassessments conducted by an assisted living
47 program[, or if the assisted living program itself does not include a
48 long term home health care program or certified home health agency an
49 assisted living program and a long term home health care program or
50 certified home health agency]. A reassessment shall be conducted as
51 frequently as is required to respond to changes in the resident's condi-
52 tion and ensure immediate access to necessary and appropriate services
53 by the resident, but in no event less frequently than once every six
54 months. No person shall be admitted to or retained in an assisted living
55 program unless [the assisted living program, and long term home health
56 care program or certified home health agency are in agreement that] the

1 person can be safely and adequately cared for with the provision of
2 services determined by such assessment or reassessment.

3 S 4. Paragraph (i) of subdivision 3 of section 461-1 of the social
4 services law is REPEALED.

5 S 5. Notwithstanding any contrary provision of law, inpatient hospi-
6 tals licensed pursuant to the Mental Hygiene Law by the Office of Mental
7 Health shall be subject to audit fees as set forth in regulations issued
8 by the Department of Health pursuant to S2807-c(35)(b)(xiii) of the
9 Public Health Law, with regard to cost reports submitted to the Depart-
10 ment of Health on and after April 1, 2012.

11 S 6. Subdivision 2 of section 365-a of the social services law is
12 amended by adding four new paragraphs (w), (x), (y) and (z) to read as
13 follows:

14 (W) PODIATRY SERVICES FOR INDIVIDUALS WITH A DIAGNOSIS OF DIABETES
15 MELLITUS; PROVIDED, HOWEVER, THAT THE PROVISIONS OF THIS PARAGRAPH SHALL
16 NOT TAKE EFFECT UNLESS ALL NECESSARY APPROVALS UNDER FEDERAL LAW AND
17 REGULATION HAVE BEEN OBTAINED TO RECEIVE FEDERAL FINANCIAL PARTICIPATION
18 IN THE COSTS OF HEALTH CARE SERVICES PROVIDED PURSUANT TO THIS PARA-
19 GRAPH.

20 (X) LACTATION COUNSELING SERVICES FOR PREGNANT AND POSTPARTUM WOMEN
21 WHEN SUCH SERVICES ARE ORDERED BY A PHYSICIAN, REGISTERED PHYSICIAN
22 ASSISTANT, REGISTERED NURSE PRACTITIONER, OR LICENSED MIDWIFE AND
23 PROVIDED BY A CERTIFIED LACTATION CONSULTANT, AS DETERMINED BY THE
24 COMMISSIONER OF HEALTH; PROVIDED, HOWEVER, THAT THE PROVISIONS OF THIS
25 PARAGRAPH SHALL NOT TAKE EFFECT UNLESS ALL NECESSARY APPROVALS UNDER
26 FEDERAL LAW AND REGULATION HAVE BEEN OBTAINED TO RECEIVE FEDERAL FINAN-
27 CIAL PARTICIPATION IN THE COSTS OF HEALTH CARE SERVICES PROVIDED PURSU-
28 ANT TO THIS PARAGRAPH. NOTHING IN THIS PARAGRAPH SHALL BE CONSTRUED TO
29 MODIFY ANY LICENSURE, CERTIFICATION OR SCOPE OF PRACTICE PROVISION UNDER
30 TITLE EIGHT OF THE EDUCATION LAW.

31 (Y) HARM REDUCTION COUNSELING AND SERVICES TO REDUCE OR MINIMIZE THE
32 ADVERSE HEALTH CONSEQUENCES ASSOCIATED WITH DRUG USE, PROVIDED BY A
33 QUALIFIED DRUG TREATMENT PROGRAM OR COMMUNITY-BASED ORGANIZATION, AS
34 DETERMINED BY THE COMMISSIONER OF HEALTH; PROVIDED, HOWEVER, THAT THE
35 PROVISIONS OF THIS PARAGRAPH SHALL NOT TAKE EFFECT UNLESS ALL NECESSARY
36 APPROVALS UNDER FEDERAL LAW AND REGULATION HAVE BEEN OBTAINED TO RECEIVE
37 FEDERAL FINANCIAL PARTICIPATION IN THE COSTS OF HEALTH CARE SERVICES
38 PROVIDED PURSUANT TO THIS PARAGRAPH. NOTHING IN THIS PARAGRAPH SHALL BE
39 CONSTRUED TO MODIFY ANY LICENSURE, CERTIFICATION OR SCOPE OF PRACTICE
40 PROVISION UNDER TITLE EIGHT OF THE EDUCATION LAW.

41 (Z) HEPATITIS C WRAP-AROUND SERVICES TO PROMOTE CARE COORDINATION AND
42 INTEGRATION WHEN ORDERED BY A PHYSICIAN, REGISTERED PHYSICIAN ASSISTANT,
43 REGISTERED NURSE PRACTITIONER, OR LICENSED MIDWIFE, AND PROVIDED BY A
44 QUALIFIED PROFESSIONAL, AS DETERMINED BY THE COMMISSIONER OF HEALTH.
45 SUCH SERVICES MAY INCLUDE CLIENT OUTREACH, IDENTIFICATION AND RECRUIT-
46 MENT, HEPATITIS C EDUCATION AND COUNSELING, COORDINATION OF CARE AND
47 ADHERENCE TO TREATMENT, ASSISTANCE IN OBTAINING APPROPRIATE ENTITLEMENT
48 SERVICES, PEER SUPPORT AND OTHER SUPPORTIVE SERVICES; PROVIDED, HOWEVER,
49 THAT THE PROVISIONS OF THIS PARAGRAPH SHALL NOT TAKE EFFECT UNLESS ALL
50 NECESSARY APPROVALS UNDER FEDERAL LAW AND REGULATION HAVE BEEN OBTAINED
51 TO RECEIVE FEDERAL FINANCIAL PARTICIPATION IN THE COSTS OF HEALTH CARE
52 SERVICES PROVIDED PURSUANT TO THIS PARAGRAPH. NOTHING IN THIS PARAGRAPH
53 SHALL BE CONSTRUED TO MODIFY ANY LICENSURE, CERTIFICATION OR SCOPE OF
54 PRACTICE PROVISION UNDER TITLE EIGHT OF THE EDUCATION LAW.

1 S 7. Paragraph (g) of subdivision 2 of section 365-a of the social
2 services law, as amended by section 23 of part H of chapter 59 of the
3 laws of 2011, is amended to read as follows:

4 (g) sickroom supplies, eyeglasses, prosthetic appliances and dental
5 prosthetic appliances furnished in accordance with the regulations of
6 the department; provided further that: (i) the commissioner of health is
7 authorized to implement a preferred diabetic supply program wherein the
8 department of health will receive enhanced rebates from preferred
9 manufacturers of glucometers and test strips, and may subject non-pre-
10 ferred manufacturers' glucometers and test strips to prior authorization
11 under section two hundred seventy-three of the public health law; (ii)
12 enteral formula therapy and nutritional supplements are limited to
13 coverage only for nasogastric, jejunostomy, or gastrostomy tube feeding
14 or for treatment of an inborn metabolic disorder, or to address growth
15 and development problems in children, OR, SUBJECT TO STANDARDS ESTAB-
16 LISHED BY THE COMMISSIONER, FOR PERSONS WITH A DIAGNOSIS OF HIV
17 INFECTION, AIDS OR HIV-RELATED ILLNESS; (iii) prescription footwear and
18 inserts are limited to coverage only when used as an integral part of a
19 lower limb orthotic appliance, as part of a diabetic treatment plan, or
20 to address growth and development problems in children; and (iv)
21 compression and support stockings are limited to coverage only for preg-
22 nancy or treatment of venous stasis ulcers;

23 S 8. Subdivision 9 of section 4403-c of the public health law is
24 amended to read as follows:

25 9. Notwithstanding any other provision of law, a comprehensive HIV
26 special needs plan certified pursuant to this section shall limit
27 enrollment to HIV positive persons, [but may enroll related children up
28 to the age of nineteen] EXCEPT FOR THE FOLLOWING PERSONS WHO MAY BE
29 ENROLLED regardless of their HIV status[.]:

30 (A) RELATED CHILDREN UP TO THE AGE OF TWENTY-ONE; AND

31 (B) HIGH NEED POPULATIONS THAT WOULD BENEFIT FROM RECEIVING SERVICES
32 THROUGH A PLAN CERTIFIED PURSUANT TO THIS SECTION, AS DETERMINED BY THE
33 COMMISSIONER.

34 S 9. Paragraph (f) of subdivision 1 of section 367-a of the social
35 services law as added by section 1 of Part E of chapter 58 of the laws
36 of 2008, is amended to read as follows:

37 (f) Amounts payable under this title for medical assistance in the
38 form of outpatient mental health services under article thirty-one OR
39 OUTPATIENT CHEMICAL DEPENDENCE SERVICES INCLUDING OPIOID TREATMENT
40 SERVICES UNDER ARTICLE THIRTY-TWO of the mental hygiene law provided to
41 eligible persons who are also beneficiaries under part B of title XVIII
42 of the federal social security act shall not be less than the approved
43 medical assistance payment level less the amount payable under part B.

44 S 10. Paragraph (d) of subdivision 2 of section 3332 of the public
45 health law, as amended by chapter 178 of the laws of 2010, is amended
46 and a new paragraph (e) is added to read as follows:

47 (d) the date upon which such prescription was actually signed by the
48 prescribing practitioner[.]; AND

49 (E) IF THE PATIENT IS A LIMITED ENGLISH PROFICIENT INDIVIDUAL, AS
50 DEFINED IN SECTION THREE THOUSAND THREE HUNDRED NINETY-EIGHT-A OF THIS
51 CHAPTER, INDICATION OF SUCH STATUS AND INDICATION OF THE PATIENT'S
52 PRIMARY LANGUAGE.

53 S 11. Section 3333 of the public health law is amended by adding a
54 new subdivision 6 to read as follows:

55 6. IF THE PHARMACIST KNOWS OR HAS REASON TO KNOW THAT THE PATIENT IS A
56 LIMITED ENGLISH PROFICIENT INDIVIDUAL, AS DEFINED IN SECTION THREE THOU-

1 SAND THREE HUNDRED NINETY-EIGHT-A OF THIS CHAPTER, THE PHARMACIST SHALL
2 PROVIDE FOR TRANSLATION OR OTHER LANGUAGE SERVICES AS REQUIRED IN
3 SECTION THREE THOUSAND THREE HUNDRED NINETY-EIGHT-A OF THIS CHAPTER,
4 UNLESS DOING SO WOULD COMPROMISE THE CARE OF THE PATIENT.

5 S 12. Paragraphs (b) and (c) of subdivision 1 of section 3334 of the
6 public health law, as amended by chapter 178 of the laws of 2010, are
7 amended and a new paragraph (d) is added to read as follows:

8 (b) dispense the substance in conformity with the labeling require-
9 ments applicable to the type of prescription which would be required but
10 for the emergency; [and]

11 (c) make a good faith effort to verify the practitioner's identity, if
12 the practitioner is unknown to the pharmacist[.]; AND

13 (D) IF THE PHARMACIST KNOWS OR HAS REASON TO KNOW THAT THE PATIENT IS
14 A LIMITED ENGLISH PROFICIENT INDIVIDUAL, AS DEFINED IN SECTION THREE
15 THOUSAND THREE HUNDRED NINETY-EIGHT-A OF THIS CHAPTER, THE PHARMACIST
16 SHALL PROVIDE FOR TRANSLATION OR OTHER LANGUAGE SERVICES AS REQUIRED IN
17 SECTION THREE THOUSAND THREE HUNDRED NINETY-EIGHT-A OF THIS CHAPTER,
18 UNLESS DOING SO WOULD COMPROMISE THE CARE OF THE PATIENT.

19 S 13. Subdivision 1 of section 3337 of the public health law is
20 amended by adding a new paragraph (d) to read as follows:

21 (D) IF THE PHARMACIST KNOWS OR HAS REASON TO KNOW THAT THE PATIENT IS
22 A LIMITED ENGLISH PROFICIENT INDIVIDUAL, AS DEFINED IN SECTION THREE
23 THOUSAND THREE HUNDRED NINETY-EIGHT-A OF THIS CHAPTER, THE PHARMACIST
24 SHALL PROVIDE FOR TRANSLATION OR OTHER LANGUAGE SERVICES AS REQUIRED IN
25 SECTION THREE THOUSAND THREE HUNDRED NINETY-EIGHT-A OF THIS CHAPTER,
26 UNLESS DOING SO WOULD COMPROMISE THE CARE OF THE PATIENT.

27 S 14. Subdivision 1 of section 3338 of the public health law, as
28 amended by section 12 of part A of chapter 58 of the laws of 2004, is
29 amended to read as follows:

30 1. Official New York state prescription forms shall be prepared and
31 issued by the department in the FORMAT, manner and detail as the commis-
32 sioner in consultation with the commissioner of education may, by regu-
33 lation, require, and, each form shall be serialized. Such forms shall be
34 furnished to practitioners authorized to write such prescriptions and to
35 institutional dispensers. Such prescription blanks shall not be trans-
36 ferable.

37 S 15. Subdivision b of section 6804 of the education law, as added by
38 chapter 987 of the laws of 1971, is amended to read as follows:

39 b. To regulate and control the sale, distribution, character and stan-
40 dard of drugs, poisons, cosmetics, devices and new drugs, INCLUDING, BUT
41 NOT LIMITED TO, IN CONJUNCTION WITH THE COMMISSIONER OF HEALTH, THE
42 DEVELOPMENT OF REQUIREMENTS RELATED TO THE SALE, DISTRIBUTION, AND
43 DISPENSING OF DRUGS AND NEW DRUGS TO ADDRESS THE SPECIAL NEEDS OF
44 PERSONS WHO ARE ELDERLY, OF LIMITED VISION OR OF LIMITED ENGLISH PROFI-
45 CIENCY,

46 S 16. Section 6810 of the education law is amended by adding three new
47 subdivisions 10, 11 and 12 to read as follows:

48 10. COVERED PHARMACIES, AS DEFINED IN SECTION THREE THOUSAND THREE
49 HUNDRED NINETY-EIGHT-A OF THE PUBLIC HEALTH LAW, MUST PROVIDE TRANS-
50 LATION AND INTERPRETATION SERVICES FOR PATIENTS HAVING LIMITED PROFI-
51 CIENCY IN ENGLISH, SUBJECT TO REGULATIONS OF THE COMMISSIONER AND THE
52 PROVISIONS OF SECTION THREE THOUSAND THREE HUNDRED NINETY-EIGHT-A OF THE
53 PUBLIC HEALTH LAW.

54 11. IF THE PATIENT IS LIMITED ENGLISH PROFICIENT, AS DEFINED IN
55 SECTION THREE THOUSAND THREE HUNDRED NINETY-EIGHT-A OF THE PUBLIC HEALTH

1 LAW, INDICATION OF SUCH STATUS AND INDICATION OF THE PATIENT'S PRIMARY
2 LANGUAGE.

3 12. IF THE PHARMACIST KNOWS OR HAS REASON TO KNOW THAT THE PATIENT IS
4 OF LIMITED ENGLISH PROFICIENCY, AS DEFINED IN SECTION THREE THOUSAND
5 THREE HUNDRED NINETY-EIGHT-A OF THE PUBLIC HEALTH LAW, THE PHARMACIST
6 SHALL PROVIDE FOR TRANSLATION OR OTHER LANGUAGE SERVICES AS REQUIRED IN
7 SUCH SECTION, UNLESS DOING SO WOULD COMPROMISE THE CARE OF THE PATIENT.

8 S 17. The public health law is amended by adding a new article 33-B to
9 read as follows:

10 ARTICLE 33-B

11 STANDARDS FOR PRESCRIPTION MEDICATIONS

12 SECTION 3398. APPLICATION.

13 3398-A. INTERPRETATION REQUIREMENTS FOR PRESCRIPTION DRUGS.

14 S 3398. APPLICATION. THIS ARTICLE APPLIES TO MEDICATIONS PRESCRIBED BY
15 PRACTITIONERS AUTHORIZED TO PRESCRIBE MEDICATIONS, INCLUDING BUT NOT
16 LIMITED TO CONTROLLED SUBSTANCES, PURSUANT TO TITLE EIGHT OF THE EDUCA-
17 TION LAW; PROVIDED, HOWEVER, THAT TO THE EXTENT THERE IS ANY CONFLICT
18 BETWEEN THE PROVISIONS OF THIS ARTICLE AND THE PROVISIONS OF ARTICLE
19 THIRTY-THREE OF THIS TITLE WITH RESPECT TO PRESCRIPTIONS FOR CONTROLLED
20 SUBSTANCES, THE PROVISIONS OF ARTICLE THIRTY-THREE OF THIS TITLE SHALL
21 CONTROL.

22 S 3398-A. INTERPRETATION REQUIREMENTS FOR PRESCRIPTION DRUGS. 1. FOR
23 THE PURPOSES OF THIS SECTION, THE FOLLOWING TERMS SHALL HAVE THE FOLLOW-
24 ING MEANINGS:

25 (A) "COVERED PHARMACY" MEANS ANY PHARMACY THAT IS PART OF A GROUP OF
26 FIVE OR MORE PHARMACIES OWNED BY THE SAME CORPORATE ENTITY, OR WHICH IS
27 A MAIL ORDER PHARMACY. FOR PURPOSES OF THIS SECTION, "CORPORATE ENTITY"
28 SHALL INCLUDE RELATED SUBSIDIARIES, AFFILIATES, SUCCESSORS, OR ASSIGNEES
29 DOING BUSINESS AS OR OPERATING UNDER A COMMON NAME OR TRADING SYMBOL;

30 (B) "LIMITED ENGLISH PROFICIENT INDIVIDUAL" OR "LEP INDIVIDUAL" MEANS
31 AN INDIVIDUAL WHO IDENTIFIES AS BEING, OR IS EVIDENTLY, UNABLE TO SPEAK,
32 READ OR WRITE ENGLISH AT A LEVEL THAT PERMITS SUCH INDIVIDUAL TO UNDER-
33 STAND HEALTH RELATED AND PHARMACEUTICAL INFORMATION COMMUNICATED IN
34 ENGLISH;

35 (C) "TRANSLATE" SHALL MEAN THE CONVERSION OF A WRITTEN TEXT FROM ONE
36 LANGUAGE INTO AN EQUIVALENT WRITTEN TEXT IN ANOTHER LANGUAGE BY AN INDIV-
37 VIDUAL COMPETENT TO DO SO AND UTILIZING ALL NECESSARY PHARMACEUTICAL AND
38 HEALTH-RELATED TERMINOLOGY;

39 (D) "COMPETENT ORAL INTERPRETATION" MEANS ORAL COMMUNICATION IN WHICH
40 A PERSON ACTING AS AN INTERPRETER COMPREHENDS A SPOKEN MESSAGE AND
41 RE-EXPRESSES THAT MESSAGE ACCURATELY IN ANOTHER LANGUAGE, UTILIZING ALL
42 NECESSARY PHARMACEUTICAL AND HEALTH-RELATED TERMINOLOGY, SO AS TO ENABLE
43 AN LEP INDIVIDUAL TO RECEIVE ALL NECESSARY INFORMATION IN THE LEP INDIV-
44 VIDUAL'S PRIMARY LANGUAGE;

45 (E) "PHARMACY PRIMARY LANGUAGES" SHALL MEAN THE TOP SEVEN LANGUAGES
46 SPOKEN BY LEP INDIVIDUALS IN THIS STATE AS DETERMINED BIENNIALY BY THE
47 STATE BOARD OF PHARMACY BASED ON DATA FROM THE MOST RECENT AMERICAN
48 COMMUNITY SURVEY FROM THE UNITED STATES CENSUS BUREAU AND OTHER RELEVANT
49 DATA SOURCES;

50 (F) "MAIL ORDER PHARMACY" SHALL MEAN A PHARMACY THAT DISPENSES MOST OF
51 ITS PRESCRIPTIONS THROUGH THE UNITED STATES POSTAL SERVICE OR OTHER
52 DELIVERY SERVICES.

53 2. (A) EVERY COVERED PHARMACY SHALL PROVIDE FREE, COMPETENT ORAL AND
54 WRITTEN INTERPRETATION SERVICES, TO EACH LEP INDIVIDUAL FILLING A
55 PRESCRIPTION AT OR THROUGH SUCH COVERED PHARMACY, IN THE LEP INDIVID-
56 UAL'S PRIMARY LANGUAGE FOR THE PURPOSE OF COUNSELING SUCH INDIVIDUAL

1 ABOUT HIS OR HER PRESCRIPTION MEDICATIONS AND INTERPRETING LABEL INFOR-
2 MATION, OR WHEN SOLICITING INFORMATION NECESSARY TO MAINTAIN A PATIENT
3 MEDICATION PROFILE, UNLESS THE LEP INDIVIDUAL IS OFFERED AND REFUSES
4 SUCH SERVICES;

5 (B) EVERY COVERED PHARMACY SHALL PROVIDE FREE, COMPETENT ORAL INTER-
6 PRETATION OF PRESCRIPTION MEDICATION LABELS, WARNING LABELS AND OTHER
7 WRITTEN MATERIAL TO EACH LEP INDIVIDUAL FILLING A PRESCRIPTION AT OR
8 THROUGH SUCH COVERED PHARMACY UNLESS THE LEP INDIVIDUAL IS OFFERED AND
9 REFUSES SUCH SERVICES, OR THE MEDICATION LABEL WARNING LABELS AND OTHER
10 WRITTEN MATERIALS HAVE ALREADY BEEN TRANSLATED INTO THE LANGUAGE SPOKEN
11 BY THE LEP INDIVIDUAL;

12 (C) THE SERVICES REQUIRED BY THIS SECTION MAY BE PROVIDED BY A STAFF
13 MEMBER OF THE COVERED PHARMACY OR A THIRD-PARTY CONTRACTOR. SUCH
14 SERVICES MUST BE PROVIDED ON AN IMMEDIATE BASIS BUT NEED NOT BE PROVIDED
15 IN-PERSON OR FACE-TO-FACE.

16 3. EVERY COVERED PHARMACY SHALL CONSPICUOUSLY POST, AT OR ADJACENT TO
17 EACH COUNTER OVER WHICH PRESCRIPTION DRUGS ARE SOLD, AND EVERY MAIL
18 ORDER PHARMACY, SHALL INCLUDE IN THE PACKAGE IN WHICH PRESCRIPTION DRUGS
19 ARE DELIVERED, A NOTIFICATION OF THE RIGHT TO FREE LANGUAGE ASSISTANCE
20 SERVICES FOR LEP INDIVIDUALS AS PROVIDED FOR IN SUBDIVISION TWO OF THIS
21 SECTION. SUCH NOTIFICATIONS SHALL BE PROVIDED IN THE PHARMACY PRIMARY
22 LANGUAGES. THE SIZE, STYLE AND PLACEMENT OF SUCH NOTICE SHALL BE DETER-
23 MINED IN ACCORDANCE WITH RULES PROMULGATED BY THE COMMISSIONER.

24 4. ANY PERSON AGGRIEVED BY A FAILURE TO RECEIVE SERVICES REQUIRED BY
25 THIS SECTION SHALL HAVE A CAUSE OF ACTION ONLY AGAINST THE COVERED PHAR-
26 MACY IN ANY COURT OF COMPETENT JURISDICTION FOR DAMAGES, INCLUDING PUNI-
27 TIVE DAMAGES, AND FOR INJUNCTIVE RELIEF AND SUCH OTHER REMEDIES AS MAY
28 BE APPROPRIATE.

29 5. THIS SECTION SHALL PREEMPT ANY CONTRARY LOCAL LAW OR ORDINANCE,
30 EXCEPT THAT THIS SECTION SHALL NOT PREEMPT OR SUPERSEDE LOCAL LAWS OR
31 ORDINANCES IMPOSING ADDITIONAL OR STRICTER REQUIREMENTS RELATING TO
32 INTERPRETATION OR TRANSLATION SERVICES IN PHARMACIES.

33 S 18. Section 6509 of the education law is amended by adding a new
34 subdivision 15 to read as follows:

35 (15) A VIOLATION OF SUBDIVISION TWO OR THREE OF SECTION THIRTY-THREE
36 HUNDRED NINETY-EIGHT-A OF THE PUBLIC HEALTH LAW, BUT ONLY AS TO A PHAR-
37 MACY AND NOT AS TO AN INDIVIDUAL LICENSED PHARMACIST.

38 S 19. Subdivisions (f) and (g) of section 2522 of the public health
39 law, as amended by chapter 484 of the laws of 2009, are amended and a
40 new subdivision (h) is added to read as follows:

41 (f) follow-up of patient participation in prenatal care services;
42 [and]

43 (g) identification of regional perinatal health care system barriers
44 and limitations that lead to poor perinatal outcomes and development of
45 strategies to address such barriers and limitations[.]; AND

46 (H) COORDINATION OF SERVICE DELIVERY BY COMMUNITY-BASED ORGANIZATIONS
47 AMONG HEALTH CARE PROVIDERS AND HEALTH PLANS USING HEALTH INFORMATION
48 TECHNOLOGY AND UNIFORM SCREENING CRITERIA FOR PERINATAL RISK.

49 S 20. Intentionally Omitted.

50 S 21. Intentionally Omitted.

51 S 22. Section 366 of the social services law is amended by adding a
52 new subdivision 15 to read as follows:

53 15. (A) THE COMMISSIONER MAY CONTRACT WITH ONE OR MORE ENTITIES TO
54 ENGAGE IN EDUCATION, OUTREACH SERVICES, AND FACILITATED ENROLLMENT
55 ACTIVITIES FOR AGED, BLIND, AND DISABLED PERSONS WHO MAY BE ELIGIBLE FOR
56 COVERAGE UNDER THIS TITLE.

(B) NOTWITHSTANDING ANY INCONSISTENT PROVISION OF SECTIONS ONE HUNDRED TWELVE AND ONE HUNDRED SIXTY-THREE OF THE STATE FINANCE LAW, OR SECTIONS ONE HUNDRED FORTY-TWO AND ONE HUNDRED FORTY-THREE OF THE ECONOMIC DEVELOPMENT LAW, OR ANY OTHER CONTRARY PROVISION OF LAW, THE COMMISSIONER IS AUTHORIZED TO ENTER INTO A CONTRACT OR CONTRACTS UNDER THIS SUBDIVISION WITHOUT A COMPETITIVE BID OR REQUEST FOR PROPOSAL PROCESS, PROVIDED, HOWEVER, THAT:

(I) THE DEPARTMENT SHALL POST ON ITS WEBSITE, FOR A PERIOD OF NO LESS THAN THIRTY DAYS:

(1) A DESCRIPTION OF THE PROPOSED SERVICES TO BE PROVIDED PURSUANT TO THE CONTRACT OR CONTRACTS;

(2) THE CRITERIA FOR SELECTION OF A CONTRACTOR OR CONTRACTORS;

(3) THE PERIOD OF TIME DURING WHICH A PROSPECTIVE CONTRACTOR MAY SEEK SELECTION, WHICH SHALL BE NO LESS THAN THIRTY DAYS AFTER SUCH INFORMATION IS FIRST POSTED ON THE WEBSITE; AND

(4) THE MANNER BY WHICH A PROSPECTIVE CONTRACTOR MAY SEEK SUCH SELECTION, WHICH MAY INCLUDE SUBMISSION BY ELECTRONIC MEANS;

(II) ALL REASONABLE AND RESPONSIVE SUBMISSIONS THAT ARE RECEIVED FROM PROSPECTIVE CONTRACTORS IN TIMELY FASHION SHALL BE REVIEWED BY THE COMMISSIONER; AND

(III) THE COMMISSIONER SHALL SELECT SUCH CONTRACTOR OR CONTRACTORS THAT, IN HIS OR HER DISCRETION, ARE BEST SUITED TO SERVE THE PURPOSES OF THIS SUBDIVISION.

S 23. The public health law is amended by adding a new article 9-B to read as follows:

ARTICLE 9-B

PRIMARY CARE SERVICE CORPS PRACTITIONER LOAN REPAYMENT PROGRAM

SECTION 923. DEFINITIONS.

924. PRIMARY CARE SERVICE CORPS PRACTITIONER LOAN REPAYMENT PROGRAM.

S 923. DEFINITIONS. THE FOLLOWING WORDS OR PHRASES AS USED IN THIS SECTION SHALL HAVE THE FOLLOWING MEANINGS:

1. "UNDERSERVED AREA" MEANS AN AREA OR MEDICALLY UNDERSERVED POPULATION DESIGNATED BY THE COMMISSIONER AS HAVING A SHORTAGE OF PRIMARY CARE PHYSICIANS, OTHER PRIMARY CARE PRACTITIONERS, DENTAL PRACTITIONERS OR MENTAL HEALTH PRACTITIONERS.

2. "PRIMARY CARE SERVICE CORPS PRACTITIONER" MEANS A PHYSICIAN ASSISTANT, NURSE PRACTITIONER, NURSE MIDWIFE, GENERAL OR PEDODONTIC DENTIST, DENTAL HYGIENIST, CLINICAL PSYCHOLOGIST, LICENSED CLINICAL SOCIAL WORKER, PSYCHIATRIC NURSE PRACTITIONER, LICENSED MARRIAGE AND FAMILY THERAPIST, OR A LICENSED MENTAL HEALTH COUNSELOR, WHO IS LICENSED, REGISTERED, OR CERTIFIED TO PRACTICE IN NEW YORK STATE AND WHO PROVIDES COORDINATED PRIMARY CARE SERVICES, INCLUDING, BUT NOT LIMITED TO, ORAL HEALTH AND MENTAL HEALTH SERVICES.

3. "PHYSICIAN ASSISTANT" MEANS A PERSON WHO HAS BEEN REGISTERED AS SUCH PURSUANT TO ARTICLE ONE HUNDRED THIRTY-ONE-B OF THE EDUCATION LAW.

4. "NURSE PRACTITIONER" MEANS A PERSON WHO HAS BEEN CERTIFIED AS SUCH PURSUANT TO SECTION SIXTY-NINE HUNDRED TEN OF THE EDUCATION LAW.

5. "NURSE MIDWIFE" MEANS A PERSON WHO HAS BEEN LICENSED AS SUCH PURSUANT TO SECTION SIXTY-NINE HUNDRED FIFTY-FIVE OF THE EDUCATION LAW.

6. "PSYCHOLOGIST" MEANS A PERSON WHO HAS BEEN LICENSED AS SUCH PURSUANT TO SECTION SEVENTY-SIX HUNDRED THREE OF THE EDUCATION LAW.

7. "LICENSED CLINICAL SOCIAL WORKER" MEANS A PERSON WHO HAS BEEN LICENSED AS SUCH PURSUANT TO SECTION SEVENTY-SEVEN HUNDRED TWO OF THE EDUCATION LAW.

1 8. "PSYCHIATRIC NURSE PRACTITIONER" MEANS A NURSE PRACTITIONER WHO, BY
2 REASON OF TRAINING AND EXPERIENCE, PROVIDES A FULL SPECTRUM OF PSYCHIAT-
3 RIC CARE, ASSESSING, DIAGNOSING, AND MANAGING THE PREVENTION AND TREAT-
4 MENT OF PSYCHIATRIC DISORDERS AND MENTAL HEALTH PROBLEMS.

5 9. "LICENSED MARRIAGE AND FAMILY THERAPIST" MEANS A PERSON WHO HAS
6 BEEN LICENSED AS SUCH PURSUANT TO SECTION EIGHTY-FOUR HUNDRED THREE OF
7 THE EDUCATION LAW.

8 10. "LICENSED MENTAL HEALTH COUNSELOR" MEANS A PERSON WHO HAS BEEN
9 LICENSED AS SUCH PURSUANT TO SECTION EIGHTY-FOUR HUNDRED TWO OF THE
10 EDUCATION LAW.

11 11. "GENERAL OR PEDODONTIC DENTIST" MEANS A PERSON WHO HAS BEEN
12 LICENSED OR OTHERWISE AUTHORIZED TO PRACTICE DENTISTRY PURSUANT TO ARTI-
13 CLE ONE HUNDRED THIRTY-THREE OF THE EDUCATION LAW EXCLUDING ORTHODON-
14 TISTS, ENDODONTISTS AND PERIODONTISTS.

15 12. "DENTAL HYGIENIST" MEANS A PERSON WHO IS LICENSED TO PRACTICE
16 DENTAL HYGIENE PURSUANT TO SECTION SIXTY-SIX HUNDRED NINE OF THE EDUCA-
17 TION LAW.

18 S 924. PRIMARY CARE SERVICE CORPS PRACTITIONER LOAN REPAYMENT PROGRAM.
19 1. THE COMMISSIONER IS AUTHORIZED, WITHIN AMOUNTS AVAILABLE THEREFOR, TO
20 MAKE LOAN REPAYMENT AWARDS TO ELIGIBLE PRIMARY CARE SERVICE CORPS PRAC-
21 TITIONERS WHO AGREE TO PRACTICE FULL-TIME IN AN UNDERSERVED AREA IN NEW
22 YORK STATE, IN AMOUNTS TO BE DETERMINED BY THE COMMISSIONER, BUT NOT TO
23 EXCEED THIRTY-TWO THOUSAND DOLLARS PER YEAR FOR ANY YEAR IN WHICH SUCH
24 PRACTITIONERS PROVIDE FULL-TIME ELIGIBLE OBLIGATED SERVICE.

25 2. LOAN REPAYMENT AWARDS MADE TO A PRIMARY CARE SERVICE CORPS PRACTI-
26 TIONER PURSUANT TO SUBDIVISION ONE OF THIS SECTION SHALL NOT EXCEED THE
27 TOTAL QUALIFYING OUTSTANDING DEBT OF THE PRACTITIONER FROM STUDENT LOANS
28 TO COVER TUITION AND OTHER RELATED EDUCATIONAL EXPENSES, MADE BY OR
29 GUARANTEED BY THE FEDERAL OR STATE GOVERNMENT, OR MADE BY A LENDING OR
30 EDUCATIONAL INSTITUTION APPROVED UNDER TITLE IV OF THE FEDERAL HIGHER
31 EDUCATION ACT. LOAN REPAYMENT AWARDS SHALL BE USED SOLELY TO REPAY SUCH
32 OUTSTANDING DEBT.

33 3. IN THE EVENT THAT ANY COMMITMENT PURSUANT TO THE AGREEMENT REFER-
34 ENCED IN SUBDIVISION ONE OF THIS SECTION IS NOT FULFILLED, THE RECIPIENT
35 SHALL BE RESPONSIBLE FOR REPAYMENT IN AMOUNTS WHICH SHALL BE CALCULATED
36 IN ACCORDANCE WITH THE FORMULA SET FORTH IN SUBDIVISION (B) OF SECTION
37 TWO HUNDRED FIFTY-FOUR-O OF TITLE FORTY-TWO OF THE UNITED STATES CODE,
38 AS AMENDED.

39 4. THE COMMISSIONER IS AUTHORIZED TO APPLY ANY FUNDS AVAILABLE FOR
40 PURPOSES OF SUBDIVISION ONE OF THIS SECTION FOR USE AS MATCHING FUNDS
41 FOR ANY AVAILABLE FEDERAL GRANTS FOR THE PURPOSE OF ASSISTING STATES IN
42 OPERATING LOAN REPAYMENT PROGRAMS.

43 5. THE COMMISSIONER MAY POSTPONE, CHANGE OR WAIVE THE SERVICE OBLI-
44 GATION AND REPAYMENTS AMOUNTS SET FORTH IN SUBDIVISIONS ONE AND THREE OF
45 THIS SECTION, RESPECTIVELY, IN INDIVIDUAL CIRCUMSTANCES WHERE THERE IS
46 COMPELLING NEED OR HARDSHIP.

47 6. IN ORDER TO BE ELIGIBLE TO RECEIVE A LOAN REPAYMENT AWARD UNDER
48 THIS SECTION, A PRIMARY CARE SERVICE CORPS PRACTITIONER MUST MEET SITE
49 AND SERVICE ELIGIBILITY CRITERIA AS DETERMINED BY THE COMMISSIONER.

50 7. THE COMMISSIONER SHALL PROMULGATE REGULATIONS NECESSARY TO EFFECTU-
51 ATE THE PROVISIONS AND PURPOSES OF THIS ARTICLE.

52 S 24. Paragraph (a) of subdivision 4 of section 2801-a of the public
53 health law, as amended by section 57 of part A of chapter 58 of the laws
54 of 2010, is amended to read as follows:

55 (a) Any change in the person who is the operator of a hospital shall
56 be approved by the public health and health planning council in accord-

1 ance with the provisions of subdivisions two and three of this section.
2 NO CHANGE IN THE DIRECTORS OF A NOT-FOR-PROFIT CORPORATION THAT IS THE
3 OPERATOR OF A HOSPITAL SHALL BE EFFECTIVE UNLESS, AT LEAST ONE HUNDRED
4 TWENTY DAYS PRIOR TO THE INTENDED EFFECTIVE DATE THEREOF, THE CORPO-
5 RATION FULLY COMPLETES AND FILES WITH THE DEPARTMENT NOTICE ON A FORM,
6 TO BE DEVELOPED BY THE DEPARTMENT, WHICH SHALL DISCLOSE SUCH INFORMATION
7 AS MAY REASONABLY BE NECESSARY FOR THE DEPARTMENT TO DETERMINE WHETHER
8 IT SHOULD BAR THE CHANGE IN DIRECTORS. Notwithstanding any inconsistent
9 provision of this paragraph, any change by a natural person who is the
10 operator of a hospital seeking to transfer part of his or her interest
11 in such hospital to another person or persons so as to create a partner-
12 ship shall be approved in accordance with the provisions of paragraph
13 (b) of this subdivision.

14 S 25. Section 2806 of the public health law is amended by adding a new
15 subdivision 2-a to read as follows:

16 2-A. (A) THE COMMISSIONER MAY TEMPORARILY SUSPEND OR LIMIT AN OPERAT-
17 ING CERTIFICATE OF A NOT-FOR-PROFIT CORPORATION WITHOUT A HEARING UPON:
18 (I) THE COMMENCEMENT BY THE DEPARTMENT OF AN ACTION TO REVOKE, SUSPEND,
19 LIMIT OR ANNUL THE OPERATING CERTIFICATE PURSUANT TO PARAGRAPH (A) OF
20 SUBDIVISION ONE OF THIS SECTION DUE TO REPEATED VIOLATIONS OF THIS ARTI-
21 CLE OR RULES AND REGULATIONS PROMULGATED THEREUNDER; (II) THE INDICTMENT
22 ON FELONY CHARGES OF ANY MEMBER OF THE CORPORATION'S BOARD OF DIRECTORS
23 OR (III) NOTICE FROM THE ATTORNEY GENERAL OF AN ACTION TO REMOVE ANY
24 MEMBER OF THE CORPORATION'S BOARD OF DIRECTORS PURSUANT TO PARAGRAPH (D)
25 OF SECTION SEVEN HUNDRED SIX OF THE NOT-FOR-PROFIT CORPORATION LAW. SUCH
26 SUSPENSION OR LIMITATION OF THE OPERATING CERTIFICATE SHALL REMAIN
27 EFFECTIVE UNTIL THE RESOLUTION OF THE CRIMINAL ACTION THAT IS THE
28 SUBJECT OF THE INDICTMENT OR UNTIL THE RESOLUTION OF THE ACTION OF THE
29 ATTORNEY GENERAL, AS APPLICABLE.

30 (B) IN THE EVENT ONE OR MORE MEMBERS OF A BOARD OF DIRECTORS OF A
31 NOT-FOR-PROFIT CORPORATION ARE THE SUBJECT OF AN ACTION TO LIMIT AN
32 OPERATING CERTIFICATE PURSUANT TO PARAGRAPH (A) OF SUBDIVISION ONE OF
33 THIS SECTION, HAVE BEEN INDICTED ON FELONY CHARGES, OR ARE THE SUBJECT
34 OF AN ACTION FOR REMOVAL BY THE ATTORNEY GENERAL AS DESCRIBED IN PARA-
35 GRAPH (A) OF THIS SUBDIVISION, THE COMMISSIONER MAY, IN ADDITION TO HIS
36 OR HER OTHER POWERS, LIMIT THE EXISTING OPERATING CERTIFICATE OF SUCH
37 CORPORATION SO THAT IT SHALL APPLY ONLY TO THE REMAINING MEMBERS OF THE
38 BOARD OF DIRECTORS PROVIDED THAT: (I) EVERY SUCH PERSON SUBJECT TO AN
39 ACTION TO LIMIT THE OPERATING CERTIFICATE PURSUANT TO PARAGRAPH (A) OF
40 SUBDIVISION ONE OF THIS SECTION, EVERY SUCH INDICTED PERSON, OR EVERY
41 SUCH PERSON SUBJECT TO AN ACTION FOR REMOVAL SHALL IMMEDIATELY AND
42 COMPLETELY CEASE AND WITHDRAW FROM PARTICIPATION, IN ANY CAPACITY, IN
43 THE MANAGEMENT, GOVERNANCE OR OPERATION OF THE HOSPITAL; AND (II) THE
44 COMMISSIONER HAS FOUND THAT THE REMAINING MEMBERS OF THE BOARD OF DIREC-
45 TORS ARE OF SUCH CHARACTER, EXPERIENCE, COMPETENCE AND STANDING SO AS TO
46 GIVE REASONABLE ASSURANCE OF THEIR ABILITY TO CONDUCT THE AFFAIRS OF THE
47 CORPORATION IN ITS BEST INTERESTS AND IN THE PUBLIC INTEREST. IF THE
48 CONDITIONS SET FORTH IN SUBPARAGRAPHS (I) AND (II) OF THIS PARAGRAPH ARE
49 NOT MET, OR IF THE LIMITATION OF THE OPERATING CERTIFICATE UNDER THIS
50 PARAGRAPH RESULTS IN A BOARD OF DIRECTORS OF LESS THAN THREE MEMBERS,
51 THE COMMISSIONER SHALL TEMPORARILY SUSPEND THE OPERATING CERTIFICATE
52 PURSUANT TO PARAGRAPH (A) OF THIS SUBDIVISION.

53 (C) NOTWITHSTANDING PARAGRAPHS (A) AND (B) OF THIS SUBDIVISION, WHERE
54 THE COMMISSIONER HAS FOUND THAT THE SUSPENSION OF A HOSPITAL OPERATING
55 CERTIFICATE PURSUANT TO THIS SECTION WOULD JEOPARDIZE EXISTING OR
56 CONTINUED ACCESS TO NECESSARY SERVICES WITHIN THE COMMUNITY, THE COMMIS-

SIONER MAY APPOINT TEMPORARY MEMBERS OF THE BOARD OF DIRECTORS TO OPERATE AND MANAGE THE HOSPITAL UNDER THE EXISTING OPERATING CERTIFICATE, UNTIL THE RESOLUTION OF THE CRIMINAL ACTION, ATTORNEY GENERAL ACTION OR ACTION BY THE DEPARTMENT DESCRIBED IN PARAGRAPH (A) OF THIS SUBDIVISION, AS APPLICABLE.

S 26. Paragraphs (a) and (b) of subdivision 5 of section 2806 of the public health law, paragraph (a) as amended by section 20 of part LL of chapter 56 of the laws of 2010 and paragraph (b) as amended by chapter 607 of the laws of 1981, are amended to read as follows:

(a) Except as provided in paragraphs (b) and (d) of this subdivision, anything contained in this section or in a certificate of relief from disabilities or a certificate of good conduct issued pursuant to article twenty-three of the correction law to the contrary notwithstanding, a hospital operating certificate of a hospital under control of a controlling person as defined in paragraph (a) of subdivision twelve of section twenty-eight hundred one-a of this article, or under control of any other entity, shall be revoked upon a finding by the department that such controlling person or any individual, member of a partnership, MEMBER OF A LIMITED LIABILITY COMPANY, MEMBER OF A BOARD OF DIRECTORS, or shareholder of a corporation to whom or to which an operating certificate has been issued, has been convicted of a class A, B or C felony, or a felony related in any way to any activity or program subject to the regulations, supervision, or administration of the department or of the office of temporary and disability assistance or in violation of the public officers law in a court of competent jurisdiction in the state, or of a crime outside the state which, if committed within the state, would have been a class A, B or C felony or a felony related in any way to any activity or program subject to the regulations, supervision, or administration of the department or of the office of temporary and disability assistance or in violation of the public officers law.

(b) In the event one or more members of a partnership, MEMBER OF A LIMITED LIABILITY COMPANY, MEMBER OF A BOARD OF DIRECTORS, or shareholders of a corporation shall have been convicted of a felony as described in paragraph (a) of this subdivision, the commissioner shall, in addition to his other powers, limit the existing operating certificate of such partnership or corporation so that it shall apply only to the remaining partner, MEMBER OF A LIMITED LIABILITY COMPANY, MEMBER OF A BOARD OF DIRECTORS, or shareholders, as the case may be, provided that every such convicted person immediately and completely ceases and withdraws from participation, IN ANY CAPACITY, in the management and operation of the hospital, and further provided that an application for approval of change of ownership, CHANGE OF BOARD MEMBERSHIP, or transfer of stock is filed without delay in accordance with the pertinent provisions of section twenty-eight hundred one-a of this [chapter] ARTICLE.

S 27. The public health law is amended by adding a new section 2806-a to read as follows:

S 2806-A. TEMPORARY OPERATOR. 1. FOR THE PURPOSES OF THIS SECTION: (A) THE TERM "ADULT CARE FACILITY" SHALL MEAN AN ADULT HOME OR ENRICHED HOUSING PROGRAM LICENSED PURSUANT TO ARTICLE SEVEN OF THE SOCIAL SERVICES LAW OR AN ASSISTED LIVING RESIDENCE LICENSED PURSUANT TO ARTICLE FORTY-SIX-B OF THIS CHAPTER; (B) THE TERM "ESTABLISHED OPERATOR" SHALL MEAN THE OPERATOR OF AN ADULT CARE FACILITY, A GENERAL HOSPITAL OR A DIAGNOSTIC AND TREATMENT CENTER THAT HAS BEEN ESTABLISHED AND ISSUED AN OPERATING CERTIFICATE AS SUCH PURSUANT TO THIS ARTICLE; (C) THE TERM "FACILITY" SHALL MEAN (I) A GENERAL HOSPITAL OR A DIAGNOSTIC AND TREAT-

MENT CENTER THAT HAS BEEN ISSUED AN OPERATING CERTIFICATE AS SUCH PURSU-
ANT TO THIS ARTICLE; OR (II) AN ADULT CARE FACILITY; AND (D) THE TERM
"TEMPORARY OPERATOR" SHALL MEAN ANY PERSON OR ENTITY THAT:

(I) AGREES TO OPERATE A FACILITY ON A TEMPORARY BASIS IN THE BEST
INTERESTS OF ITS RESIDENTS OR PATIENTS AND THE COMMUNITY SERVED BY THE
FACILITY; AND

(II) HAS DEMONSTRATED THAT HE OR SHE HAS THE CHARACTER, COMPETENCE AND
FINANCIAL ABILITY TO OPERATE THE FACILITY IN COMPLIANCE WITH APPLICABLE
STANDARDS.

2. (A) WHEN A STATEMENT OF DEFICIENCIES HAS BEEN ISSUED BY THE DEPART-
MENT AND UPON A DETERMINATION BY THE COMMISSIONER THAT THERE EXIST
SIGNIFICANT MANAGEMENT FAILURES, INCLUDING BUT NOT LIMITED TO ADMINIS-
TRATIVE, OPERATIONAL OR CLINICAL DEFICIENCIES OR FINANCIAL INSTABILITY,
IN A FACILITY THAT (I) SERIOUSLY ENDANGER THE LIFE, HEALTH OR SAFETY OF
RESIDENTS OR PATIENTS OR (II) JEOPARDIZE EXISTING OR CONTINUED ACCESS TO
NECESSARY SERVICES WITHIN THE COMMUNITY, HE OR SHE SHALL APPOINT A
TEMPORARY OPERATOR TO ASSUME SOLE CONTROL OVER AND SOLE RESPONSIBILITY
FOR THE OPERATIONS OF THAT FACILITY. THE APPOINTMENT OF A TEMPORARY
OPERATOR SHALL BE IN ADDITION TO ANY OTHER REMEDIES PROVIDED BY LAW.

(B) THE ESTABLISHED OPERATOR OF A FACILITY MAY AT ANY TIME REQUEST THE
COMMISSIONER TO APPOINT A TEMPORARY OPERATOR. UPON RECEIVING SUCH A
REQUEST, THE COMMISSIONER MAY, IF HE OR SHE DETERMINES THAT SUCH AN
ACTION IS NECESSARY TO RESTORE OR MAINTAIN THE PROVISION OF QUALITY CARE
TO THE RESIDENTS OR PATIENTS, ENTER INTO AN AGREEMENT WITH THE ESTAB-
LISHED OPERATOR FOR THE APPOINTMENT OF A TEMPORARY OPERATOR TO ASSUME
SOLE CONTROL OVER AND SOLE RESPONSIBILITY FOR THE OPERATIONS OF THAT
FACILITY.

3. A TEMPORARY OPERATOR APPOINTED PURSUANT TO THIS SECTION SHALL USE
HIS OR HER BEST EFFORTS TO CORRECT OR ELIMINATE ANY DEFICIENCIES,
MANAGEMENT FAILURES OR FINANCIAL INSTABILITY IN THE FACILITY AND TO
PROMOTE THE QUALITY AND ACCESSIBILITY OF HEALTH CARE SERVICES IN THE
COMMUNITY SERVED BY THE FACILITY. SUCH CORRECTION OR ELIMINATION OF
DEFICIENCIES, MANAGEMENT FAILURES OR FINANCIAL INSTABILITY SHALL NOT
INCLUDE MAJOR ALTERATIONS OF THE PHYSICAL STRUCTURE OF THE FACILITY.
DURING THE TERM OF HIS OR HER APPOINTMENT, THE TEMPORARY OPERATOR SHALL
HAVE THE AUTHORITY TO DIRECT THE MANAGEMENT OF THE FACILITY IN ALL
ASPECTS OF OPERATION AND SHALL BE AFFORDED FULL ACCESS TO THE ACCOUNTS
AND RECORDS OF THE FACILITY. THE TEMPORARY OPERATOR SHALL, DURING THIS
PERIOD, OPERATE THE FACILITY IN SUCH A MANNER AS TO PROMOTE SAFETY AND
TO PROMOTE THE QUALITY AND ACCESSIBILITY OF HEALTH CARE SERVICES OR
RESIDENTIAL CARE IN THE COMMUNITY SERVED BY THE FACILITY. THE TEMPORARY
OPERATOR SHALL HAVE THE POWER TO LET CONTRACTS THEREFOR OR INCUR
EXPENSES ON BEHALF OF THE FACILITY, PROVIDED THAT WHERE INDIVIDUAL ITEMS
OF REPAIRS, IMPROVEMENTS OR SUPPLIES EXCEED TEN THOUSAND DOLLARS, THE
TEMPORARY OPERATOR SHALL OBTAIN PRICE QUOTATIONS FROM AT LEAST THREE
REPUTABLE SOURCES. THE TEMPORARY OPERATOR SHALL NOT BE REQUIRED TO FILE
ANY BOND. NO SECURITY INTEREST IN ANY REAL OR PERSONAL PROPERTY COMPRIS-
ING THE FACILITY OR CONTAINED WITHIN THE FACILITY, OR IN ANY FIXTURE OF
THE FACILITY, SHALL BE IMPAIRED OR DIMINISHED IN PRIORITY BY THE TEMPO-
RARY OPERATOR. NEITHER THE TEMPORARY OPERATOR NOR THE DEPARTMENT SHALL
ENGAGE IN ANY ACTIVITY THAT CONSTITUTES A CONFISCATION OF PROPERTY WITH-
OUT THE PAYMENT OF FAIR COMPENSATION.

4. THE TEMPORARY OPERATOR SHALL BE ENTITLED TO A REASONABLE FEE, AS
DETERMINED BY THE COMMISSIONER, AND NECESSARY EXPENSES INCURRED DURING
HIS OR HER PERFORMANCE AS TEMPORARY OPERATOR, TO BE PAID FROM THE REVEN-
UE OF THE FACILITY. THE TEMPORARY OPERATOR SHALL COLLECT INCOMING

PAYMENTS FROM ALL SOURCES AND APPLY THEM FIRST TO THE REASONABLE FEE AND TO COSTS INCURRED IN THE PERFORMANCE OF HIS OR HER FUNCTIONS AS TEMPORARY OPERATOR. THE TEMPORARY OPERATOR SHALL BE LIABLE ONLY IN HIS OR HER CAPACITY AS TEMPORARY OPERATOR FOR INJURY TO PERSON AND PROPERTY BY REASON OF CONDITIONS OF THE FACILITY IN A CASE WHERE AN ESTABLISHED OPERATOR WOULD HAVE BEEN LIABLE; HE OR SHE SHALL NOT HAVE ANY LIABILITY IN HIS OR HER PERSONAL CAPACITY, EXCEPT FOR GROSS NEGLIGENCE AND INTENTIONAL ACTS.

5. (A) THE INITIAL TERM OF THE APPOINTMENT OF THE TEMPORARY OPERATOR SHALL NOT EXCEED ONE HUNDRED EIGHTY DAYS. AFTER ONE HUNDRED EIGHTY DAYS, IF THE COMMISSIONER DETERMINES THAT TERMINATION OF THE TEMPORARY OPERATOR WOULD CAUSE SIGNIFICANT DETERIORATION OF THE QUALITY OF, OR ACCESS TO, HEALTH CARE OR RESIDENTIAL CARE IN THE COMMUNITY OR THAT REAPPOINTMENT IS NECESSARY TO CORRECT THE DEFICIENCIES, MANAGEMENT FAILURE OR FINANCIAL INSTABILITY THAT REQUIRED THE APPOINTMENT OF THE TEMPORARY OPERATOR, THE COMMISSIONER MAY AUTHORIZE UP TO TWO ADDITIONAL NINETY DAY TERMS. WITHIN FOURTEEN DAYS PRIOR TO THE TERMINATION OF EACH TERM OF THE APPOINTMENT OF THE TEMPORARY OPERATOR, THE TEMPORARY OPERATOR SHALL SUBMIT TO THE COMMISSIONER AND TO THE ESTABLISHED OPERATOR A REPORT DESCRIBING THE ACTIONS TAKEN DURING THE APPOINTMENT TO ADDRESS SUCH DEFICIENCIES, MANAGEMENT FAILURES AND/OR FINANCIAL INSTABILITY. THE REPORT SHALL REFLECT BEST EFFORTS TO PRODUCE A FULL AND COMPLETE ACCOUNTING.

(B) UPON THE COMPLETION OF THE TWO NINETY DAY TERMS REFERENCED IN PARAGRAPH (A) OF THIS SUBDIVISION, IF THE COMMISSIONER DETERMINES THAT TERMINATION OF THE TEMPORARY OPERATOR WOULD CAUSE SIGNIFICANT DETERIORATION OF THE QUALITY OF, OR ACCESS TO, HEALTH CARE OR RESIDENTIAL CARE IN THE COMMUNITY OR THAT REAPPOINTMENT IS NECESSARY TO CONTINUE THE CORRECTION OF THE DEFICIENCIES, MANAGEMENT FAILURE OR FINANCIAL INSTABILITY THAT REQUIRED THE APPOINTMENT OF THE TEMPORARY OPERATOR, THE COMMISSIONER MAY REAPPOINT THE TEMPORARY OPERATOR FOR ADDITIONAL NINETY DAY TERMS, PROVIDED THAT THE COMMISSIONER SHALL PROVIDE FOR NOTICE AND THE OPPORTUNITY FOR A HEARING AS SET FORTH IN SUBDIVISION SIX OF THIS SECTION.

(C) THE TERM OF THE INITIAL APPOINTMENT AND OF ANY SUBSEQUENT REAPPOINTMENT MAY BE TERMINATED PRIOR TO THE EXPIRATION OF THE DESIGNATED TERM, IF THE ESTABLISHED OPERATOR AND THE COMMISSIONER AGREE ON A PLAN OF CORRECTION AND THE IMPLEMENTATION OF SUCH PLAN.

6. THE COMMISSIONER SHALL, UPON MAKING A DETERMINATION TO APPOINT A TEMPORARY OPERATOR PURSUANT TO PARAGRAPH (A) OF SUBDIVISION TWO OF THIS SECTION OR REAPPOINT A TEMPORARY OPERATOR FOR THE FIRST ADDITIONAL NINETY DAY TERM PURSUANT TO PARAGRAPH (A) OF SUBDIVISION FIVE OF THIS SECTION, CAUSE THE ESTABLISHED OPERATOR OF THE FACILITY TO BE NOTIFIED OF THE DETERMINATION BY REGISTERED OR CERTIFIED MAIL ADDRESSED TO THE PRINCIPAL OFFICE OF THE ESTABLISHED OPERATOR. IF THE COMMISSIONER DETERMINES THAT ADDITIONAL REAPPOINTMENTS PURSUANT TO PARAGRAPH (B) OF SUBDIVISION FIVE OF THIS SECTION ARE REQUIRED, THE COMMISSIONER SHALL AGAIN CAUSE THE ESTABLISHED OPERATOR OF THE FACILITY TO BE NOTIFIED OF SUCH DETERMINATION BY REGISTERED OR CERTIFIED MAIL ADDRESSED TO THE PRINCIPAL OFFICE OF THE ESTABLISHED OPERATOR AT THE COMMENCEMENT OF THE FIRST OF EVERY TWO ADDITIONAL TERMS. UPON RECEIPT OF SUCH NOTIFICATION AT THE PRINCIPAL OFFICE OF THE ESTABLISHED OPERATOR AND BEFORE THE EXPIRATION OF TEN DAYS THEREAFTER, THE ESTABLISHED OPERATOR MAY REQUEST AN ADMINISTRATIVE HEARING ON THE DETERMINATION TO BEGIN NO LATER THAN SIXTY DAYS FROM THE DATE OF THE APPOINTMENT OR REAPPOINTMENT OF THE TEMPORARY OPERATOR. ANY SUCH HEARING SHALL BE STRICTLY LIMITED TO THE ISSUE OF WHETHER

1 THE DETERMINATION OF THE COMMISSIONER WHICH RESULTED IN THE APPOINTMENT
2 OR REAPPOINTMENT IS SUPPORTED BY SUBSTANTIAL EVIDENCE.

3 7. NO PROVISION CONTAINED IN THIS SECTION SHALL BE DEEMED TO RELIEVE
4 THE ESTABLISHED OPERATOR OR ANY OTHER PERSON OF ANY CIVIL OR CRIMINAL
5 LIABILITY INCURRED, OR ANY DUTY IMPOSED BY LAW, BY REASON OF ACTS OR
6 OMISSIONS OF THE ESTABLISHED OPERATOR OR ANY OTHER PERSON PRIOR TO THE
7 APPOINTMENT OF ANY TEMPORARY OPERATOR HEREUNDER; NOR SHALL ANYTHING
8 CONTAINED IN THIS SECTION BE CONSTRUED TO SUSPEND DURING THE TERM OF THE
9 APPOINTMENT OF THE TEMPORARY OPERATOR ANY OBLIGATION OF THE ESTABLISHED
10 OPERATOR OR ANY OTHER PERSON FOR THE PAYMENT OF TAXES OR OTHER OPERATING
11 AND MAINTENANCE EXPENSES OF THE FACILITY NOR OF THE ESTABLISHED OPERATOR
12 OR ANY OTHER PERSON FOR THE PAYMENT OF MORTGAGES OR LIENS.

13 S 28. Section 2 of chapter 584 of the laws of 2011, amending the
14 public authorities law, relating to the powers and duties of the dormi-
15 tory authority of the state of New York relative to the establishment of
16 subsidiaries for certain purposes, is amended to read as follows:

17 S 2. This act shall take effect immediately and shall expire and be
18 deemed repealed ON July 1, [2012] 2015; provided however, that the expi-
19 ration of this act shall not impair or otherwise affect any of the
20 powers, duties, responsibilities, functions, rights or liabilities of
21 any subsidiary duly created pursuant to subdivision twenty-five of
22 section 1678 of the public authorities law prior to such expiration.

23 S 29. Subdivision 1 of section 2999-i of the public health law, as
24 added by section 52 of part H of chapter 59 of the laws of 2011, is
25 amended to read as follows:

26 1. (A) The commissioner of taxation and finance shall be the custodian
27 of the fund and the special account established pursuant to section
28 ninety-nine-t of the state finance law. All payments from the fund shall
29 be made by the commissioner of taxation and finance upon certificates
30 signed by the superintendent of financial services, or his or her desig-
31 nee, as hereinafter provided. The fund shall be separate and apart from
32 any other fund and from all other state monies; PROVIDED, HOWEVER, THAT
33 MONIES OF THE FUND MAY BE INVESTED AS SET FORTH IN PARAGRAPH (B) OF THIS
34 SUBDIVISION. No monies from the fund shall be transferred to any other
35 fund, nor shall any such monies be applied to the making of any payment
36 for any purpose other than the purpose set forth in this title.

37 (B) ANY MONIES OF THE FUND NOT REQUIRED FOR IMMEDIATE USE MAY, AT THE
38 DISCRETION OF THE COMMISSIONER OF FINANCIAL SERVICES IN CONSULTATION
39 WITH THE COMMISSIONER OF HEALTH AND THE DIRECTOR OF THE BUDGET, BE
40 INVESTED BY THE COMMISSIONER OF TAXATION AND FINANCE IN OBLIGATIONS OF
41 THE UNITED STATES OR THE STATE OR OBLIGATIONS THE PRINCIPAL AND INTEREST
42 OF WHICH ARE GUARANTEED BY THE UNITED STATES OR THE STATE. THE PROCEEDS
43 OF ANY SUCH INVESTMENT SHALL BE RETAINED BY THE FUND AS ASSETS TO BE
44 USED FOR THE PURPOSES OF THE FUND.

45 S 30. Subdivision 9 of section 2803 of the public health law is
46 REPEALED.

47 S 31. Paragraph (b) of subdivision 1-a of section 2802 of the public
48 health law, as amended by chapter 174 of the laws of 2011, is amended to
49 read as follows:

50 (b) repair or maintenance, regardless of cost, including routine
51 purchases and the acquisition of minor equipment undertaken in the
52 course of a hospital's inventory control functions; PROVIDED THAT FOR
53 PROJECTS UNDER THIS PARAGRAPH WITH A TOTAL COST OF UP TO SIX MILLION
54 DOLLARS, NO WRITTEN NOTICE SHALL BE REQUIRED;

55 S 32. Subdivision 1 of section 1 of chapter 119 of the laws of 1997
56 relating to authorizing the department of health to establish certain

1 payments to general hospitals, as amended by section 1 of part S2 of
2 chapter 62 of the laws of 2003, is amended to read as follows:

3 1. Notwithstanding any inconsistent provision of law or regulation,
4 effective for the period [April 1, 1997 through March 31, 1998] APRIL 1,
5 2012 THROUGH DECEMBER 31, 2012 and for annual periods beginning [April]
6 JANUARY 1 thereafter, the [department] DEPARTMENT of [health] HEALTH is
7 authorized to pay voluntary non-profit general hospitals as defined in
8 subdivision 10 of section 2801 of the public health law additional
9 payments for inpatient hospital services as medical assistance payments
10 pursuant to title 11 of article 5 of the social services law and federal
11 law and regulations governing disproportionate share payments, based on
12 the [amount of state aid for which such general hospitals are eligible
13 pursuant to articles 25, 26 and 41 of the mental hygiene law and as
14 identified in subdivision 2 of this section] COSTS INCURRED IN EXCESS OF
15 REVENUES BY GENERAL HOSPITALS IN PROVIDING SERVICES IN ELIGIBLE PROGRAMS
16 TO UNINSURED PATIENTS AND PATIENTS ELIGIBLE FOR MEDICAL ASSISTANCE.
17 Payment made pursuant to this section shall not exceed each such general
18 hospital's cost of providing services to uninsured patients and patients
19 eligible for medical assistance pursuant to title 11 of article 5 of the
20 social services law after taking into consideration all other medical
21 assistance received, including disproportionate share payments made to
22 such general hospital, and payments from or on behalf of such uninsured
23 patients, and shall also not exceed the total amount of state aid, iden-
24 tified by subdivision 2 of this section, available to such general
25 hospital by law. Payments made to such general hospitals pursuant to
26 this section shall be made in lieu of any state aid payments available
27 to such general hospital by law.

28 S 33. Subdivision 1 of section 241 of the elder law, as amended by
29 section 29 of part A of chapter 58 of the laws of 2008, is amended to
30 read as follows:

31 1. "Covered drug" shall mean a drug dispensed subject to a legally
32 authorized prescription pursuant to section sixty-eight hundred ten of
33 the education law, and insulin, an insulin syringe, or an insulin
34 needle. Such term shall not include: (a) any drug determined by the
35 commissioner of the federal food and drug administration to be ineffec-
36 tive or unsafe; (b) any drug dispensed in a package, or form of dosage
37 or administration, as to which the commissioner of health finally deter-
38 mines in accordance with the provisions of section two hundred fifty-two
39 of this title that a less expensive package, or form of dosage or admin-
40 istration, is available that is pharmaceutically equivalent and equiv-
41 alent in its therapeutic effect for the general health characteristics
42 of the eligible program participant population; (c) any device for the
43 aid or correction of vision; (d) any drug, including vitamins, which is
44 generally available without a physician's prescription; and (e) drugs
45 for the treatment of sexual or erectile dysfunction, unless such drugs
46 are used to treat a condition, other than sexual or erectile dysfunc-
47 tion, for which the drugs have been approved by the federal food and
48 drug administration; and (f) a brand name drug for which a multi-source
49 therapeutically and generically equivalent drug, as determined by the
50 federal food and drug administration, is available, unless previously
51 authorized by the elderly pharmaceutical insurance coverage program,
52 provided, however, that the [elderly pharmaceutical insurance coverage
53 panel] COMMISSIONER is authorized to exempt, for good cause shown, any
54 brand name drug from such restriction, and provided further that such
55 restriction shall not apply to any drug that is included on the
56 preferred drug list under section two hundred seventy-two of the public

1 health law or is in the clinical drug review program under section two
2 hundred seventy-four of the public health law to the extent that the
3 preferred drug program and the clinical drug review program are applied
4 to the elderly pharmaceutical insurance coverage program pursuant to
5 section two hundred seventy-five of the public health law, or to any
6 drug covered under a program participant's Medicare part D or other
7 primary insurance plan. Any of the drugs enumerated in the preceding
8 sentence shall be considered a covered drug or a prescription drug for
9 purposes of this article if it is added to the preferred drug list under
10 article two-A of the public health law. For the purpose of this title,
11 except as otherwise provided in this section, a covered drug shall be
12 dispensed in quantities no greater than a thirty day supply or one
13 hundred units, whichever is greater. In the case of a drug dispensed in
14 a form of administration other than a tablet or capsule, the maximum
15 allowed quantity shall be a thirty day supply; the [panel] COMMISSIONER
16 is authorized to approve exceptions to these limits for specific
17 products following consideration of recommendations from pharmaceutical
18 or medical experts regarding commonly packaged quantities, unusual forms
19 of administration, length of treatment or cost effectiveness. In the
20 case of a drug prescribed pursuant to section thirty-three hundred thir-
21 ty-two of the public health law to treat one of the conditions that have
22 been enumerated by the commissioner of health pursuant to regulation as
23 warranting the prescribing of greater than a thirty day supply, such
24 drug shall be dispensed in quantities not to exceed a three month
25 supply.

26 S 33-a. Subdivision 1 of section 241 of the elder law, as amended by
27 section 12 of part B of chapter 57 of the laws of 2006, is amended to
28 read as follows:

29 1. "Covered drug" shall mean a drug dispensed subject to a legally
30 authorized prescription pursuant to section sixty-eight hundred ten of
31 the education law, and insulin, an insulin syringe, or an insulin
32 needle. Such term shall not include: (a) any drug determined by the
33 commissioner of the federal food and drug administration to be ineffec-
34 tive or unsafe; (b) any drug dispensed in a package, or form of dosage
35 or administration, as to which the commissioner of health finally deter-
36 mines in accordance with the provisions of section two hundred fifty-two
37 of this title that a less expensive package, or form of dosage or admin-
38 istration, is available that is pharmaceutically equivalent and equiv-
39 alent in its therapeutic effect for the general health characteristics
40 of the eligible program participant population; (c) any device for the
41 aid or correction of vision, or any drug, including vitamins, which is
42 generally available without a physician's prescription; and (d) drugs
43 for the treatment of sexual or erectile dysfunction, unless such drugs
44 are used to treat a condition, other than sexual or erectile dysfunc-
45 tion, for which the drugs have been approved by the federal food and
46 drug administration. For the purpose of this title, except as otherwise
47 provided in this section, a covered drug shall be dispensed in quanti-
48 ties no greater than a thirty day supply or one hundred units, whichever
49 is greater. In the case of a drug dispensed in a form of administration
50 other than a tablet or capsule, the maximum allowed quantity shall be a
51 thirty day supply; the [panel] COMMISSIONER is authorized to approve
52 exceptions to these limits for specific products following consideration
53 of recommendations from pharmaceutical or medical experts regarding
54 commonly packaged quantities, unusual forms of administration, length of
55 treatment or cost effectiveness. In the case of a drug prescribed pursu-
56 ant to section thirty-three hundred thirty-two of the public health law

1 to treat one of the conditions that have been enumerated by the commis-
2 sioner of health pursuant to regulation as warranting the prescribing of
3 greater than a thirty day supply, such drug shall be dispensed in quan-
4 tities not to exceed a three month supply.

5 S 33-b. Paragraph (f) of subdivision 3 of section 242 of the elder
6 law, as amended by section 3-d of part A of chapter 59 of the laws of
7 2011, is amended to read as follows:

8 (f) As a condition of eligibility for benefits under this title, a
9 program participant is required to be enrolled in Medicare part D and to
10 maintain such enrollment. FOR UNMARRIED PARTICIPANTS WITH INDIVIDUAL
11 ANNUAL INCOME LESS THAN OR EQUAL TO TWENTY-THREE THOUSAND DOLLARS AND
12 MARRIED PARTICIPANTS WITH JOINT ANNUAL INCOME LESS THAN OR EQUAL TO
13 TWENTY-NINE THOUSAND DOLLARS, THE ELDERLY PHARMACEUTICAL INSURANCE
14 COVERAGE PROGRAM SHALL PAY FOR THE PORTION OF THE PART D MONTHLY PREMIUM
15 THAT IS THE RESPONSIBILITY OF THE PARTICIPANT. SUCH PAYMENT SHALL BE
16 LIMITED TO THE LOW-INCOME BENCHMARK PREMIUM AMOUNT ESTABLISHED BY THE
17 FEDERAL CENTERS FOR MEDICARE AND MEDICAID SERVICES AND ANY OTHER AMOUNT
18 WHICH SUCH AGENCY ESTABLISHES UNDER ITS DE MINIMUS PREMIUM POLICY,
19 EXCEPT THAT SUCH PAYMENTS MADE ON BEHALF OF PARTICIPANTS ENROLLED IN A
20 MEDICARE ADVANTAGE PLAN MAY EXCEED THE LOW-INCOME BENCHMARK PREMIUM
21 AMOUNT IF DETERMINED TO BE COST EFFECTIVE TO THE PROGRAM.

22 S 33-c. Paragraph (b) of subdivision 2 of section 243 of the elder
23 law, as amended by section 3-g of part A of chapter 59 of the laws of
24 2011, is amended to read as follows:

25 (b) notifying [each eligible program participant in writing upon the
26 commencement of the annual coverage period of such participant's cost-
27 sharing responsibilities pursuant to section two hundred forty-seven of
28 this title. The contractor shall also notify] each eligible program
29 participant of any adjustment of the co-payment schedule by mail no less
30 than thirty days prior to the effective date of such adjustments and
31 shall inform such eligible program participants of the date such adjust-
32 ments shall take effect;

33 S 33-d. Section 245 of the elder law is REPEALED.

34 S 33-e. Subdivision 1 of section 247 of the elder law, as added by
35 section 3-j of part A of chapter 59 of the laws of 2011, is amended to
36 read as follows:

37 1. As a condition of eligibility for benefits under this title,
38 participants must [maintain Medicare part D coverage and pay monthly
39 premiums to their Medicare part D drug plan] BE ENROLLED IN MEDICARE
40 PART D AND MAINTAIN SUCH ENROLLMENT.

41 S 33-f. Subdivision 1 of section 249 of the elder law, as amended by
42 section 111 of part C of chapter 58 of the laws of 2009, is amended to
43 read as follows:

44 1. The state shall offer an opportunity to participate in this program
45 to all provider pharmacies as defined in section two hundred forty-one
46 of this title, provided, however, that the participation of pharmacies
47 registered in the state pursuant to section sixty-eight hundred eight-b
48 of the education law shall be limited to state assistance provided under
49 this title for prescription drugs covered by a program participant's
50 medicare [or other] drug plan.

51 S 33-g. Subdivisions 1 and 2 of section 253 of the elder law are
52 amended to read as follows:

53 1. In counties having a population of seventy-five thousand or less
54 that are in proximity to the state boundary and which are determined by
55 the [executive director] COMMISSIONER OF HEALTH to be not adequately
56 served by provider pharmacies registered in New York, and in Fishers

1 Island in the town of Southold, Suffolk county, the [executive director]
2 COMMISSIONER may approve as provider pharmacies, pharmacies located in
3 New Jersey, Connecticut, Vermont, Pennsylvania or Massachusetts. Such
4 approvals shall be made after (a) consideration of the convenience and
5 necessity of New York residents in the rural areas served by such phar-
6 macies, (b) consideration of the quality of service of such pharmacies
7 and the standing of such pharmacies with the governmental board or agen-
8 cy of the state in which such pharmacy is located, (c) the [executive
9 director] COMMISSIONER shall give all licensed pharmacies within the
10 county notice of his or her intention to approve such out-of-state
11 provider pharmacies, and (d) the [executive director] COMMISSIONER has
12 held a public hearing at which he or she has determined factually that
13 the licensed pharmacies within such county are not adequately serving as
14 provider pharmacies.

15 2. The [executive director] COMMISSIONER OF HEALTH shall investigate
16 and determine whether certification shall be granted within ninety days
17 of the filing of an application for certification by the governing body
18 of any city, town or village, within a county determined by the [execu-
19 tive director] COMMISSIONER to be not adequately served by provider
20 pharmacies registered in New York pursuant to subdivision one of this
21 section, claiming to be lacking adequate pharmaceutical service.

22 S 34. Subdivision 25 of section 2808 of the public health law, as
23 added by section 31 of part B of chapter 109 of the laws of 2010,
24 subparagraph (iii) of paragraph (b) as amended and subparagraph (iv) of
25 paragraph (b) as added by section 69 of part H of chapter 59 of the laws
26 of 2011, is amended to read as follows:

27 25. Reserved bed days. (a) For purposes of this subdivision, a
28 "reserved bed day" is a day for which a governmental agency pays a resi-
29 dential health care facility to reserve a bed for a person eligible for
30 medical assistance pursuant to title eleven of article five of the
31 social services law while he or she is temporarily hospitalized or on
32 leave of absence from the facility.

33 (b) Notwithstanding any other provisions of this section or any other
34 law or regulation to the contrary, for reserved bed days provided on
35 behalf of persons twenty-one years of age or older:

36 (i) payments for reserved bed days shall be made at ninety-five
37 percent of the Medicaid rate otherwise payable to the facility for
38 services provided on behalf of such person;

39 (ii) payment to a facility for reserved bed days provided on behalf of
40 such person for temporary hospitalizations may not exceed fourteen days
41 in any twelve month period;

42 (iii) payment to a facility for reserved bed days provided on behalf
43 of such person for non-hospitalization leaves of absence may not exceed
44 ten days in any twelve month period[; and

45 (iv) payments for reserved bed days for temporary hospitalizations
46 shall only be made to a residential health care facility if at least
47 fifty percent of the facility's residents eligible to participate in a
48 Medicare managed care plan are enrolled in such a plan].

49 (C)(I) NOTWITHSTANDING ANY CONTRARY PROVISION OF THIS SUBDIVISION OR
50 ANY OTHER LAW AND SUBJECT TO THE AVAILABILITY OF FEDERAL FINANCIAL
51 PARTICIPATION, FOR RATE PERIODS ON AND AFTER APRIL FIRST, TWO THOUSAND
52 TWELVE, WITH REGARD TO SERVICES PROVIDED TO RESIDENTIAL HEALTH CARE
53 FACILITY RESIDENTS TWENTY-ONE YEARS OF AGE AND OLDER, THE COMMISSIONER
54 SHALL PROMULGATE REGULATIONS, AND MAY PROMULGATE EMERGENCY REGULATIONS,
55 EFFECTIVE FOR PERIODS ON AND AFTER APRIL FIRST, TWO THOUSAND TWELVE,
56 ESTABLISHING REIMBURSEMENT RATES FOR RESERVED BED DAYS, PROVIDED, HOWEV-

ER, THAT SUCH REGULATIONS SHALL ACHIEVE AN AGGREGATE ANNUALIZED REDUCTION IN REIMBURSEMENT FOR SUCH RESERVED BED DAYS OF NO LESS THAN FORTY MILLION DOLLARS, AS DETERMINED BY THE COMMISSIONER.

(II) IN THE EVENT THE COMMISSIONER DETERMINES THAT FEDERAL FINANCIAL PARTICIPATION WILL NOT BE AVAILABLE FOR RATE ADJUSTMENTS MADE PURSUANT TO SUBPARAGRAPH (I) OF THIS PARAGRAPH OR REGULATIONS PROMULGATED THEREUNDER, THEN, FOR RATE PERIODS ON AND AFTER APRIL FIRST, TWO THOUSAND TWELVE, MEDICAID RATES FOR INPATIENT SERVICES SHALL NOT INCLUDE ANY FACTOR OR PAYMENT AMOUNT FOR SUCH RESERVED BED DAYS WITH REGARD TO RESIDENTS TWENTY-ONE YEARS OF AGE AND OLDER.

(III) IN THE EVENT THE PROVISIONS OF SUBPARAGRAPH (II) OF THIS PARAGRAPH ARE INVOKED AND IMPLEMENTED BY THE COMMISSIONER, THEN THE COMMISSIONER SHALL PROMULGATE REGULATIONS, AND MAY PROMULGATE EMERGENCY REGULATIONS, EFFECTIVE FOR RATE PERIODS ON OR AFTER APRIL FIRST, TWO THOUSAND TWELVE, PROVIDING UPWARD REVISIONS TO MEDICAID RATES ISSUED PURSUANT TO SUBDIVISION TWO-C OF THIS SECTION, PROVIDED, HOWEVER, THAT SUCH UPWARD REVISIONS SHALL NOT IN AGGREGATE, AS DETERMINED BY THE COMMISSIONER, EXCEED, ON AN ANNUAL BASIS, AN AMOUNT EQUAL TO CURRENT ANNUAL MEDICAID PAYMENTS FOR RESERVED BED DAYS, LESS FORTY MILLION DOLLARS.

S 35. Paragraphs (l) and (m) of subdivision 1 of section 367-q of the social services law, as added by section 22 of part C of chapter 59 of the laws of 2011, are amended to read as follows:

(l) for the period April first, two thousand twelve through March thirty-first, two thousand thirteen, UP TO twenty-eight million five hundred thousand dollars; and

(m) for the period April first, two thousand thirteen through March thirty-first, two thousand fourteen, UP TO twenty-eight million five hundred thousand dollars.

S 35-a. Clause (K) of subparagraph (i) of paragraph (bb) of subdivision 1 of section 2807-v of the public health law, as amended by section 8 of part C of chapter 59 of the laws of 2011, is amended to read as follows:

(K) UP TO one hundred thirty-six million dollars each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen.

S 35-b. Subparagraph (xi) of paragraph (cc) of subdivision 1 of section 2807-v of the public health law, as amended by section 8 of part C of chapter 59 of the laws of 2011, is amended to read as follows:

(xi) UP TO eleven million two hundred thousand dollars each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen.

S 35-c. Subparagraph (vii) of paragraph (ccc) of subdivision 1 of section 2807-v of the public health law, as amended by section 8 of part C of chapter 59 of the laws of 2011, is amended to read as follows:

(vii) UP TO fifty million dollars each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen.

S 36. Paragraph (g-1) of subdivision 2 of section 365-a of the social services law, as amended by section 23 of part H of chapter 59 of the laws of 2011, is amended to read as follows:

(g-1) drugs provided on an in-patient basis, those drugs contained on the list established by regulation of the commissioner of health pursuant to subdivision four of this section, and those drugs which may not be dispensed without a prescription as required by section sixty-eight hundred ten of the education law and which the commissioner of health

1 shall determine to be reimbursable based upon such factors as the avail-
2 ability of such drugs or alternatives at low cost if purchased by a
3 medicaid recipient, or the essential nature of such drugs as described
4 by such commissioner in regulations, provided, however, that such drugs,
5 exclusive of long-term maintenance drugs, shall be dispensed in quanti-
6 ties no greater than a thirty day supply or one hundred doses, whichever
7 is greater; provided further that the commissioner of health is author-
8 ized to require prior authorization for any refill of a prescription
9 when less than seventy-five percent of the previously dispensed amount
10 per fill should have been used were the product used as normally indi-
11 cated; provided further that the commissioner of health is authorized to
12 require prior authorization of prescriptions of opioid analgesics in
13 excess of four prescriptions in a thirty-day period in accordance with
14 section two hundred seventy-three of the public health law, EXCEPT THAT
15 PRIOR AUTHORIZATION MAY BE DENIED IF THE DEPARTMENT, AFTER GIVING THE
16 PRESCRIBER A REASONABLE OPPORTUNITY TO PRESENT A JUSTIFICATION, DETER-
17 MINES THAT THE ADDITIONAL PRESCRIPTION IS NOT MEDICALLY NECESSARY;
18 medical assistance shall not include any drug provided on other than an
19 in-patient basis for which a recipient is charged or a claim is made in
20 the case of a prescription drug, in excess of the maximum reimbursable
21 amounts to be established by department regulations in accordance with
22 standards established by the secretary of the United States department
23 of health and human services, or, in the case of a drug not requiring a
24 prescription, in excess of the maximum reimbursable amount established
25 by the commissioner of health pursuant to paragraph (a) of subdivision
26 four of this section;

27 S 37. Subdivision 6 of section 368-d of the social services law, as
28 added by section 6 of part H of chapter 59 of the laws of 2011, is
29 amended to read as follows:

30 6. The commissioner shall evaluate the results of the study conducted
31 pursuant to subdivision four of this section to determine, after iden-
32 tification of actual direct and indirect costs incurred by public school
33 districts and state operated[] AND state supported schools FOR BLIND
34 AND DEAF STUDENTS, whether it is advisable to claim federal reimburse-
35 ment for expenditures under this section as certified public expendi-
36 tures. In the event such claims are submitted, if federal reimbursement
37 received for certified public expenditures on behalf of medical assist-
38 ance recipients whose assistance and care are the responsibility of a
39 social services district [in a city with a population of over two
40 million,] results in a decrease in the state share of annual expendi-
41 tures pursuant to this section for such recipients, then to the extent
42 that the amount of any such decrease when combined with any decrease in
43 the state share of annual expenditures described in subdivision five of
44 section three hundred sixty-eight-e of this title exceeds fifty million
45 dollars IN STATE FISCAL YEAR 2011-12, OR EXCEEDS ONE HUNDRED MILLION
46 DOLLARS IN STATE FISCAL YEAR 2012-13 OR ANY FISCAL YEAR THEREAFTER, the
47 excess amount shall be transferred to such [city] PUBLIC SCHOOL
48 DISTRICTS AND STATE OPERATED AND STATE SUPPORTED SCHOOLS FOR BLIND AND
49 DEAF STUDENTS IN AMOUNTS PROPORTIONAL TO THEIR PERCENTAGE CONTRIBUTION
50 TO THE STATEWIDE SAVINGS. Any such excess amount transferred shall not
51 be considered a revenue received by such social services district in
52 determining the district's actual medical assistance expenditures for
53 purposes of paragraph (b) of section one of part C of chapter fifty-
54 eight of the laws of two thousand five.

1 S 38. Subdivision 5 of section 368-e of the social services law, as
2 added by section 7 of part H of chapter 59 of the laws of 2011, is
3 amended to read as follows:

4 5. The commissioner shall evaluate the results of the study conducted
5 pursuant to subdivision three of this section to determine, after iden-
6 tification of actual direct and indirect costs incurred by counties for
7 medical care, services, and supplies furnished to pre-school children
8 with handicapping conditions, whether it is advisable to claim federal
9 reimbursement for expenditures under this section as certified public
10 expenditures. In the event such claims are submitted, if federal
11 reimbursement received for certified public expenditures on behalf of
12 medical assistance recipients whose assistance and care are the respon-
13 sibility of a social services district [in a city with a population of
14 over two million], results in a decrease in the state share of annual
15 expenditures pursuant to this section for such recipients, then to the
16 extent that the amount of any such decrease when combined with any
17 decrease in the state share of annual expenditures described in subdivi-
18 sion six of section three hundred sixty-eight-d of this title exceeds
19 fifty million dollars IN STATE FISCAL YEAR 2011-12, OR EXCEEDS ONE
20 HUNDRED MILLION DOLLARS IN STATE FISCAL YEAR 2012-13 OR ANY FISCAL YEAR
21 THEREAFTER, the excess amount shall be transferred to such [city] COUN-
22 TIES IN AMOUNTS PROPORTIONAL TO THEIR PERCENTAGE CONTRIBUTION TO THE
23 STATEWIDE SAVINGS. Any such excess amount transferred shall not be
24 considered a revenue received by such social services district in deter-
25 mining the district's actual medical assistance expenditures for
26 purposes of paragraph (b) of section one of part C of chapter fifty-
27 eight of the laws of two thousand five.

28 S 39. Subparagraph (i) of paragraph (a-1) of subdivision 4 of section
29 365-a of the social services law, as amended by section 46 of part C of
30 chapter 58 of the laws of 2009, is amended to read as follows:

31 (i) a brand name drug for which a multi-source therapeutically and
32 generically equivalent drug, as determined by the federal food and drug
33 administration, is available, unless previously authorized by the
34 department of health. The commissioner of health is authorized to
35 exempt, for good cause shown, any brand name drug from the restrictions
36 imposed by this subparagraph[. This subparagraph shall not apply to any
37 drug that is in a therapeutic class included on the preferred drug list
38 under section two hundred seventy-two of the public health law or is in
39 the clinical drug review program under section two hundred seventy-four
40 of the public health law];

41 S 40. Subdivision 8 of section 272 of the public health law, as
42 amended by section 5 of part B of chapter 109 of the laws of 2010, is
43 amended to read as follows:

44 8. The commissioner shall provide notice of any recommendations devel-
45 oped by the committee regarding the preferred drug program, at least
46 five days before any final determination by the commissioner, by making
47 such information available on the department's website. [Such public
48 notice shall include: a summary of the deliberations of the committee; a
49 summary of the positions of those making public comments at meetings of
50 the committee; the response of the committee to those comments, if any;
51 and the findings and recommendations of the committee.]

52 S 41. Paragraphs (e), (f) and (g) of subdivision 1 of section 367-a of
53 the social services law, paragraph (e) as added by chapter 433 of the
54 laws of 1997, paragraph (f) as added by section 1 of part E of chapter
55 58 of the laws of 2008, paragraph (g) as added by section 65-a of part H
56 of chapter 59 of the laws of 2011, are amended to read as follows:

1 (e) Amounts payable under this title for medical assistance in the
2 form of clinic services pursuant to article twenty-eight of the public
3 health law and article sixteen of the mental hygiene law provided to
4 eligible persons DIAGNOSED WITH A DEVELOPMENTAL DISABILITY who are also
5 beneficiaries under part [b] B of title [xviii] XVIII of the federal
6 social security act [and who are also], OR PROVIDED TO PERSONS diagnosed
7 with a DEVELOPMENTAL disability WHO ARE QUALIFIED MEDICARE BENEFICIARIES
8 UNDER PART B OF TITLE XVIII OF SUCH ACT shall not be less than the
9 approved medical assistance payment level less the amount payable under
10 part [b] B.

11 (f) Amounts payable under this title for medical assistance in the
12 form of outpatient mental health services under article thirty-one of
13 the mental hygiene law provided to eligible persons who are also benefi-
14 ciaries under part B of title XVIII of the federal social security act
15 OR PROVIDED TO QUALIFIED MEDICARE BENEFICIARIES UNDER PART B OF TITLE
16 XVIII OF SUCH ACT shall not be less than the approved medical assistance
17 payment level less the amount payable under part B.

18 (g) Notwithstanding any provision of this section to the contrary,
19 amounts payable under this title for medical assistance in the form of
20 hospital outpatient services or diagnostic and treatment center services
21 pursuant to article twenty-eight of the public health law provided to
22 eligible persons who are also beneficiaries under part B of title XVIII
23 of the federal social security act OR PROVIDED TO QUALIFIED MEDICARE
24 BENEFICIARIES UNDER PART B OF TITLE XVIII OF SUCH ACT shall not exceed
25 the approved medical assistance payment level less the amount payable
26 under part B.

27 S 42. Subdivision 6 of section 2818 of the public health law, as added
28 by section 25-a of part A of chapter 59 of the laws of 2011, is amended
29 to read as follows:

30 6. Notwithstanding any contrary provision of this section, sections
31 one hundred twelve and one hundred sixty-three of the state finance law,
32 or any other contrary provision of law, subject to available appropri-
33 ations, funds available for expenditure pursuant to this section may be
34 distributed by the commissioner without a competitive bid or request for
35 proposal process for grants to general hospitals, DIAGNOSTIC AND TREAT-
36 MENT CENTERS, and residential health care facilities for the purpose of
37 facilitating closures, mergers and restructuring of such facilities in
38 order to strengthen and protect continued access to essential health
39 care resources. Prior to an [awarded] AWARD being granted to an eligible
40 applicant without a competitive bid or request for proposal process, the
41 commissioner shall notify the chair of the senate finance committee, the
42 chair of the assembly ways and means committee and the director of the
43 division of budget of the intent to grant such an award. Such notice
44 shall include information regarding how the eligible applicant meets
45 criteria established pursuant to this section.

46 S 43. Paragraph (a) of subdivision 8-a of section 2807-j of the public
47 health law, as amended by section 16 of part D of chapter 57 of the laws
48 of 2006, is amended to read as follows:

49 (a) Payments and reports submitted or required to be submitted to the
50 commissioner or to the commissioner's designee pursuant to this section
51 and section twenty-eight hundred seven-s of this article by designated
52 providers of services and by third-party payors which have elected to
53 make payments directly to the commissioner or to the commissioner's
54 designee in accordance with subdivision five-a of this section, shall be
55 subject to audit by the commissioner for a period of six years following
56 the close of the calendar year in which such payments and reports are

1 due, after which such payments shall be deemed final and not subject to
2 further adjustment or reconciliation, INCLUDING THROUGH OFFSET ADJUST-
3 MENTS OR RECONCILIATIONS MADE BY DESIGNATED PROVIDERS OF SERVICES OR BY
4 THIRD-PARTY PAYORS WITH REGARD TO SUBSEQUENT PAYMENTS, provided, howev-
5 er, that nothing herein shall be construed as precluding the commission-
6 er from pursuing collection of any such payments which are identified as
7 delinquent within such six year period, or which are identified as
8 delinquent as a result of an audit commenced within such six year peri-
9 od, or from conducting an audit of any adjustment or reconciliation made
10 by a designated provider of services or by a third party payor which has
11 elected to make such payments directly to the commissioner or the
12 commissioner's designee, OR FROM CONDUCTING AN AUDIT OF PAYMENTS MADE
13 PRIOR TO SUCH SIX YEAR PERIOD WHICH ARE FOUND TO BE COMMINGLED WITH
14 PAYMENTS WHICH ARE OTHERWISE SUBJECT TO TIMELY AUDIT PURSUANT TO THIS
15 SECTION.

16 S 44. Paragraph (a) of subdivision 10 of section 2807-t of the public
17 health law, as amended by section 17 of part D of chapter 57 of the laws
18 of 2006, is amended to read as follows:

19 (a) Payments and reports submitted or required to be submitted to the
20 commissioner or to the commissioner's designee pursuant to this section
21 by specified third-party payors shall be subject to audit by the commis-
22 sioner for a period of six years following the close of the calendar
23 year in which such payments and reports are due, after which such
24 payments shall be deemed final and not subject to further adjustment or
25 reconciliation, INCLUDING THROUGH OFFSET ADJUSTMENTS OR RECONCILIATIONS
26 MADE BY SUCH SPECIFIED THIRD-PARTY PAYORS WITH REGARD TO SUBSEQUENT
27 PAYMENTS, provided, however, that nothing herein shall be construed as
28 precluding the commissioner from pursuing collection of any such
29 payments which are identified as delinquent within such six year period,
30 or which are identified as delinquent as a result of an audit commenced
31 within such six year period, or from conducting an audit of any adjust-
32 ments and reconciliation made by a specified third party payor within
33 such six year period, OR FROM CONDUCTING AN AUDIT OF PAYMENTS MADE PRIOR
34 TO SUCH SIX YEAR PERIOD WHICH ARE FOUND TO BE COMMINGLED WITH PAYMENTS
35 WHICH ARE OTHERWISE SUBJECT TO TIMELY AUDIT PURSUANT TO THIS SECTION.

36 S 45. Subdivision 7 of section 2807-d of the public health law is
37 amended by adding a new paragraph (f) to read as follows:

38 (F) PAYMENTS AND REPORTS SUBMITTED OR REQUIRED TO BE SUBMITTED TO THE
39 COMMISSIONER OR TO THE COMMISSIONER'S DESIGNEE PURSUANT TO THIS SECTION
40 SHALL BE SUBJECT TO AUDIT BY THE COMMISSIONER FOR A PERIOD OF SIX YEARS
41 FOLLOWING THE CLOSE OF THE CALENDAR YEAR IN WHICH SUCH PAYMENTS AND
42 REPORTS ARE DUE, AFTER WHICH SUCH PAYMENTS SHALL BE DEEMED FINAL AND NOT
43 SUBJECT TO FURTHER ADJUSTMENT OR RECONCILIATION, INCLUDING THROUGH
44 OFFSET ADJUSTMENTS OR RECONCILIATIONS MADE TO SUBSEQUENT PAYMENTS MADE
45 PURSUANT TO THIS SECTION, PROVIDED, HOWEVER, THAT NOTHING HEREIN SHALL
46 BE CONSTRUED AS PRECLUDING THE COMMISSIONER FROM PURSUING COLLECTION OF
47 ANY SUCH PAYMENTS WHICH ARE IDENTIFIED AS DELINQUENT WITHIN SUCH SIX
48 YEAR PERIOD, OR WHICH ARE IDENTIFIED AS DELINQUENT AS A RESULT OF AN
49 AUDIT COMMENCED WITHIN SUCH SIX YEAR PERIOD, OR FROM CONDUCTING AN AUDIT
50 OF ANY ADJUSTMENT OR RECONCILIATION MADE BY A HOSPITAL.

51 S 46. Paragraph (f) of subdivision 18 of section 2807-c of the public
52 health law, as amended by section 15 of part D of chapter 57 of the laws
53 of 2006, is amended to read as follows:

54 (f) Payments of assessments and allowances required to be submitted by
55 general hospitals pursuant to this subdivision and subdivisions fourteen
56 and fourteen-b of this section and paragraph (a) of subdivision two of

1 section twenty-eight hundred seven-d of this article shall be subject to
2 audit by the commissioner for a period of six years following the close
3 of the calendar year in which such payments are due, after which such
4 payments shall be deemed final and not subject to further adjustment or
5 reconciliation, INCLUDING THROUGH OFFSET ADJUSTMENTS OR RECONCILIATIONS
6 MADE BY GENERAL HOSPITALS WITH REGARD TO SUBSEQUENT PAYMENTS, provided,
7 however, that nothing herein shall be construed as precluding the
8 commissioner from pursuing collection of any such assessments and allow-
9 ances which are identified as delinquent within such six year period, or
10 which are identified as delinquent as a result of an audit commenced
11 within such six year audit period, or from conducting an audit of any
12 adjustment or reconciliation made by a general hospital within such six
13 year period, OR FROM CONDUCTING AN AUDIT OF PAYMENTS MADE PRIOR TO SUCH
14 SIX YEAR PERIOD WHICH ARE FOUND TO BE COMMINGLED WITH PAYMENTS WHICH ARE
15 OTHERWISE SUBJECT TO TIMELY AUDIT PURSUANT TO THIS SECTION. General
16 hospitals which, in the course of such an audit, fail to produce data or
17 documentation requested in furtherance of such an audit, within thirty
18 days of such request may be assessed a civil penalty of up to ten thou-
19 sand dollars for each such failure, provided, however, that such civil
20 penalty shall not be imposed if the hospital demonstrates good cause for
21 such failure. The imposition of such civil penalties shall be subject
22 to the provisions of section twelve-a of this chapter.

23 S 47. Paragraph (e) of subdivision 2-a of section 2807 of the public
24 health law is amended by adding a new subparagraph (iii) to read as
25 follows:

26 (III) REGULATIONS ISSUED PURSUANT TO THIS PARAGRAPH MAY INCORPORATE
27 QUALITY RELATED MEASURES LIMITING OR EXCLUDING REIMBURSEMENT RELATED TO
28 POTENTIALLY PREVENTABLE CONDITIONS AND COMPLICATIONS.

29 S 48. Paragraph (c) of subdivision 7 of section 2807-d of the public
30 health law, as added by chapter 938 of the laws of 1990, is amended to
31 read as follows:

32 (c) The reports shall be in such form as may be prescribed by the
33 commissioner to accurately disclose information required to implement
34 this section, PROVIDED, HOWEVER, THAT FOR PERIODS ON AND AFTER JULY
35 FIRST, TWO THOUSAND TWELVE, SUCH REPORTS AND ANY ASSOCIATED CERTIF-
36 ICATIONS SHALL BE SUBMITTED ELECTRONICALLY IN A FORM AS MAY BE REQUIRED
37 BY THE COMMISSIONER.

38 S 48-a. Subparagraph (i) of paragraph (a) of subdivision 7 of section
39 2807-j of the public health law, as amended by section 36 of part B of
40 chapter 58 of the laws of 2008, is amended to read as follows;

41 (i) Every designated provider of services shall submit reports of net
42 patient service revenues received for or on account of patient services
43 for each month which shall be in such form as may be prescribed by the
44 commissioner to accurately disclose information required to implement
45 this section. For periods on and after January first, two thousand five,
46 reports by designated providers of services shall be submitted electron-
47 ically in a form as may be required by the commissioner; provided,
48 however, any designated provider of services is not prohibited from
49 submitting reports electronically on a voluntary basis prior to such
50 date, AND PROVIDED FURTHER, HOWEVER, THAT ALL SUCH ELECTRONIC
51 SUBMISSIONS SUBMITTED ON AND AFTER JULY FIRST, TWO THOUSAND TWELVE SHALL
52 BE VERIFIED WITH AN ELECTRONIC SIGNATURE AS PRESCRIBED BY THE COMMIS-
53 SIONER.

54 S 48-b. Subparagraph (ii) of paragraph (b) of subdivision 7 of section
55 2807-j of the public health law, as amended by section 25 of part A3 of
56 chapter 62 of the laws of 2003, is amended to read as follows:

1 (ii) For periods on and after July first, two thousand four, reports
2 submitted on a monthly basis by third-party payors in accordance with
3 subparagraph (i) of this paragraph and reports submitted on a monthly or
4 annual basis by payors acting in an administrative services capacity on
5 behalf of electing third-party payors in accordance with subparagraph
6 (i) of this paragraph shall be made electronically in a form as may be
7 required by the commissioner; provided, however, any third-party payor,
8 except payors acting in an administrative services capacity on behalf of
9 electing third-party payors, which, on or after January first, two thou-
10 sand four, elects to make payments directly to the commissioner or the
11 commissioner's designee pursuant to subdivision five of this section,
12 shall be subject to this subparagraph only after one full year of pool
13 payment experience which results in reports being submitted on a monthly
14 basis, AND PROVIDED FURTHER, HOWEVER, THAT ALL SUCH ELECTRONIC
15 SUBMISSIONS SUBMITTED ON AND AFTER JULY FIRST, TWO THOUSAND TWELVE SHALL
16 BE VERIFIED WITH AN ELECTRONIC SIGNATURE AS PRESCRIBED BY THE COMMIS-
17 SIONER. This subparagraph shall not be interpreted to prohibit any
18 third-party payor from submitting reports electronically on a voluntary
19 basis.

20 S 48-c. Subparagraph (ii) of paragraph (b) of subdivision 20 of
21 section 2807-c of the public health law, as added by section 26 of part
22 A3 of chapter 62 of the laws of 2003, is amended to read as follows:

23 (ii) For periods on and after January first, two thousand five,
24 reports submitted by general hospitals to implement the assessment set
25 forth in subdivision eighteen of this section shall be submitted elec-
26 tronically in a form as may be required by the commissioner; provided,
27 however, general hospitals are not prohibited from submitting reports
28 electronically on a voluntary basis prior to such date, AND PROVIDED
29 FURTHER, HOWEVER, THAT ALL SUCH ELECTRONIC SUBMISSIONS SUBMITTED ON AND
30 AFTER JULY FIRST, TWO THOUSAND TWELVE SHALL BE VERIFIED WITH AN ELEC-
31 TRONIC SIGNATURE AS PRESCRIBED BY THE COMMISSIONER.

32 S 49. Subdivision 8 of section 3605 of the public health law, as
33 added by chapter 959 of the laws of 1984, is amended to read as follows:

34 8. Agencies licensed pursuant to this section but not certified pursu-
35 ant to section three thousand six hundred eight of this article, shall
36 not be qualified to participate as a home health agency under the
37 provisions of title XVIII or XIX of the federal Social Security Act
38 provided, however, an agency which has a contract with a state agency or
39 its locally designated office OR, AS SPECIFIED BY THE COMMISSIONER, WITH
40 A MANAGED CARE ORGANIZATION PARTICIPATING IN THE MANAGED CARE PROGRAM
41 ESTABLISHED PURSUANT TO SECTION THREE HUNDRED SIXTY-FOUR-J OF THE SOCIAL
42 SERVICES LAW OR WITH A MANAGED LONG TERM CARE PLAN ESTABLISHED PURSUANT
43 TO SECTION FORTY-FOUR HUNDRED THREE-F OF THIS CHAPTER, may receive
44 reimbursement under title XIX of the federal Social Security Act.

45 S 50. Subdivision 6 of section 365-f of the social services law is
46 renumbered subdivision 7 and a new subdivision 6 is added to read as
47 follows:

48 6. NOTWITHSTANDING ANY INCONSISTENT PROVISION OF THIS SECTION OR ANY
49 OTHER CONTRARY PROVISION OF LAW, MANAGED CARE PROGRAMS ESTABLISHED
50 PURSUANT TO SECTION THREE HUNDRED SIXTY-FOUR-J OF THIS TITLE AND MANAGED
51 LONG TERM CARE PLANS AND OTHER CARE COORDINATION MODELS ESTABLISHED
52 PURSUANT TO SECTION FOUR THOUSAND FOUR HUNDRED THREE-F OF THE PUBLIC
53 HEALTH LAW SHALL OFFER CONSUMER DIRECTED PERSONAL ASSISTANCE PROGRAMS TO
54 ENROLLEES.

1 S 51. Subparagraph (ii) of paragraph (e) of subdivision 4 of section
2 364-j of the social services law, as amended by section 14 of part C of
3 chapter 58 of the laws of 2004, is amended to read as follows:

4 (ii) In any social services district which has implemented a mandatory
5 managed care program pursuant to this section, the requirements of this
6 subparagraph shall apply to the extent consistent with federal law and
7 regulations. The department of health, may contract with one or more
8 independent organizations to provide enrollment counseling and enroll-
9 ment services, for participants required to enroll in managed care
10 programs, for each social services district [requesting the services of
11 an enrollment broker] WHICH HAS IMPLEMENTED A MANDATORY MANAGED CARE
12 PROGRAM. To select such organizations, the department of health shall
13 issue a request for proposals (RFP), shall evaluate proposals submitted
14 in response to such RFP and, pursuant to such RFP, shall award a
15 contract to one or more qualified and responsive organizations. Such
16 organizations shall not be owned, operated, or controlled by any govern-
17 mental agency, managed care provider, comprehensive HIV special needs
18 plan, mental health special needs plan, or medical services provider.

19 S 52. Paragraph (b) of subdivision 1 of section 4403-f of the public
20 health law is REPEALED and paragraphs (c) and (d), paragraph (c) as
21 relettered by section 7 of part C of chapter 58 of the laws of 2007, are
22 relettered paragraphs (b) and (c).

23 S 53. The opening paragraph of subdivision 2 of section 4403-f of the
24 public health law, as amended by section 8 of part C of chapter 58 of
25 the laws of 2007, is amended to read as follows:

26 An [eligible] applicant shall submit an application for a certificate
27 of authority to operate a managed long term care plan upon forms
28 prescribed by the commissioner. Such [eligible] applicant shall submit
29 information and documentation to the commissioner which shall include,
30 but not be limited to:

31 S 54. Paragraph (b) of subdivision 4 of section 4403-f of the public
32 health law, as added by section 5 of part C of chapter 58 of the laws of
33 2010, is amended to read as follows:

34 (b) Standards established pursuant to this subdivision shall be
35 adequate to protect the interests of enrollees in managed long term care
36 plans. The commissioner shall be satisfied that the [eligible] appli-
37 cant is financially sound, and has made adequate provisions to pay for
38 services.

39 S 55. Paragraph (c) of subdivision 6 of section 4403-f of the public
40 health law, as amended by section 41-b of part H of chapter 59 of the
41 laws of 2011, is amended to read as follows:

42 (c) For the period beginning April first, two thousand twelve and
43 ending March thirty-first, two thousand fifteen, the majority leader of
44 the senate and the speaker of the assembly may each recommend to the
45 commissioner, in writing, up to four [eligible] applicants to convert to
46 be approved managed long term care plans. An applicant shall only be
47 approved and issued a certificate of authority if the commissioner
48 determines that the applicant meets the requirements of subdivision
49 three of this section. The majority leader of the senate or the speaker
50 of the assembly may assign their authority to recommend one or more
51 applicants under this section to the commissioner.

52 S 56. Paragraph (a) of subdivision 3 of section 366 of the social
53 services law, as amended by chapter 110 of the laws of 1971, is amended
54 to read as follows:

55 (a) Medical assistance shall be furnished to applicants in cases
56 where, although such applicant has a responsible relative with suffi-

1 cient income and resources to provide medical assistance as determined
2 by the regulations of the department, the income and resources of the
3 responsible relative are not available to such applicant because of the
4 absence of such relative [or] AND the refusal or failure of such ABSENT
5 relative to provide the necessary care and assistance. In such cases,
6 however, the furnishing of such assistance shall create an implied
7 contract with such relative, and the cost thereof may be recovered from
8 such relative in accordance with title six of article three OF THIS
9 CHAPTER and other applicable provisions of law.

10 S 57. Subdivision 1 of section 92 of part H of chapter 59 of the laws
11 of 2011, amending the public health law and other laws relating to known
12 and projected department of health state funds Medicaid expenditures, is
13 amended to read as follows:

14 1. For state fiscal years 2011-12 [and 2012-13] THROUGH 2013-14, the
15 director of the budget, in consultation with the commissioner of health
16 referenced as "commissioner" for purposes of this section, shall assess
17 on a monthly basis, as reflected in monthly reports pursuant to subdivi-
18 sion five of this section known and projected department of health state
19 funds medicaid expenditures by category of service and by geographic
20 regions, as defined by the commissioner, and if the director of the
21 budget determines that such expenditures are expected to cause medicaid
22 disbursements for such period to exceed the projected department of
23 health medicaid state funds disbursements in the enacted budget finan-
24 cial plan pursuant to subdivision 3 of section 23 of the state finance
25 law, the commissioner of health, in consultation with the director of
26 the budget, shall develop a medicaid savings allocation plan to limit
27 such spending to the aggregate limit level specified in the enacted
28 budget financial plan, provided, however, such projections may be
29 adjusted by the director of the budget to account for any changes in the
30 New York state federal medical assistance percentage amount established
31 pursuant to the federal social security act, changes in provider reven-
32 ues, REDUCTIONS TO LOCAL SOCIAL SERVICES DISTRICT MEDICAL ASSISTANCE
33 ADMINISTRATION, and beginning April 1, 2012 the operational costs of the
34 New York state medical indemnity fund.

35 S 58. Paragraph (b) of section 90 of part H of chapter 59 of the laws
36 of 2011, amending the public health law and other laws relating to types
37 of appropriations exempt from certain reductions, is amended to read as
38 follows:

39 (b) The following types of appropriations shall be exempt from
40 reductions pursuant to this section:

41 (i) any reductions that would violate federal law including, but not
42 limited to, payments required pursuant to the federal Medicare program;

43 (ii) any reductions related to payments pursuant to article 32, arti-
44 cle 31 and article 16 of the mental hygiene law;

45 (iii) payments the state is obligated to make pursuant to court orders
46 or judgments;

47 (iv) payments for which the non-federal share does not reflect any
48 state funding; [and]

49 (v) at the discretion of the commissioner of health and the director
50 of the budget, payments with regard to which it is determined by the
51 commissioner of health and the director of the budget that application
52 of reductions pursuant to this section would result, by operation of
53 federal law, in a lower federal medical assistance percentage applicable
54 to such payments; AND

55 (VI) PAYMENTS MADE WITH REGARD TO THE EARLY INTERVENTION PROGRAM
56 PURSUANT TO SECTION 2540 OF THE PUBLIC HEALTH LAW.

1 S 59. Subparagraph (ii) of paragraph (a) of subdivision 5 of section
2 2807-j of the public health law, as amended by section 23 of part A-3 of
3 chapter 62 of the laws of 2003, is amended to read as follows:

4 (ii) An election shall remain in effect unless revoked in writing by a
5 specified third-party payor, which revocation shall be effective on the
6 first day of the next [calendar year quarter] MONTH, provided that such
7 payor has provided notice of its intention to so revoke at least [thir-
8 ty] TWENTY days prior to the beginning of such [calendar quarter] MONTH.

9 S 60. Paragraph (b) of subdivision 5-a of section 2807-m of the public
10 health law is amended by adding a new clause (H) to read as follows:

11 (H) NOTWITHSTANDING ANY INCONSISTENT PROVISION OF THIS SUBDIVISION,
12 FOR PERIODS ON AND AFTER APRIL FIRST, TWO THOUSAND THIRTEEN, ECRIP GRANT
13 AWARDS SHALL BE MADE IN ACCORDANCE WITH RULES AND REGULATIONS PROMULGAT-
14 ED BY THE COMMISSIONER.

15 S 61. Section 1 of part C of chapter 58 of the laws of 2005, relating
16 to authorizing reimbursements for expenditures made by or on behalf of
17 social services districts for medical assistance for needy persons and
18 the administration thereof, is amended by adding a new subdivision (h)
19 to read as follows:

20 (H) NOTWITHSTANDING THE PROVISIONS OF SECTION 368-A OF THE SOCIAL
21 SERVICES LAW OR ANY OTHER CONTRARY PROVISION OF LAW, NO REIMBURSEMENT
22 SHALL BE MADE FOR SOCIAL SERVICES DISTRICTS' CLAIMS SUBMITTED ON AND
23 AFTER THE EFFECTIVE DATE OF THIS PARAGRAPH, FOR DISTRICT EXPENDITURES
24 INCURRED PRIOR TO JANUARY 1, 2006, INCLUDING, BUT NOT LIMITED TO,
25 EXPENDITURES FOR SERVICES PROVIDED TO INDIVIDUALS WHO WERE ELIGIBLE FOR
26 MEDICAL ASSISTANCE PURSUANT TO SECTION THREE HUNDRED SIXTY-SIX OF THE
27 SOCIAL SERVICES LAW AS A RESULT OF A MENTAL DISABILITY, FORMERLY
28 REFERRED TO AS HUMAN SERVICES OVERBURDEN AID TO COUNTIES.

29 S 62. Notwithstanding any inconsistent provision of law, rule or
30 regulation, for purposes of implementing the provisions of the public
31 health law and the social services law, references to titles XIX and XXI
32 of the federal social security act in the public health law and the
33 social services law shall be deemed to include and also to mean any
34 successor titles thereto under the federal social security act.

35 S 63. Notwithstanding any inconsistent provision of law, rule or regu-
36 lation, the effectiveness of the provisions of sections 2807 and 3614 of
37 the public health law, section 18 of chapter 2 of the laws of 1988, and
38 18 NYCRR 505.14(h), as they relate to time frames for notice, approval
39 or certification of rates of payment, are hereby suspended and without
40 force or effect for purposes of implementing the provisions of this act.

41 S 64. Severability clause. If any clause, sentence, paragraph, subdi-
42 vision, section or part of this act shall be adjudged by any court of
43 competent jurisdiction to be invalid, such judgment shall not affect,
44 impair or invalidate the remainder thereof, but shall be confined in its
45 operation to the clause, sentence, paragraph, subdivision, section or
46 part thereof directly involved in the controversy in which such judgment
47 shall have been rendered. It is hereby declared to be the intent of the
48 legislature that this act would have been enacted even if such invalid
49 provisions had not been included herein.

50 S 65. This act shall take effect immediately, and shall be deemed to
51 have been in full force and effect on and after April 1, 2012, provided,
52 however, that:

53 (a) the commissioner of health may promulgate emergency regulations
54 necessary to effectuate the provisions of sections two, three and four
55 of this act; and

1 (a-1) provided, further, that the amendments to section 1 of chapter
2 119 of the laws of 1997 made by section thirty-two of this act, relating
3 to authorizing the department of health to establish certain payments to
4 general hospitals, shall be subject to the expiration of such chapter
5 and shall be deemed expired therewith;

6 (a-2) provided, further, that the amendments to subdivision 1 of
7 section 241 of the elder law made by section thirty-three of this act
8 shall be subject to the expiration and reversion of such subdivision
9 pursuant to section 79 of part C of chapter 58 of the laws of 2005, as
10 amended, when upon such date the provisions of section thirty-three-a of
11 this act shall take effect;

12 (b) the amendments to paragraph (a-1) of subdivision 4 of section
13 365-a of the social services law made by section thirty-nine of this act
14 shall not affect the expiration and reversion of such paragraph and
15 shall be deemed to expire therewith;

16 (c) provided, further, that the amendments to section 272 of the
17 public health law made by section forty of this act shall not affect the
18 repeal of such section and shall be deemed repealed therewith;

19 (d) provided, further, that the amendments to section 2807-j of the
20 public health law made by sections forty-three, forty-eight-a, forty-
21 eight-b and fifty-nine of this act shall not affect the expiration of
22 such section and shall be deemed to expire therewith;

23 (e) provided, further, that the amendments to section 2807-t of the
24 public health law made by section forty-four of this act shall not
25 affect the expiration of such section and shall be deemed to expire
26 therewith;

27 (f) provided, further, that the amendments to section 4403-f of the
28 public health law, made by sections fifty-two, fifty-three, fifty-four
29 and fifty-five of this act shall not affect the repeal of such section
30 and shall be deemed to repeal therewith;

31 (g) provided, further, that the amendments to subparagraph (ii) of
32 paragraph (e) of subdivision 4 of section 364-j of the social services
33 law made by section fifty-one of this act shall not affect the repeal of
34 such section and shall be deemed repealed therewith;

35 (h) provided, further, that sections ten, eleven, twelve, thirteen,
36 fourteen, fifteen, sixteen, seventeen and eighteen of this act shall
37 take effect April 1, 2013;

38 (i) provided, further, that any rules or regulations necessary to
39 implement the provisions of this act may be promulgated and any proce-
40 dures, forms, or instructions necessary for such implementation may be
41 adopted and issued on or after the date this act shall have become a
42 law;

43 (j) provided, further, that this act shall not be construed to alter,
44 change, affect, impair or defeat any rights, obligations, duties or
45 interests accrued, incurred or conferred prior to the effective date of
46 this act;

47 (k) provided, further, that the commissioner of health and the super-
48 intendent of financial services and any appropriate council may take any
49 steps necessary to implement this act prior to its effective date;

50 (k-1) provided, further, that the amendments to section 2802 of the
51 public health law made by section thirty-one of this act shall take
52 effect on the same date and in the same manner as section 1 of chapter
53 174 of the laws of 2011 takes effect, whichever is later;

54 (l) provided, further, that notwithstanding any inconsistent provision
55 of the state administrative procedure act or any other provision of law,
56 rule or regulation, the commissioner of health and the superintendent of

1 financial services and any appropriate council is authorized to adopt or
2 amend or promulgate on an emergency basis any regulation he or she or
3 such council determines necessary to implement any provision of this act
4 on its effective date; and

5 (m) provided, further, that the provisions of this act shall become
6 effective notwithstanding the failure of the commissioner of health or
7 the superintendent of financial services or any council to adopt or
8 amend or promulgate regulations implementing this act.

9 PART E

10 Section 1. This act shall be known and may be cited as the "New York
11 Health Benefit Exchange Act".

12 S 2. The public authorities law is amended by adding a new article
13 10-E to read as follows:

14 ARTICLE 10-E

15 NEW YORK HEALTH BENEFIT EXCHANGE

16 SECTION 3980. STATEMENT OF POLICY AND PURPOSES.

17 3981. DEFINITIONS.

18 3982. ESTABLISHMENT OF THE NEW YORK HEALTH BENEFIT EXCHANGE.

19 3983. GENERAL POWERS OF THE EXCHANGE.

20 3984. FUNCTIONS OF THE EXCHANGE.

21 3985. SPECIAL FUNCTIONS OF THE EXCHANGE RELATED TO HEALTH PLAN
22 CERTIFICATION AND QUALIFIED HEALTH PLAN OVERSIGHT.

23 3986. REGIONAL ADVISORY COMMITTEES.

24 3987. FUNDING OF THE EXCHANGE.

25 3988. STUDIES AND RECOMMENDATIONS.

26 3989. TAX EXEMPTION AND TAX CONTRACT BY THE STATE.

27 3990. OFFICERS AND EMPLOYEES.

28 3991. LIMITATION OF LIABILITY; INDEMNIFICATION.

29 3992. CONTINGENCY FOR FEDERAL FUNDING.

30 3993. CONSTRUCTION.

31 S 3980. STATEMENT OF POLICY AND PURPOSES. THE PURPOSE OF THIS ARTICLE
32 IS TO ESTABLISH AN AMERICAN HEALTH BENEFIT EXCHANGE IN NEW YORK, IN
33 CONFORMANCE WITH THE FEDERAL PATIENT PROTECTION AND AFFORDABLE CARE ACT,
34 PUBLIC LAW 111-148, AS AMENDED BY THE HEALTH CARE AND EDUCATION RECON-
35 CILIATION ACT OF 2010, PUBLIC LAW 111-152. THE EXCHANGE SHALL FACILI-
36 TATE ENROLLMENT IN HEALTH COVERAGE, THE PURCHASE AND SALE OF QUALIFIED
37 HEALTH PLANS IN THE INDIVIDUAL MARKET IN THIS STATE, AND ENROLL INDIVID-
38 UALS IN HEALTH COVERAGE FOR WHICH THEY ARE ELIGIBLE IN ACCORDANCE WITH
39 FEDERAL LAW. THE EXCHANGE ALSO SHALL INCORPORATE A SMALL BUSINESS HEALTH
40 OPTIONS PROGRAM ("SHOP") TO ASSIST QUALIFIED EMPLOYERS IN FACILITATING
41 THE ENROLLMENT OF THEIR EMPLOYEES IN QUALIFIED HEALTH PLANS OFFERED IN
42 THE GROUP MARKET. IT IS THE INTENT OF THE LEGISLATURE, THROUGH THE
43 ESTABLISHMENT OF THE EXCHANGE, TO PROMOTE QUALITY AND AFFORDABLE HEALTH
44 COVERAGE AND CARE, REDUCE THE NUMBER OF UNINSURED PERSONS, PROVIDE A
45 TRANSPARENT MARKETPLACE, EDUCATE CONSUMERS AND ASSIST INDIVIDUALS WITH
46 ACCESS TO COVERAGE, PREMIUM ASSISTANCE TAX CREDITS AND COST-SHARING
47 REDUCTIONS.

48 S 3981. DEFINITIONS. FOR PURPOSES OF THIS ARTICLE, THE FOLLOWING DEFI-
49 NITIONS SHALL APPLY:

50 1. "BOARD" OR "BOARD OF DIRECTORS" MEANS THE BOARD OF DIRECTORS OF THE
51 EXCHANGE.

52 2. "REGIONAL ADVISORY COMMITTEES" MEANS THE NEW YORK HEALTH BENEFIT
53 EXCHANGE REGIONAL ADVISORY COMMITTEES ESTABLISHED PURSUANT TO THIS ARTI-
54 CLE.

3. "COMMISSIONER" MEANS THE COMMISSIONER OF HEALTH.

4. "EXCHANGE" MEANS THE NEW YORK HEALTH BENEFIT EXCHANGE ESTABLISHED PURSUANT TO THIS ARTICLE.

5. "FEDERAL ACT" MEANS THE PATIENT PROTECTION AND AFFORDABLE CARE ACT, PUBLIC LAW 111-148, AS AMENDED BY THE HEALTH CARE AND EDUCATION RECONCILIATION ACT OF 2010, PUBLIC LAW 111-152, AND ANY REGULATIONS OR GUIDANCE ISSUED THEREUNDER.

6. "HEALTH PLAN" MEANS A POLICY, CONTRACT OR CERTIFICATE, OFFERED OR ISSUED BY AN INSURER TO PROVIDE, DELIVER, ARRANGE FOR, PAY FOR OR REIMBURSE ANY OF THE COSTS OF HEALTH CARE SERVICES. HEALTH PLAN SHALL NOT INCLUDE THE FOLLOWING:

(A) ACCIDENT INSURANCE OR DISABILITY INCOME INSURANCE, OR ANY COMBINATION THEREOF;

(B) COVERAGE ISSUED AS A SUPPLEMENT TO LIABILITY INSURANCE;

(C) LIABILITY INSURANCE, INCLUDING GENERAL LIABILITY INSURANCE AND AUTOMOBILE LIABILITY INSURANCE;

(D) WORKERS' COMPENSATION OR SIMILAR INSURANCE;

(E) AUTOMOBILE NO-FAULT INSURANCE;

(F) CREDIT INSURANCE;

(G) OTHER SIMILAR INSURANCE COVERAGE, AS SPECIFIED IN FEDERAL REGULATIONS, UNDER WHICH BENEFITS FOR MEDICAL CARE ARE SECONDARY OR INCIDENTAL TO OTHER INSURANCE BENEFITS;

(H) LIMITED SCOPE DENTAL OR VISION BENEFITS, BENEFITS FOR LONG-TERM CARE INSURANCE, NURSING HOME INSURANCE, HOME CARE INSURANCE, OR ANY COMBINATION THEREOF, OR SUCH OTHER SIMILAR, LIMITED BENEFITS HEALTH INSURANCE AS SPECIFIED IN FEDERAL REGULATIONS, IF THE BENEFITS ARE PROVIDED UNDER A SEPARATE POLICY, CERTIFICATE OR CONTRACT OF INSURANCE OR ARE OTHERWISE NOT AN INTEGRAL PART OF THE PLAN;

(I) COVERAGE ONLY FOR A SPECIFIED DISEASE OR ILLNESS, HOSPITAL INDEMNITY, OR OTHER FIXED INDEMNITY COVERAGE;

(J) MEDICARE SUPPLEMENTAL INSURANCE AS DEFINED IN SECTION 1882(G)(1) OF THE FEDERAL SOCIAL SECURITY ACT, COVERAGE SUPPLEMENTAL TO THE COVERAGE PROVIDED UNDER CHAPTER 55 OF TITLE 10 OF THE UNITED STATES CODE, OR SIMILAR SUPPLEMENTAL COVERAGE PROVIDED UNDER A GROUP HEALTH PLAN IF IT IS OFFERED AS A SEPARATE POLICY, CERTIFICATE OR CONTRACT OF INSURANCE; OR

(K) THE MEDICAL INDEMNITY FUND ESTABLISHED PURSUANT TO TITLE FOUR OF ARTICLE TWENTY-NINE-D OF THE PUBLIC HEALTH LAW.

7. "INSURER" MEANS AN INSURANCE COMPANY SUBJECT TO ARTICLE THIRTY-TWO OR FORTY-THREE OF THE INSURANCE LAW, OR A HEALTH MAINTENANCE ORGANIZATION CERTIFIED PURSUANT TO ARTICLE FORTY-FOUR OF THE PUBLIC HEALTH LAW THAT CONTRACTS OR OFFERS TO CONTRACT TO PROVIDE, DELIVER, ARRANGE, PAY OR REIMBURSE ANY OF THE COSTS OF HEALTH CARE SERVICES.

8. "QUALIFIED DENTAL PLAN" MEANS A LIMITED SCOPE DENTAL PLAN THAT IS ISSUED BY AN INSURER AND CERTIFIED IN ACCORDANCE WITH SECTION THIRTY-NINE HUNDRED EIGHTY-FIVE OF THIS ARTICLE.

9. "QUALIFIED EMPLOYER" MEANS A SMALL EMPLOYER THAT ELECTS TO MAKE ITS FULL-TIME EMPLOYEES ELIGIBLE FOR ONE OR MORE QUALIFIED HEALTH PLANS THROUGH THE EXCHANGE.

10. "QUALIFIED HEALTH PLAN" MEANS A HEALTH PLAN THAT IS ISSUED BY AN INSURER AND CERTIFIED IN ACCORDANCE WITH SECTION THIRTY-NINE HUNDRED EIGHTY-FIVE OF THIS ARTICLE.

11. "QUALIFIED INDIVIDUAL" MEANS AN INDIVIDUAL, INCLUDING A MINOR, WHO:

(A) IS SEEKING TO ENROLL IN A QUALIFIED HEALTH PLAN OFFERED TO INDIVIDUALS THROUGH THE EXCHANGE;

1 (B) RESIDES IN THIS STATE;

2 (C) AT THE TIME OF ENROLLMENT, IS NOT INCARCERATED, OTHER THAN INCAR-
3 CERATION PENDING THE DISPOSITION OF CHARGES; AND

4 (D) IS, AND IS REASONABLY EXPECTED TO BE, FOR THE ENTIRE PERIOD FOR
5 WHICH ENROLLMENT IS SOUGHT, A CITIZEN OR NATIONAL OF THE UNITED STATES
6 OR AN ALIEN LAWFULLY PRESENT IN THE UNITED STATES.

7 12. "SECRETARY" MEANS THE SECRETARY OF THE UNITED STATES DEPARTMENT OF
8 HEALTH AND HUMAN SERVICES.

9 13. "SHOP" MEANS THE SMALL BUSINESS HEALTH OPTIONS PROGRAM DESIGNED TO
10 ASSIST QUALIFIED EMPLOYERS IN THIS STATE IN FACILITATING THE ENROLLMENT
11 OF THEIR EMPLOYEES IN QUALIFIED HEALTH PLANS OFFERED IN THE GROUP MARKET
12 IN THIS STATE.

13 14. "SMALL EMPLOYER" MEANS, FOR PLAN YEARS PRIOR TO JANUARY FIRST, TWO
14 THOUSAND SIXTEEN, AN EMPLOYER THAT EMPLOYED AN AVERAGE OF AT LEAST ONE
15 BUT NOT MORE THAN FIFTY EMPLOYEES ON BUSINESS DAYS DURING THE PRECEDING
16 CALENDAR YEAR. FOR PLAN YEARS BEGINNING ON AND AFTER JANUARY FIRST, TWO
17 THOUSAND SIXTEEN, SMALL EMPLOYER MEANS AN EMPLOYER THAT EMPLOYED AN
18 AVERAGE OF AT LEAST ONE BUT NOT MORE THAN ONE HUNDRED EMPLOYEES ON BUSI-
19 NESS DAYS DURING THE PRECEDING CALENDAR YEAR. FOR PURPOSES OF THE DEFINI-
20 TION OF SMALL EMPLOYER:

21 (A) ALL PERSONS TREATED AS A SINGLE EMPLOYER UNDER SUBSECTION (B),
22 (C), (M) OR (O) OF SECTION 414 OF THE INTERNAL REVENUE CODE OF 1986
23 SHALL BE TREATED AS A SINGLE EMPLOYER;

24 (B) AN EMPLOYER AND ANY PREDECESSOR EMPLOYER SHALL BE TREATED AS A
25 SINGLE EMPLOYER;

26 (C) ALL EMPLOYEES SHALL BE COUNTED, INCLUDING PART-TIME EMPLOYEES AND
27 EMPLOYEES WHO ARE NOT ELIGIBLE FOR COVERAGE THROUGH THE EMPLOYER;

28 (D) IF AN EMPLOYER WAS NOT IN EXISTENCE THROUGHOUT THE PRECEDING
29 CALENDAR YEAR, THEN THE DETERMINATION OF WHETHER THAT EMPLOYER IS A
30 SMALL EMPLOYER SHALL BE BASED UPON THE AVERAGE NUMBER OF EMPLOYEES THAT
31 THE EMPLOYER REASONABLY EXPECTS TO EMPLOY ON BUSINESS DAYS IN THE
32 CURRENT CALENDAR YEAR;

33 (E) IF A QUALIFIED EMPLOYER THAT MAKES ENROLLMENT IN QUALIFIED HEALTH
34 PLANS AVAILABLE TO ITS EMPLOYEES THROUGH THE EXCHANGE CEASES TO BE A
35 SMALL EMPLOYER BY REASON OF AN INCREASE IN THE NUMBER OF ITS EMPLOYEES,
36 THEN THE EMPLOYER SHALL CONTINUE TO BE TREATED AS A QUALIFIED EMPLOYER
37 FOR PURPOSES OF THIS ARTICLE FOR THE PERIOD BEGINNING WITH THE INCREASE
38 AND ENDING WITH THE FIRST DAY ON WHICH THE EMPLOYER DOES NOT MAKE SUCH
39 ENROLLMENT AVAILABLE TO ITS EMPLOYEES; AND

40 (F) NOTWITHSTANDING PARAGRAPHS (A) THROUGH (E) OF THIS SUBDIVISION, AN
41 EMPLOYER ALSO SHALL BE CONSIDERED A SMALL EMPLOYER IF THE COVERAGE IT
42 OFFERS WOULD BE CONSIDERED SMALL GROUP COVERAGE UNDER THE INSURANCE LAW
43 AND REGULATIONS PROMULGATED THEREUNDER PROVIDED THAT IT IS NOT OTHERWISE
44 PROHIBITED UNDER THE FEDERAL ACT.

45 15. "SMALL GROUP MARKET" MEANS THE HEALTH INSURANCE MARKET UNDER WHICH
46 INDIVIDUALS RECEIVE HEALTH INSURANCE COVERAGE ON BEHALF OF THEMSELVES
47 AND THEIR DEPENDENTS THROUGH A GROUP HEALTH PLAN MAINTAINED BY A SMALL
48 EMPLOYER.

49 16. "SUPERINTENDENT" MEANS THE SUPERINTENDENT OF FINANCIAL SERVICES.

50 S 3982. ESTABLISHMENT OF THE NEW YORK HEALTH BENEFIT EXCHANGE. 1.
51 THERE IS HEREBY CREATED A PUBLIC BENEFIT CORPORATION TO BE KNOWN AS THE
52 NEW YORK HEALTH BENEFIT EXCHANGE. SUCH CORPORATION SHALL BE A BODY
53 CORPORATE AND POLITIC.

54 2. THE PURPOSE OF THE EXCHANGE IS TO FACILITATE THE PURCHASE AND SALE
55 OF QUALIFIED HEALTH PLANS, ASSIST QUALIFIED EMPLOYERS IN FACILITATING
56 THE ENROLLMENT OF THEIR EMPLOYEES IN QUALIFIED HEALTH PLANS THROUGH THE

1 SMALL BUSINESS HEALTH OPTIONS PROGRAM, ENROLL INDIVIDUALS IN HEALTH
2 COVERAGE FOR WHICH THEY ARE ELIGIBLE IN ACCORDANCE WITH FEDERAL LAW AND
3 CARRY OUT OTHER FUNCTIONS SET FORTH IN THIS ARTICLE.

4 3. (A) THE EXCHANGE SHALL BE GOVERNED BY A BOARD OF DIRECTORS CONSIST-
5 ING OF NINE VOTING DIRECTORS, INCLUDING THE COMMISSIONER AND THE SUPER-
6 INTENDENT, WHO SHALL SERVE AS EX OFFICIO DIRECTORS.

7 (B) SEVEN DIRECTORS SHALL BE APPOINTED BY THE GOVERNOR, TWO OF WHOM
8 SHALL BE APPOINTED UPON THE RECOMMENDATION OF THE TEMPORARY PRESIDENT OF
9 THE SENATE AND TWO OF WHOM SHALL BE APPOINTED UPON THE RECOMMENDATION OF
10 THE SPEAKER OF THE ASSEMBLY. EACH PERSON APPOINTED AS A DIRECTOR PURSU-
11 ANT TO THIS PARAGRAPH SHALL HAVE EXPERTISE IN ONE OR MORE OF THE FOLLOW-
12 ING AREAS:

13 (I) INDIVIDUAL HEALTH CARE COVERAGE;

14 (II) SMALL EMPLOYER HEALTH CARE COVERAGE;

15 (III) HEALTH BENEFITS ADMINISTRATION;

16 (IV) HEALTH CARE FINANCE;

17 (V) PUBLIC OR PRIVATE HEALTH CARE DELIVERY SYSTEMS; AND

18 (VI) PURCHASING HEALTH PLAN COVERAGE.

19 (C) RECOMMENDATIONS AND APPOINTMENTS SHALL TAKE INTO CONSIDERATION THE
20 EXPERTISE OF OTHER DIRECTORS RECOMMENDED AND APPOINTED PURSUANT TO THIS
21 SUBDIVISION, SO THAT THE BOARD COMPOSITION REFLECTS A DIVERSITY OF EXPE-
22 RIENCE AND COMPLIES WITH ANY REGULATIONS ISSUED BY THE SECRETARY PURSU-
23 ANT TO THE FEDERAL ACT.

24 (D) RECOMMENDATIONS BY THE TEMPORARY PRESIDENT OF THE SENATE AND THE
25 SPEAKER OF THE ASSEMBLY SHALL BE MADE WITHIN THIRTY DAYS OF THE EFFEC-
26 TIVE DATE OF THIS ARTICLE, WITHIN SIXTY DAYS OF THE OCCURRENCE OF A
27 VACANCY OR WITHIN SIXTY DAYS PRIOR TO THE EXPIRATION OF A TERM.

28 4. THE GOVERNOR SHALL APPOINT A CHAIR OF THE BOARD FROM AMONG THE
29 DIRECTORS WHO SHALL BE SUBJECT TO THE ADVICE AND CONSENT OF THE SENATE.
30 ANY DIRECTOR APPOINTED BY THE GOVERNOR AS CHAIR OF THE BOARD MAY SERVE
31 AS ACTING CHAIR UNTIL SUCH TIME AS A VOTE FOR CONFIRMATION IS TAKEN BY
32 THE SENATE. NO DIRECTOR APPOINTED AS CHAIR SHALL SERVE AS CHAIR, OR
33 CONTINUE TO SERVE AS ACTING CHAIR, IF THE SENATE HAS VOTED NOT TO
34 CONFIRM SUCH DIRECTOR AS CHAIR.

35 5. (A) THE TERMS OF THE DIRECTORS, OTHER THAN THE EX OFFICIO DIREC-
36 TORS, SHALL BE THREE YEARS, PROVIDED, HOWEVER, THAT THE INITIAL TERMS OF
37 ONE OF THE DIRECTORS APPOINTED UPON RECOMMENDATION OF THE TEMPORARY
38 PRESIDENT OF THE SENATE, ONE OF THE DIRECTORS APPOINTED UPON RECOMMENDA-
39 TION OF THE SPEAKER OF THE ASSEMBLY, AND ONE OF THE DIRECTORS APPOINTED
40 BY THE GOVERNOR WITHOUT RECOMMENDATION SHALL BE FOR TWO YEARS.

41 (B) VACANCIES OCCURRING OTHERWISE THAN BY EXPIRATION OF TERM OF OFFICE
42 SHALL BE FILLED FOR THE UNEXPIRED TERM IN THE MANNER PROVIDED FOR
43 ORIGINAL APPOINTMENT.

44 6. THE DIRECTORS SHALL NOT RECEIVE ANY COMPENSATION FOR THEIR SERVICES
45 AS DIRECTORS.

46 7. (A) EACH DIRECTOR SHALL HAVE THE RESPONSIBILITY AND DUTY TO MEET
47 THE REQUIREMENTS OF THIS ARTICLE, THE FEDERAL ACT, AND ALL APPLICABLE
48 STATE AND FEDERAL LAWS AND REGULATIONS TO SERVE THE PUBLIC INTEREST OF
49 THE INDIVIDUALS AND SMALL BUSINESSES SEEKING HEALTH CARE COVERAGE
50 THROUGH THE EXCHANGE, CONSISTENT WITH SECTION TWENTY-EIGHT HUNDRED TWEN-
51 TY-FOUR OF THIS CHAPTER.

52 (B) EACH DIRECTOR SHALL BE A STATE OFFICER OR EMPLOYEE FOR THE
53 PURPOSES OF SECTIONS SEVENTY-THREE AND SEVENTY-FOUR OF THE PUBLIC OFFI-
54 CERS LAW.

55 (C) NO DIRECTOR MAY BE EMPLOYED OR OTHERWISE RETAINED BY THE EXCHANGE.

1 8. (A) THE BOARD MAY CREATE SUCH COMMITTEES AS THE BOARD DEEMS NECES-
2 SARY. THE FIRST MEETING OF THE BOARD SHALL BE HELD WITHIN FOURTEEN DAYS
3 AFTER ALL DIRECTORS ARE INITIALLY APPOINTED. AT THE FIRST MEETING OF
4 THE BOARD, AND AT THE FIRST MEETING IN EACH SUBSEQUENT YEAR, THE BOARD
5 SHALL ELECT FROM AMONG ITS MEMBERS A SECRETARY AND A TREASURER. THE
6 BOARD ALSO SHALL ELECT SUCH OTHER OFFICERS AS IT SHALL DEEM NECESSARY.
7 THE OFFICERS SO ELECTED SHALL HAVE SUCH POWERS AND DUTIES AS ARE
8 ASSIGNED BY THE BY-LAWS AND THIS CHAPTER.

9 (B) THE BOARD, AND ANY COMMITTEE THEREOF, MAY HOLD MEETINGS BY ELEC-
10 TRONIC MEANS CONSISTENT WITH ARTICLE SEVEN OF THE PUBLIC OFFICERS LAW.

11 S 3983. GENERAL POWERS OF THE EXCHANGE. THE EXCHANGE SHALL HAVE THE
12 FOLLOWING POWERS TO BE USED IN FURTHERANCE OF ITS CORPORATE PURPOSES:

13 1. TO SUE AND BE SUED AND TO PARTICIPATE IN ACTIONS AND PROCEEDINGS,
14 WHETHER JUDICIAL, ADMINISTRATIVE, ARBITRATIVE OR OTHERWISE;

15 2. TO HAVE A CORPORATE SEAL, AND TO ALTER SUCH SEAL AT PLEASURE, AND
16 TO USE IT BY CAUSING IT OR A FACSIMILE TO BE AFFIXED OR IMPRESSED OR
17 REPRODUCED IN ANY OTHER MANNER;

18 3. TO PURCHASE, RECEIVE, TAKE BY GRANT, GIFT, DEVISE, BEQUEST OR
19 OTHERWISE, LEASE, OR OTHERWISE ACQUIRE, OWN, HOLD, IMPROVE, EMPLOY, USE
20 AND OTHERWISE DEAL IN AND WITH, REAL OR PERSONAL PROPERTY, OR ANY INTER-
21 EST THEREIN, WHEREVER SITUATED;

22 4. TO SELL, CONVEY, LEASE, EXCHANGE, TRANSFER OR OTHERWISE DISPOSE OF,
23 OR MORTGAGE OR PLEDGE, OR CREATE A SECURITY INTEREST IN, ALL OR ANY OF
24 ITS PROPERTY, OR ANY INTEREST THEREIN, WHEREVER SITUATED;

25 5. TO MAKE CONTRACTS, GIVE GUARANTEES AND INCUR LIABILITIES, AND
26 BORROW MONEY; PROVIDED, HOWEVER, THAT THE EXCHANGE SHALL NOT ISSUE
27 BONDS;

28 6. TO INVEST AND REINVEST ITS FUNDS, AND TAKE AND HOLD REAL AND
29 PERSONAL PROPERTY AS SECURITY FOR THE PAYMENT OF FUNDS SO LOANED OR
30 INVESTED;

31 7. TO MAKE AND ALTER BY-LAWS FOR ITS ORGANIZATION AND MANAGEMENT;

32 8. TO MAKE AND ALTER RULES AND REGULATIONS AS NECESSARY TO IMPLEMENT
33 THE PROVISIONS OF THIS ARTICLE, SUBJECT TO THE PROVISIONS OF THE STATE
34 ADMINISTRATIVE PROCEDURE ACT;

35 9. TO HIRE EMPLOYEES, CONSISTENT WITH SECTION THIRTY-NINE HUNDRED
36 NINETY OF THIS ARTICLE;

37 10. TO DESIGNATE THE DEPOSITORIES OF ITS MONEY;

38 11. TO ESTABLISH ITS FISCAL YEAR;

39 12. TO INSURE OR OTHERWISE PROVIDE FOR THE INSURANCE OF THE EXCHANGE'S
40 PROPERTY OR OPERATIONS AND AGAINST SUCH OTHER RISKS AS THE EXCHANGE MAY
41 DEEM ADVISABLE;

42 13. TO RECEIVE AND SPEND MONEY FOR ANY OF ITS CORPORATE PURPOSES IN
43 ACCORDANCE WITH THIS ARTICLE; AND

44 14. TO APPLY FOR, ACCEPT THE AWARD OF, AND SPEND ANY AVAILABLE GRANT
45 MONEY.

46 S 3984. FUNCTIONS OF THE EXCHANGE. THE EXCHANGE SHALL:

47 1. (A) MAKE AVAILABLE QUALIFIED HEALTH PLANS TO QUALIFIED INDIVIDUALS
48 AND QUALIFIED EMPLOYERS BEGINNING ON OR BEFORE JANUARY FIRST, TWO THOU-
49 SAND FOURTEEN, PROVIDED THAT COVERAGE UNDER SUCH QUALIFIED PLANS SHALL
50 NOT BECOME EFFECTIVE PRIOR TO SUCH DATE AND SHALL NOT MAKE AVAILABLE ANY
51 HEALTH PLAN THAT IS NOT A QUALIFIED HEALTH PLAN;

52 (B) MAKE AVAILABLE QUALIFIED DENTAL PLANS TO QUALIFIED INDIVIDUALS AND
53 QUALIFIED EMPLOYERS BEGINNING ON OR BEFORE JANUARY FIRST, TWO THOUSAND
54 FOURTEEN, PROVIDED THAT COVERAGE UNDER SUCH QUALIFIED DENTAL PLANS SHALL
55 NOT BECOME EFFECTIVE PRIOR TO SUCH DATE, EITHER SEPARATELY OR IN
56 CONJUNCTION WITH A QUALIFIED HEALTH PLAN, IF SUCH PLAN PROVIDES PEDIA-

TRIC DENTAL BENEFITS MEETING THE REQUIREMENTS OF SECTION 1302(B)(1)(J) OF THE FEDERAL ACT;

2. ASSIGN A RATING TO EACH QUALIFIED HEALTH PLAN OFFERED THROUGH THE EXCHANGE IN ACCORDANCE WITH THE CRITERIA DEVELOPED BY THE SECRETARY PURSUANT TO SECTION 1311(C)(3) OF THE FEDERAL ACT, AND DETERMINE EACH QUALIFIED HEALTH PLAN'S LEVEL OF COVERAGE IN ACCORDANCE WITH REGULATIONS ISSUED BY THE SECRETARY PURSUANT TO SECTION 1302(D)(2)(A) OF THE FEDERAL ACT;

3. UTILIZE A STANDARDIZED FORMAT FOR PRESENTING HEALTH BENEFIT OPTIONS IN THE EXCHANGE, INCLUDING THE USE OF THE UNIFORM OUTLINE OF COVERAGE ESTABLISHED UNDER SECTION 2715 OF THE FEDERAL PUBLIC HEALTH SERVICE ACT;

4. PROVIDE FOR ENROLLMENT PERIODS PURSUANT TO THE FEDERAL ACT OR THE INSURANCE LAW, WHICHEVER IS IN THE BEST INTEREST OF QUALIFIED INDIVIDUALS AND QUALIFIED EMPLOYERS, AFTER THE INITIAL ENROLLMENT PERIOD HAS BEEN ESTABLISHED AS REQUIRED IN THE FEDERAL ACT; PROVIDED, HOWEVER, THAT IF ENROLLMENT PERIODS PURSUANT TO THE INSURANCE LAW CONFLICT WITH RULES ADOPTED BY THE SECRETARY, THEN ENROLLMENT PERIODS PURSUANT TO THE FEDERAL ACT SHALL APPLY;

5. IMPLEMENT PROCEDURES FOR THE CERTIFICATION, RECERTIFICATION AND DECERTIFICATION OF HEALTH PLANS AS QUALIFIED HEALTH PLANS, CONSISTENT WITH GUIDELINES DEVELOPED BY THE SECRETARY PURSUANT TO SECTION 1311(C) OF THE FEDERAL ACT AND SECTION THIRTY-NINE HUNDRED EIGHTY-FIVE OF THIS ARTICLE;

6. REQUIRE QUALIFIED HEALTH PLANS TO OFFER THOSE BENEFITS DETERMINED BY THE SECRETARY TO BE ESSENTIAL HEALTH BENEFITS PURSUANT TO SECTION 1302(B) OF THE FEDERAL ACT (EXCEPT AS PROVIDED IN PARAGRAPH (B) OF SUBDIVISION ONE OF SECTION THREE THOUSAND NINE HUNDRED EIGHTY-FIVE OF THIS ARTICLE) AND SUCH ADDITIONAL BENEFITS AS MAY BE REQUIRED PURSUANT TO THE INSURANCE LAW, PROVIDED THAT THE STATE HAS ASSUMED THE COST OF SUCH ADDITIONAL BENEFITS AS REQUIRED UNDER SECTION 1311(D)(3)(B) OF THE FEDERAL ACT;

7. ENSURE THAT INSURERS OFFERING HEALTH PLANS THROUGH THE EXCHANGE DO NOT CHARGE AN INDIVIDUAL A FEE OR PENALTY FOR TERMINATION OF COVERAGE;

8. PROVIDE FOR THE OPERATION OF A TOLL-FREE TELEPHONE HOTLINE TO RESPOND TO REQUESTS FOR ASSISTANCE;

9. MAINTAIN AN INTERNET WEBSITE THROUGH WHICH ENROLLEES AND PROSPECTIVE ENROLLEES OF QUALIFIED HEALTH PLANS MAY OBTAIN STANDARDIZED COMPARATIVE INFORMATION ON SUCH PLANS AND PUBLIC HEALTH PROGRAMS;

10. ESTABLISH AND MAKE AVAILABLE BY ELECTRONIC MEANS A CALCULATOR TO DETERMINE THE ACTUAL COST OF COVERAGE AFTER THE APPLICATION OF ANY PREMIUM TAX CREDIT UNDER SECTION 36B OF THE INTERNAL REVENUE CODE OF 1986 AND ANY COST-SHARING REDUCTION UNDER SECTION 1402 OF THE FEDERAL ACT;

11. ESTABLISH A PROGRAM UNDER WHICH THE EXCHANGE AWARDS GRANTS TO ENTITIES TO SERVE AS NAVIGATORS, IN ACCORDANCE WITH SECTION 1311(I) OF THE FEDERAL ACT AND REGULATIONS ADOPTED THEREUNDER;

12. IN ACCORDANCE WITH SECTION 1413 OF THE FEDERAL ACT, INFORM INDIVIDUALS OF ELIGIBILITY REQUIREMENTS FOR THE MEDICAID PROGRAM UNDER TITLE XIX OF THE SOCIAL SECURITY ACT, THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) UNDER TITLE XXI OF THE SOCIAL SECURITY ACT OR ANY APPLICABLE STATE OR LOCAL PUBLIC HEALTH INSURANCE PROGRAM AND IF, THROUGH SCREENING OF THE APPLICATION BY THE EXCHANGE, THE EXCHANGE DETERMINES THAT SUCH INDIVIDUALS ARE ELIGIBLE FOR ANY SUCH PROGRAM, ENROLL SUCH INDIVIDUALS IN SUCH PROGRAM;

13. PURSUANT TO SECTION 1411 OF THE FEDERAL ACT, GRANT A CERTIFICATION ATTESTING THAT, FOR PURPOSES OF THE INDIVIDUAL RESPONSIBILITY PENALTY

1 UNDER SECTION 5000A OF THE INTERNAL REVENUE CODE OF 1986, AN INDIVIDUAL
2 IS EXEMPT FROM THE INDIVIDUAL RESPONSIBILITY REQUIREMENT OR FROM THE
3 PENALTY IMPOSED BY THAT SECTION BECAUSE:

4 (A) THERE IS NO AFFORDABLE QUALIFIED HEALTH PLAN AVAILABLE THROUGH THE
5 EXCHANGE OR THE INDIVIDUAL'S EMPLOYER, COVERING THE INDIVIDUAL; OR

6 (B) THE INDIVIDUAL MEETS THE REQUIREMENTS FOR ANY OTHER SUCH EXEMPTION
7 FROM THE INDIVIDUAL RESPONSIBILITY REQUIREMENT OR PENALTY;

8 14. TRANSMIT TO THE SECRETARY OF THE UNITED STATES DEPARTMENT OF THE
9 TREASURY:

10 (A) A LIST OF THE INDIVIDUALS TO WHOM THE EXCHANGE GRANTED A CERTIF-
11 ICATION UNDER SUBDIVISION THIRTEEN OF THIS SECTION, INCLUDING THE NAME
12 AND TAXPAYER IDENTIFICATION NUMBER OF EACH INDIVIDUAL;

13 (B) THE NAME AND TAXPAYER IDENTIFICATION NUMBER OF EACH INDIVIDUAL WHO
14 WAS AN EMPLOYEE OF AN EMPLOYER WHO WAS DETERMINED TO BE ELIGIBLE FOR THE
15 PREMIUM TAX CREDIT UNDER SECTION 36B OF THE INTERNAL REVENUE CODE OF
16 1986 BECAUSE:

17 (I) THE EMPLOYER DID NOT PROVIDE MINIMUM ESSENTIAL COVERAGE AS DETER-
18 MINED BY THE SECRETARY PURSUANT TO SECTION 1311(D) OF THE FEDERAL ACT;
19 OR

20 (II) THE EMPLOYER PROVIDED THE MINIMUM ESSENTIAL COVERAGE AS DETER-
21 MINED BY THE SECRETARY PURSUANT TO SECTION 1311(D) OF THE FEDERAL ACT,
22 BUT IT WAS DETERMINED UNDER SECTION 36B(C)(2)(C) OF THE INTERNAL REVENUE
23 CODE OF 1986 TO EITHER BE UNAFFORDABLE TO THE EMPLOYEE OR TO NOT PROVIDE
24 THE REQUIRED MINIMUM ACTUARIAL VALUE; AND

25 (C) THE NAME AND TAXPAYER IDENTIFICATION NUMBER OF:

26 (I) EACH INDIVIDUAL WHO NOTIFIES THE EXCHANGE PURSUANT TO SECTION
27 1411(B)(4) OF THE FEDERAL ACT THAT HE OR SHE HAS CHANGED EMPLOYERS; AND

28 (II) EACH INDIVIDUAL WHO CEASES COVERAGE UNDER A QUALIFIED HEALTH PLAN
29 DURING A PLAN YEAR AND THE EFFECTIVE DATE OF THAT CESSATION;

30 15. PROVIDE TO EACH EMPLOYER THE NAME OF EACH EMPLOYEE OF THE EMPLOYER
31 DESCRIBED IN PARAGRAPH (B) OF SUBDIVISION FOURTEEN OF THIS SECTION WHO
32 CEASES COVERAGE UNDER A QUALIFIED HEALTH PLAN DURING A PLAN YEAR AND THE
33 EFFECTIVE DATE OF THE CESSATION;

34 16. OPERATE A SMALL BUSINESS HEALTH OPTIONS PROGRAM ("SHOP") PURSUANT
35 TO SECTION 1311 OF THE FEDERAL ACT THROUGH WHICH QUALIFIED EMPLOYERS
36 ACCESS COVERAGE FOR THEIR EMPLOYEES, AND MAY:

37 (A) PERMIT QUALIFIED EMPLOYERS TO SPECIFY A LEVEL OF COVERAGE SO THEIR
38 EMPLOYEES MAY ENROLL IN ANY QUALIFIED HEALTH PLAN OFFERED THROUGH THE
39 SHOP AT THE SPECIFIED LEVEL OF COVERAGE OR, UNLESS PROHIBITED BY THE
40 FEDERAL ACT, PROVIDE A SPECIFIC AMOUNT OR OTHER PAYMENT FORMULATED IN
41 ACCORDANCE WITH THE FEDERAL ACT TO BE USED AS PART OF AN EMPLOYEE CHOICE
42 PLAN; AND

43 (B) PROVIDE PREMIUM AGGREGATION AND OTHER RELATED SERVICES TO MINIMIZE
44 ADMINISTRATIVE BURDENS FOR QUALIFIED EMPLOYERS;

45 17. ENTER INTO AGREEMENTS AS NECESSARY WITH: (A) FEDERAL AND STATE
46 AGENCIES AND OTHER STATE EXCHANGES TO CARRY OUT ITS RESPONSIBILITIES
47 UNDER THIS ARTICLE, PROVIDED SUCH AGREEMENTS INCLUDE ADEQUATE
48 PROTECTIONS WITH RESPECT TO THE CONFIDENTIALITY OF ANY INFORMATION TO BE
49 SHARED AND COMPLY WITH ALL STATE AND FEDERAL LAWS AND REGULATIONS; AND

50 (B) LOCAL DEPARTMENTS OF SOCIAL SERVICES TO COORDINATE ENROLLMENT IN
51 OTHER SOCIAL SERVICES PROGRAMS, AS APPROPRIATE, PROVIDED SUCH AGREEMENTS
52 INCLUDE ADEQUATE PROTECTIONS WITH RESPECT TO THE CONFIDENTIALITY OF ANY
53 INFORMATION TO BE SHARED AND COMPLY WITH ALL STATE AND FEDERAL LAWS AND
54 REGULATIONS;

55 18. PERFORM DUTIES REQUIRED BY THE SECRETARY OR THE SECRETARY OF THE
56 UNITED STATES DEPARTMENT OF THE TREASURY RELATED TO DETERMINING ELIGI-

1 BILITY FOR PREMIUM TAX CREDITS, REDUCED COST-SHARING, OR INDIVIDUAL
2 RESPONSIBILITY REQUIREMENT EXEMPTIONS;

3 19. MEET FINANCIAL INTEGRITY REQUIREMENTS UNDER SECTION 1313 OF THE
4 FEDERAL ACT AND THIS CHAPTER, INCLUDING:

5 (A) KEEPING AN ACCURATE ACCOUNTING OF ALL ACTIVITIES, RECEIPTS, AND
6 EXPENDITURES AND ANNUALLY SUBMITTING TO THE SECRETARY A REPORT CONCERN-
7 ING SUCH ACCOUNTINGS, WITH A COPY OF SUCH REPORT PROVIDED TO THE GOVER-
8 NOR, THE TEMPORARY PRESIDENT OF THE SENATE AND THE SPEAKER OF THE ASSEM-
9 BLY; AND

10 (B) FULLY COOPERATING WITH ANY INVESTIGATION CONDUCTED BY THE SECRE-
11 TARY PURSUANT TO THE SECRETARY'S AUTHORITY UNDER SECTION 1313 OF THE
12 FEDERAL ACT AND ALLOWING THE SECRETARY, IN COORDINATION WITH THE INSPEC-
13 TOR GENERAL OF THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN
14 SERVICES, TO:

15 (I) INVESTIGATE THE AFFAIRS OF THE EXCHANGE;

16 (II) EXAMINE THE PROPERTIES AND RECORDS OF THE EXCHANGE; AND

17 (III) REQUIRE PERIODIC REPORTS IN RELATION TO THE ACTIVITIES UNDERTAK-
18 EN BY THE EXCHANGE;

19 20. (A) CONSULT WITH THE REGIONAL ADVISORY COMMITTEES ESTABLISHED
20 PURSUANT TO SECTION THIRTY-NINE HUNDRED EIGHTY-SIX OF THIS ARTICLE; AND

21 (B) CONSULT WITH STAKEHOLDERS RELEVANT TO CARRYING OUT THE ACTIVITIES
22 REQUIRED UNDER THIS ARTICLE, INCLUDING BUT NOT LIMITED TO:

23 (I) HEALTH CARE CONSUMERS WHO ARE ENROLLEES IN HEALTH PLANS;

24 (II) INDIVIDUALS AND ENTITIES WITH EXPERIENCE IN FACILITATING ENROLL-
25 MENT IN HEALTH PLANS;

26 (III) REPRESENTATIVES OF SMALL BUSINESSES AND SELF-EMPLOYED INDIVID-
27 UALS;

28 (IV) STATE MEDICAID OFFICES, INCLUDING LOCAL DEPARTMENTS OF SOCIAL
29 SERVICES;

30 (V) ADVOCATES FOR ENROLLING HARD TO REACH POPULATIONS;

31 (VI) HEALTH CARE PROVIDERS; AND

32 (VII) INSURERS;

33 21. SUBMIT INFORMATION PROVIDED BY EXCHANGE APPLICANTS FOR VERIFICA-
34 TION AS REQUIRED BY SECTION 1411(C) OF THE FEDERAL ACT;

35 22. ESTABLISH RULES AND REGULATIONS, PURSUANT TO SUBDIVISION EIGHT OF
36 SECTION THIRTY-NINE HUNDRED EIGHTY-THREE OF THIS ARTICLE, THAT DO NOT
37 CONFLICT WITH OR PREVENT THE APPLICATION OF REGULATIONS PROMULGATED BY
38 THE SECRETARY; AND

39 23. DETERMINE ELIGIBILITY, PROVIDE NOTICES, AND PROVIDE OPPORTUNITIES
40 FOR APPEAL AND REDETERMINATION IN ACCORDANCE WITH THE REQUIREMENTS OF
41 SECTIONS 1411 AND 1413 OF THE FEDERAL ACT.

42 S 3985. SPECIAL FUNCTIONS OF THE EXCHANGE RELATED TO HEALTH PLAN
43 CERTIFICATION AND QUALIFIED HEALTH PLAN OVERSIGHT. 1. HEALTH PLANS
44 CERTIFIED BY THE EXCHANGE SHALL MEET THE FOLLOWING REQUIREMENTS:

45 (A) THE INSURER OFFERING THE HEALTH PLAN:

46 (I) IS LICENSED OR CERTIFIED BY THE SUPERINTENDENT OR COMMISSIONER AND
47 MEETS THE REQUIREMENTS OF SECTION 1301(A)(1)(C)(I) OF THE FEDERAL ACT
48 AND ANY GUIDANCE ISSUED THEREUNDER;

49 (II) OFFERS AT LEAST ONE QUALIFIED HEALTH PLAN IN EACH OF THE SILVER
50 AND GOLD LEVELS;

51 (III) HAS FILED WITH AND RECEIVED APPROVAL FROM THE SUPERINTENDENT OF
52 ITS PREMIUM RATES AND POLICY OR CONTRACT FORMS PURSUANT TO THE INSURANCE
53 LAW AND THE PUBLIC HEALTH LAW;

54 (IV) DOES NOT CHARGE ANY CANCELLATION FEES OR PENALTIES IN VIOLATION
55 OF SUBDIVISION SEVEN OF SECTION THIRTY-NINE HUNDRED EIGHTY-FOUR OF THIS
56 ARTICLE; AND

1 (V) COMPLIES WITH THE REGULATIONS DEVELOPED BY THE SECRETARY UNDER
2 SECTION 1311(C) OF THE FEDERAL ACT AND SUCH OTHER REQUIREMENTS AS THE
3 EXCHANGE MAY ESTABLISH;

4 (B) THE HEALTH PLAN: (I) PROVIDES THE ESSENTIAL HEALTH BENEFITS PACK-
5 AGE DESCRIBED IN SECTION 1302(A) OF THE FEDERAL ACT AND INCLUDES SUCH
6 ADDITIONAL BENEFITS AS MAY BE REQUIRED PURSUANT TO THE INSURANCE LAW,
7 PROVIDED THAT THE STATE HAS ASSUMED THE COST OF SUCH ADDITIONAL BENEFITS
8 AS REQUIRED UNDER SECTION 1311(D)(3)(B) OF THE FEDERAL ACT, EXCEPT THAT
9 THE HEALTH PLAN SHALL NOT BE REQUIRED TO PROVIDE ESSENTIAL BENEFITS THAT
10 DUPLICATE THE MINIMUM BENEFITS OF QUALIFIED DENTAL PLANS IF:

11 (A) THE EXCHANGE HAS DETERMINED THAT AT LEAST ONE QUALIFIED DENTAL
12 PLAN IS AVAILABLE TO SUPPLEMENT THE HEALTH PLAN'S COVERAGE; AND

13 (B) THE INSURER MAKES PROMINENT DISCLOSURE AT THE TIME IT OFFERS THE
14 HEALTH PLAN, IN A FORM APPROVED BY THE EXCHANGE, THAT THE PLAN DOES NOT
15 PROVIDE THE FULL RANGE OF ESSENTIAL PEDIATRIC BENEFITS, AND THAT QUALI-
16 FIED DENTAL PLANS PROVIDING THOSE BENEFITS AND OTHER DENTAL BENEFITS NOT
17 COVERED BY THE PLAN ARE OFFERED THROUGH THE EXCHANGE;

18 (II) PROVIDES AT LEAST A BRONZE LEVEL OF COVERAGE AS DEFINED IN
19 SECTION 1302(D) OF THE FEDERAL ACT, UNLESS THE PLAN IS CERTIFIED AS A
20 QUALIFIED CATASTROPHIC PLAN, AS DEFINED IN SECTION 1302(E) OF THE FEDER-
21 AL ACT, AND SHALL ONLY BE OFFERED TO INDIVIDUALS ELIGIBLE FOR
22 CATASTROPHIC COVERAGE;

23 (III) HAS COST-SHARING REQUIREMENTS, INCLUDING DEDUCTIBLES, WHICH DO
24 NOT EXCEED THE LIMITS ESTABLISHED UNDER SECTION 1302(C) OF THE FEDERAL
25 ACT AND ANY REQUIREMENTS OF THE EXCHANGE;

26 (IV) COMPLIES WITH REGULATIONS PROMULGATED BY THE SECRETARY PURSUANT
27 TO SECTION 1311(C) OF THE FEDERAL ACT, WHICH INCLUDE MINIMUM STANDARDS
28 IN THE AREAS OF MARKETING PRACTICES, NETWORK ADEQUACY, ESSENTIAL COMMU-
29 NITY PROVIDERS IN UNDERSERVED AREAS, ACCREDITATION, QUALITY IMPROVEMENT,
30 UNIFORM ENROLLMENT FORMS AND DESCRIPTIONS OF COVERAGE AND INFORMATION ON
31 QUALITY MEASURES FOR HEALTH BENEFIT PLAN PERFORMANCE;

32 (V) COMPLIES WITH THE INSURANCE LAW AND THE PUBLIC HEALTH LAW REQUIRE-
33 MENTS APPLICABLE TO HEALTH INSURANCE ISSUED IN THIS STATE AND ANY REGU-
34 LATIONS PROMULGATED PURSUANT THERETO THAT DO NOT CONFLICT WITH OR
35 PREVENT THE APPLICATION OF FEDERAL REQUIREMENTS; AND

36 (C) THE EXCHANGE DETERMINES THAT MAKING THE HEALTH PLAN AVAILABLE
37 THROUGH THE EXCHANGE IS IN THE INTEREST OF QUALIFIED INDIVIDUALS AND
38 QUALIFIED EMPLOYERS IN THIS STATE.

39 2. THE EXCHANGE SHALL NOT EXCLUDE A HEALTH PLAN:

40 (A) ON THE BASIS THAT THE HEALTH PLAN IS A FEE-FOR-SERVICE PLAN;

41 (B) THROUGH THE IMPOSITION OF PREMIUM PRICE CONTROLS BY THE EXCHANGE;
42 OR

43 (C) ON THE BASIS THAT THE HEALTH PLAN PROVIDES TREATMENTS NECESSARY TO
44 PREVENT PATIENTS' DEATHS IN CIRCUMSTANCES THE EXCHANGE DETERMINES ARE
45 INAPPROPRIATE OR TOO COSTLY.

46 3. THE EXCHANGE SHALL REQUIRE EACH INSURER CERTIFIED OR SEEKING
47 CERTIFICATION OF A HEALTH PLAN AS A QUALIFIED HEALTH PLAN TO:

48 (A) SUBMIT A JUSTIFICATION FOR ANY PREMIUM INCREASE TO THE EXCHANGE
49 PRIOR TO IMPLEMENTATION OF SUCH INCREASE. THE INSURER SHALL PROMINENTLY
50 POST THE INFORMATION ON ITS INTERNET WEBSITE; PROVIDED, HOWEVER, THAT IF
51 INFORMATION SUBMITTED TO THE SUPERINTENDENT AS A JUSTIFICATION FOR A
52 PREMIUM RATE ADJUSTMENT PURSUANT TO THE INSURANCE LAW, OR INFORMATION
53 POSTED TO AN INSURER'S INTERNET WEBSITE, OTHERWISE MEETS FEDERAL
54 REQUIREMENTS, THEN SUBMISSION OF A COPY OF THE SAME JUSTIFICATION TO THE
55 EXCHANGE OR USE OF THE SAME POSTING SHALL BE DEEMED SUFFICIENT TO MEET
56 THE REQUIREMENTS OF THIS SECTION. THE EXCHANGE SHALL TAKE THIS INFORMA-

1 TION, AND THE INFORMATION AND THE RECOMMENDATIONS PROVIDED TO THE
2 EXCHANGE BY THE SUPERINTENDENT UNDER SECTION 1003 OF THE FEDERAL ACT
3 (RELATING TO PATTERNS OR PRACTICES OF EXCESSIVE OR UNJUSTIFIED PREMIUM
4 INCREASES), INTO CONSIDERATION WHEN DETERMINING WHETHER TO ALLOW THE
5 INSURER TO MAKE HEALTH PLANS AVAILABLE THROUGH THE EXCHANGE. SUCH RATE
6 INCREASES SHALL BE SUBJECT TO THE PRIOR APPROVAL OF THE SUPERINTENDENT
7 PURSUANT TO THE INSURANCE LAW;

8 (B)(I) MAKE AVAILABLE TO THE PUBLIC AND SUBMIT TO THE EXCHANGE, THE
9 SECRETARY AND THE SUPERINTENDENT, ACCURATE AND TIMELY DISCLOSURE OF:

10 (A) CLAIMS PAYMENT POLICIES AND PRACTICES;

11 (B) PERIODIC FINANCIAL DISCLOSURES;

12 (C) DATA ON ENROLLMENT AND DISENROLLMENT;

13 (D) DATA ON THE NUMBER OF CLAIMS THAT ARE DENIED;

14 (E) DATA ON RATING PRACTICES;

15 (F) INFORMATION ON COST-SHARING AND PAYMENTS WITH RESPECT TO ANY OUT-
16 OF-NETWORK COVERAGE;

17 (G) INFORMATION ON ENROLLEE AND PARTICIPANT RIGHTS UNDER TITLE I OF
18 THE FEDERAL ACT; AND

19 (H) OTHER INFORMATION AS DETERMINED APPROPRIATE BY THE SECRETARY;

20 (II) THE INFORMATION SHALL BE PROVIDED IN PLAIN LANGUAGE, AS THAT TERM
21 IS DEFINED IN SECTION 1311(E)(3)(B) OF THE FEDERAL ACT, AND IN GUIDANCE
22 JOINTLY ISSUED THEREUNDER BY THE SECRETARY AND THE FEDERAL SECRETARY OF
23 LABOR; AND

24 (C) PROVIDE TO INDIVIDUALS, IN A TIMELY MANNER UPON THE REQUEST OF THE
25 INDIVIDUAL, THE AMOUNT OF COST-SHARING, INCLUDING DEDUCTIBLES, COPAY-
26 MENTS, AND COINSURANCE, UNDER THE INDIVIDUAL'S HEALTH PLAN OR COVERAGE
27 THAT THE INDIVIDUAL WOULD BE RESPONSIBLE FOR PAYING WITH RESPECT TO THE
28 FURNISHING OF A SPECIFIC ITEM OR SERVICE BY A PARTICIPATING PROVIDER. AT
29 A MINIMUM, THIS INFORMATION SHALL BE MADE AVAILABLE TO THE INDIVIDUAL
30 THROUGH AN INTERNET WEBSITE AND THROUGH OTHER MEANS FOR INDIVIDUALS
31 WITHOUT ACCESS TO THE INTERNET; PROVIDED, HOWEVER, THAT TO THE EXTENT
32 THAT REQUIREMENTS UNDER THE INSURANCE LAW OR THE PUBLIC HEALTH LAW MEET
33 THE STANDARDS OF THE FEDERAL ACT, AN INSURER'S COMPLIANCE WITH SUCH
34 STATE REQUIREMENTS SHALL BE SUFFICIENT TO MEET THE REQUIREMENTS OF THIS
35 SECTION.

36 4. (A) THE PROVISIONS OF THIS ARTICLE THAT APPLY TO QUALIFIED HEALTH
37 PLANS ALSO SHALL APPLY TO THE EXTENT RELEVANT TO QUALIFIED DENTAL PLANS
38 EXCEPT AS MODIFIED IN ACCORDANCE WITH THE PROVISIONS OF PARAGRAPHS (B)
39 AND (C) OF THIS SUBDIVISION OR OTHERWISE REQUIRED BY THE EXCHANGE.

40 (B) THE QUALIFIED DENTAL PLAN SHALL BE LIMITED TO DENTAL AND ORAL
41 HEALTH BENEFITS, WITHOUT SUBSTANTIALLY DUPLICATING THE BENEFITS TYPICAL-
42 LY OFFERED BY HEALTH BENEFIT PLANS WITHOUT DENTAL COVERAGE, AND SHALL
43 INCLUDE, AT A MINIMUM, THE ESSENTIAL PEDIATRIC DENTAL BENEFITS
44 PRESCRIBED BY THE SECRETARY PURSUANT TO SECTION 1302(B)(1)(J) OF THE
45 FEDERAL ACT, AND SUCH OTHER DENTAL BENEFITS AS THE EXCHANGE OR SECRETARY
46 MAY SPECIFY IN REGULATIONS.

47 (C) INSURERS MAY JOINTLY OFFER A COMPREHENSIVE PLAN THROUGH THE
48 EXCHANGE IN WHICH AN INSURER PROVIDES THE DENTAL BENEFITS THROUGH A
49 QUALIFIED DENTAL PLAN AND AN INSURER PROVIDES THE OTHER BENEFITS THROUGH
50 A QUALIFIED HEALTH PLAN, PROVIDED THAT THE PLANS ARE PRICED SEPARATELY
51 AND ALSO ARE MADE AVAILABLE FOR PURCHASE SEPARATELY AT THE SAME PRICE.

52 S 3986. REGIONAL ADVISORY COMMITTEES. 1. THERE ARE HEREBY CREATED THE
53 NEW YORK HEALTH BENEFIT EXCHANGE REGIONAL ADVISORY COMMITTEES ("ADVISORY
54 COMMITTEES"). ONE REGIONAL ADVISORY COMMITTEE SHALL BE ESTABLISHED WITH-
55 IN EACH OF FIVE REGIONS, TO BE KNOWN AS THE "NEW YORK CITY REGION,"
56 "METROPOLITAN SUBURBAN REGION," "NORTHERN REGION," "CENTRAL REGION" AND

1 "WESTERN REGION." THE BOARD SHALL DETERMINE THE COUNTIES THAT MAKE UP
2 SUCH REGIONS.

3 2. EACH REGIONAL ADVISORY COMMITTEE SHALL BE COMPRISED OF FIVE MEMBERS
4 APPOINTED BY THE GOVERNOR, ONE OF WHOM SHALL BE APPOINTED UPON THE
5 RECOMMENDATION OF THE TEMPORARY PRESIDENT OF THE SENATE AND ONE OF WHOM
6 SHALL BE APPOINTED UPON THE RECOMMENDATION OF THE SPEAKER OF THE ASSEM-
7 BLY.

8 3. TERMS SHALL BE THREE YEARS. MEMBERS SHALL SERVE UNTIL THEIR
9 SUCCESSORS ARE APPOINTED. MEMBERS MAY SERVE UP TO TWO CONSECUTIVE TERMS.

10 4. VACANCIES SHALL BE FILLED IN THE SAME MANNER AS ORIGINAL APPOINT-
11 MENTS, AND SUCCESSORS SHALL SERVE FOR THE REMAINDER OF THE UNEXPIRED
12 TERM TO WHICH THEY ARE APPOINTED.

13 5. RECOMMENDATIONS BY THE TEMPORARY PRESIDENT OF THE SENATE AND THE
14 SPEAKER OF THE ASSEMBLY SHALL BE MADE WITHIN SIXTY DAYS OF THE EFFECTIVE
15 DATE OF THIS ARTICLE OR THE OCCURRENCE OF A VACANCY, OR WITHIN SIXTY
16 DAYS PRIOR TO THE EXPIRATION OF A TERM.

17 6. THE MEMBERS OF EACH REGIONAL ADVISORY COMMITTEE SHALL INCLUDE:

18 (A) REPRESENTATIVES FROM THE FOLLOWING CATEGORIES, BUT NOT MORE THAN
19 TWO FROM ANY SINGLE CATEGORY:

20 (I) HEALTH PLAN CONSUMER ADVOCATES;

21 (II) SMALL BUSINESS CONSUMER REPRESENTATIVES;

22 (III) HEALTH CARE PROVIDER REPRESENTATIVES;

23 (IV) REPRESENTATIVES OF THE HEALTH INSURANCE INDUSTRY;

24 (B) REPRESENTATIVES FROM THE FOLLOWING CATEGORIES, BUT NOT MORE THAN
25 ONE FROM EITHER CATEGORY:

26 (I) LICENSED INSURANCE PRODUCERS; AND

27 (II) REPRESENTATIVES OF LABOR ORGANIZATIONS.

28 7. THE BOARD SHALL SELECT THE CHAIR OF EACH REGIONAL ADVISORY COMMIT-
29 TEE FROM AMONG THE MEMBERS OF SUCH COMMITTEE. THE BOARD SHALL ADOPT
30 RULES FOR THE GOVERNANCE OF THE REGIONAL ADVISORY COMMITTEES AND EACH
31 REGIONAL ADVISORY COMMITTEE SHALL MEET AT LEAST ONCE EACH QUARTER AND AT
32 SUCH OTHER TIMES AS DETERMINED BY THE BOARD TO BE NECESSARY.

33 8. MEMBERS OF THE REGIONAL ADVISORY COMMITTEES SHALL SERVE WITHOUT
34 COMPENSATION.

35 9. THE REGIONAL ADVISORY COMMITTEES SHALL MAKE FINDINGS AND RECOMMEN-
36 DATIONS REGARDING REGIONAL VARIATIONS IN THE OPERATION OF THE EXCHANGE,
37 WHICH SHALL BE SUBMITTED TO THE BOARD OF DIRECTORS, POSTED ON THE
38 WEBSITE OF THE EXCHANGE, AND CONSIDERED BY THE BOARD IN A REASONABLY
39 TIMELY FASHION. SUCH FINDINGS AND RECOMMENDATIONS SHALL BE MADE ON AN
40 ANNUAL BASIS, ON A DATE DETERMINED BY THE BOARD, AND AT SUCH OTHER TIMES
41 AS THE BOARD OR ANY REGIONAL ADVISORY COMMITTEE DEEMS APPROPRIATE.

42 S 3987. FUNDING OF THE EXCHANGE. 1. THE EXCHANGE SHALL BE FINANCIALLY
43 SELF-SUFFICIENT BY JANUARY FIRST, TWO THOUSAND FIFTEEN.

44 2. THE EXCHANGE SHALL CONDUCT OR CAUSE TO BE CONDUCTED A STUDY OF, AND
45 SHALL REPORT ITS RECOMMENDATIONS UPON, THE OPTIONS TO GENERATE FUNDING
46 FOR THE ONGOING OPERATION OF THE EXCHANGE, AS PROVIDED FOR IN SUBDIVI-
47 SION EIGHT OF SECTION THIRTY-NINE HUNDRED EIGHTY-EIGHT OF THIS ARTICLE
48 AND SUBJECT TO THE PROVISIONS OF SUBDIVISIONS FOURTEEN AND FIFTEEN OF
49 SUCH SECTION.

50 3. THE EXCHANGE SHALL PUBLISH ON ITS INTERNET WEBSITE THE FEES AND
51 ANY OTHER PAYMENTS REQUIRED BY THE EXCHANGE, AND THE ADMINISTRATIVE
52 COSTS OF THE EXCHANGE, TO EDUCATE CONSUMERS ON SUCH COSTS AND THE AMOUNT
53 OF MONIES LOST TO WASTE, FRAUD AND ABUSE.

54 4. THE EXCHANGE SHALL NOT UTILIZE ANY FUNDS INTENDED FOR THE ADMINIS-
55 TRATIVE AND OPERATIONAL EXPENSES OF THE EXCHANGE FOR STAFF RETREATS,
56 PROMOTIONAL GIVEAWAYS, EXCESSIVE EXECUTIVE COMPENSATION, OR PROMOTION OF

FEDERAL OR STATE LEGISLATIVE AND REGULATORY MODIFICATIONS PURSUANT TO SECTION 1411(C) OF THE FEDERAL ACT.

5. THE MONEYS OF THE EXCHANGE SHALL, EXCEPT AS OTHERWISE PROVIDED IN THIS SECTION, BE DEPOSITED IN A GENERAL ACCOUNT CALLED THE NEW YORK HEALTH BENEFIT EXCHANGE ACCOUNT AND SUCH OTHER ACCOUNTS AS THE EXCHANGE MAY DEEM NECESSARY, PURSUANT TO RESOLUTION OF THE BOARD, FOR THE TRANSACTION OF ITS BUSINESS AND SHALL BE PAID OUT AS AUTHORIZED BY THE CHAIR OF THE BOARD OR BY SUCH OTHER PERSON OR PERSONS AS THE CHAIR MAY DESIGNATE.

6. NO FUNDS OF THE EXCHANGE SHALL BE TRANSFERRED TO THE GENERAL FUND OR ANY SPECIAL REVENUE FUND OR SHALL BE USED FOR ANY PURPOSE OTHER THAN THE PURPOSES SET FORTH IN THIS ARTICLE. NO FUNDS SHALL BE TRANSFERRED FROM THE GENERAL FUND OR ANY SPECIAL REVENUE FUND TO THE EXCHANGE WITHOUT AN APPROPRIATION.

7. THE ACCOUNTS OF THE EXCHANGE SHALL BE SUBJECT TO SUPERVISION OF THE COMPTROLLER AND SUCH ACCOUNTS SHALL INCLUDE RECEIPTS, EXPENDITURES, CONTRACTS AND OTHER MATTERS WHICH PERTAIN TO THE FISCAL SOUNDNESS OF THE EXCHANGE.

8. NOTWITHSTANDING ANY LAW TO THE CONTRARY, AND IN ACCORDANCE WITH SECTION FOUR OF THE STATE FINANCE LAW, UPON REQUEST OF THE DIRECTOR OF THE BUDGET, IN CONSULTATION WITH THE COMMISSIONER, THE SUPERINTENDENT AND THE CHAIR OF THE BOARD, THE COMPTROLLER IS HEREBY AUTHORIZED AND DIRECTED TO SUBALLOCATE OR TRANSFER SPECIAL REVENUE FEDERAL FUNDS APPROPRIATED TO THE DEPARTMENT OF HEALTH FOR PLANNING AND IMPLEMENTING VARIOUS HEALTHCARE AND INSURANCE REFORM INITIATIVES AUTHORIZED BY FEDERAL LEGISLATION, INCLUDING, BUT NOT LIMITED TO, THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (P.L. 111-148) AND THE HEALTH CARE AND EDUCATION RECONCILIATION ACT OF 2010 (P.L. 111-152) TO THE NEW YORK STATE HEALTH BENEFIT EXCHANGE. MONEYS SUBALLOCATED OR TRANSFERRED PURSUANT TO THIS SECTION SHALL BE PAID OUT OF THE FUND UPON AUDIT AND WARRANT OF THE STATE COMPTROLLER ON VOUCHERS CERTIFIED OR APPROVED BY THE EXCHANGE.

S 3988. STUDIES AND RECOMMENDATIONS. 1. (A) THE EXCHANGE SHALL CONDUCT OR CAUSE TO BE CONDUCTED A STUDY OF, AND SHALL MAKE RECOMMENDATIONS UPON, THE ESSENTIAL HEALTH BENEFITS IDENTIFIED BY THE SECRETARY PURSUANT TO SECTION 1302(B) OF THE FEDERAL ACT AND OF THE BENEFITS REQUIRED UNDER THE INSURANCE LAW OR REGULATIONS PROMULGATED THEREUNDER THAT ARE NOT DETERMINED BY THE SECRETARY TO BE ESSENTIAL HEALTH BENEFITS. SUCH STUDY AND RECOMMENDATIONS SHALL ADDRESS MATTERS INCLUDING BUT NOT LIMITED TO:

(I) WHETHER THE ESSENTIAL HEALTH BENEFITS REQUIRED TO BE INCLUDED IN POLICIES AND CONTRACTS SOLD THROUGH THE EXCHANGE SHOULD BE SOLD TO SIMILARLY SITUATED INDIVIDUALS AND GROUPS PURCHASING COVERAGE OUTSIDE OF THE EXCHANGE;

(II) WHETHER ANY BENEFITS REQUIRED UNDER THE INSURANCE LAW OR REGULATIONS PROMULGATED THEREUNDER THAT ARE NOT IDENTIFIED AS ESSENTIAL HEALTH BENEFITS BY THE SECRETARY SHOULD NO LONGER BE REQUIRED IN POLICIES OR CONTRACTS SOLD EITHER THROUGH THE EXCHANGE OR TO SIMILARLY SITUATED INDIVIDUALS AND GROUPS OUTSIDE OF THE EXCHANGE;

(III) THE COSTS OF EXTENDING ANY BENEFITS REQUIRED UNDER THE INSURANCE LAW OR REGULATIONS PROMULGATED THEREUNDER TO POLICIES AND CONTRACTS SOLD THROUGH THE EXCHANGE; AND

(IV) MECHANISMS TO FINANCE ANY COSTS PURSUANT TO SECTION 1311(D)(3)(B)(II) OF THE FEDERAL ACT OF EXTENDING ANY BENEFITS REQUIRED UNDER THE INSURANCE LAW OR REGULATIONS PROMULGATED THEREUNDER TO POLICIES AND CONTRACTS SOLD THROUGH THE EXCHANGE.

1 (B) IN MAKING ITS RECOMMENDATIONS, THE EXCHANGE SHALL CONSIDER THE
2 INDIVIDUAL AND SMALL GROUP MARKETS OUTSIDE OF THE EXCHANGE AND CONSIDER
3 APPROACHES TO PREVENT MARKETPLACE DISRUPTION, REMAIN CONSISTENT WITH THE
4 EXCHANGE AND AVOID ANTI-SELECTION.

5 (C) THE EXCHANGE SHALL SUBMIT ITS RECOMMENDATIONS TO THE GOVERNOR, THE
6 TEMPORARY PRESIDENT OF THE SENATE AND THE SPEAKER OF THE ASSEMBLY ON OR
7 BEFORE AUGUST FIRST, TWO THOUSAND TWELVE.

8 2. (A) THE EXCHANGE SHALL CONDUCT OR CAUSE TO BE CONDUCTED A STUDY OF,
9 AND SHALL MAKE RECOMMENDATIONS UPON: (I) WHETHER INSURERS PARTICIPATING
10 IN THE EXCHANGE SHOULD BE REQUIRED TO OFFER ALL HEALTH PLANS SOLD IN THE
11 EXCHANGE TO INDIVIDUALS OR SMALL GROUPS PURCHASING COVERAGE OUTSIDE OF
12 THE EXCHANGE;

13 (II) WHETHER THE INDIVIDUAL AND SMALL GROUP MARKETS SHOULD BE PLACED
14 ENTIRELY INSIDE THE EXCHANGE;

15 (III) WHETHER THE BENEFITS IN THE INDIVIDUAL AND SMALL GROUP MARKETS
16 SHOULD BE STANDARDIZED INSIDE THE EXCHANGE OR INSIDE AND OUTSIDE THE
17 EXCHANGE;

18 (IV) HOW TO DEVELOP AND IMPLEMENT THE TRANSITIONAL REINSURANCE PROGRAM
19 FOR THE INDIVIDUAL MARKET AND ANY OTHER RISK ADJUSTMENT MECHANISMS
20 DEVELOPED IN ACCORDANCE WITH SECTIONS 1341, 1342 AND 1343 OF THE FEDERAL
21 ACT;

22 (V) WHETHER TO MERGE THE INDIVIDUAL AND SMALL GROUP HEALTH INSURANCE
23 MARKETS FOR RATING PURPOSES INCLUDING AN ANALYSIS OF THE IMPACT SUCH
24 MERGER WOULD HAVE ON PREMIUMS;

25 (VI) WHETHER TO INCREASE THE SIZE OF SMALL EMPLOYERS FROM AN AVERAGE
26 OF AT LEAST ONE BUT NOT MORE THAN FIFTY EMPLOYEES TO AN AVERAGE OF AT
27 LEAST ONE BUT NOT MORE THAN ONE HUNDRED EMPLOYEES PRIOR TO JANUARY
28 FIRST, TWO THOUSAND SIXTEEN;

29 (VII) HOW TO ACCOUNT FOR SOLE PROPRIETORS IN DEFINING "SMALL EMPLOY-
30 ERS"; AND

31 (VIII) WHETHER TO REVISE THE DEFINITION OF "SMALL EMPLOYER" OUTSIDE
32 THE EXCHANGE TO BE CONSISTENT WITH THE DEFINITION AS IT APPLIES WITHIN
33 THE EXCHANGE.

34 (B) THE EXCHANGE SHALL SUBMIT ITS RECOMMENDATIONS TO THE GOVERNOR, THE
35 TEMPORARY PRESIDENT OF THE SENATE AND THE SPEAKER OF THE ASSEMBLY ON OR
36 BEFORE AUGUST FIRST, TWO THOUSAND TWELVE.

37 3. (A) THE EXCHANGE SHALL CONDUCT OR CAUSE TO BE CONDUCTED A STUDY OF,
38 AND SHALL MAKE RECOMMENDATIONS UPON, WHETHER THE STATE SHOULD ESTABLISH
39 A BASIC HEALTH PLAN PROGRAM IDENTIFIED BY THE SECRETARY PURSUANT TO
40 SECTION 1331 OF THE FEDERAL ACT.

41 (B) THE EXCHANGE SHALL SUBMIT ITS RECOMMENDATIONS TO THE GOVERNOR, THE
42 TEMPORARY PRESIDENT OF THE SENATE AND THE SPEAKER OF THE ASSEMBLY ON OR
43 BEFORE AUGUST FIRST, TWO THOUSAND TWELVE.

44 4. (A) THE EXCHANGE SHALL CONDUCT OR CAUSE TO BE CONDUCTED A STUDY OF,
45 AND SHALL MAKE RECOMMENDATIONS UPON, THE ADVANTAGES AND DISADVANTAGES OF
46 THE EXCHANGE SERVING AS AN ACTIVE PURCHASER, A SELECTIVE CONTRACTOR, OR
47 CLEARINGHOUSE OF INSURANCE.

48 (B) THE EXCHANGE SHALL SUBMIT ITS RECOMMENDATIONS TO THE GOVERNOR, THE
49 TEMPORARY PRESIDENT OF THE SENATE AND THE SPEAKER OF THE ASSEMBLY ON OR
50 BEFORE AUGUST FIRST, TWO THOUSAND TWELVE.

51 5. (A) THE EXCHANGE SHALL CONDUCT OR CAUSE TO BE CONDUCTED A STUDY OF,
52 AND SHALL MAKE RECOMMENDATIONS UPON, (I) THE ANTICIPATED ANNUAL OPERAT-
53 ING EXPENSES OF THE EXCHANGE, INCLUDING BUT NOT LIMITED TO THE DEVELOP-
54 MENT OF ANY MULTI-YEAR FINANCIAL MODELS; AND (II) THE OPTIONS TO GENER-
55 ATE FUNDING FOR THE ONGOING OPERATION AND SELF-SUFFICIENCY OF THE

1 EXCHANGE INCLUDING BUT NOT LIMITED TO ASSESSMENTS UPON INSURERS AND
2 PROVIDERS.

3 (B) THE EXCHANGE SHALL SUBMIT ITS RECOMMENDATIONS TO THE GOVERNOR, THE
4 TEMPORARY PRESIDENT OF THE SENATE AND THE SPEAKER OF THE ASSEMBLY ON OR
5 BEFORE AUGUST FIRST, TWO THOUSAND TWELVE.

6 6. (A) THE EXCHANGE SHALL CONDUCT OR CAUSE TO BE CONDUCTED A STUDY OF,
7 AND SHALL MAKE RECOMMENDATIONS UPON, THE BENCHMARK BENEFITS IDENTIFIED
8 BY THE SECRETARY AND OF THE BENEFITS REQUIRED UNDER THE PUBLIC HEALTH
9 LAW OR THE SOCIAL SERVICES LAW OR REGULATIONS PROMULGATED THEREUNDER
10 THAT ARE NOT DETERMINED BY THE SECRETARY TO BE BENCHMARK BENEFITS. SUCH
11 STUDY AND RECOMMENDATIONS SHALL ADDRESS MATTERS INCLUDING BUT NOT LIMIT-
12 ED TO:

13 (I) WHETHER ANY BENEFITS REQUIRED UNDER THE PUBLIC HEALTH LAW OR THE
14 SOCIAL SERVICES LAW OR REGULATIONS PROMULGATED THEREUNDER THAT ARE NOT
15 IDENTIFIED AS BENCHMARK BENEFITS BY THE SECRETARY SHOULD CONTINUE TO BE
16 REQUIRED AS COVERED BENEFITS AVAILABLE TO NEWLY MEDICAID-ELIGIBLE INDIV-
17 VIDUALS INSIDE THE EXCHANGE;

18 (II) THE COSTS OF EXTENDING ANY BENEFITS REQUIRED UNDER THE PUBLIC
19 HEALTH LAW OR THE SOCIAL SERVICES LAW OR REGULATIONS PROMULGATED THERE-
20 UNDER AS COVERED BENEFITS AVAILABLE TO NEWLY MEDICAID-ELIGIBLE INDIVID-
21 UALS THROUGH THE EXCHANGE; AND

22 (III) MECHANISMS TO FINANCE ANY COSTS PURSUANT TO THE FEDERAL ACT OF
23 EXTENDING ANY BENEFITS REQUIRED UNDER THE PUBLIC HEALTH LAW OR THE
24 SOCIAL SERVICES LAW OR REGULATIONS PROMULGATED THEREUNDER TO POLICIES
25 AND CONTRACTS SOLD THROUGH THE EXCHANGE.

26 (B) THE EXCHANGE SHALL SUBMIT ITS RECOMMENDATIONS TO THE GOVERNOR, THE
27 TEMPORARY PRESIDENT OF THE SENATE AND THE SPEAKER OF THE ASSEMBLY ON OR
28 BEFORE AUGUST FIRST, TWO THOUSAND TWELVE.

29 7. (A) THE EXCHANGE SHALL MAKE RECOMMENDATIONS UPON THE IMPACT OF THE
30 ESTABLISHMENT AND OPERATION OF THE EXCHANGE ON THE HEALTHY NEW YORK
31 PROGRAM ESTABLISHED PURSUANT TO SECTION FORTY-THREE HUNDRED TWENTY-SIX
32 OF THE INSURANCE LAW AND THE FAMILY HEALTH PLUS EMPLOYER PARTNERSHIP
33 PROGRAM ESTABLISHED PURSUANT TO SECTION THREE HUNDRED SIXTY-NINE-FF OF
34 THE SOCIAL SERVICES LAW.

35 (B) THE EXCHANGE SHALL SUBMIT ITS RECOMMENDATIONS TO THE GOVERNOR, THE
36 TEMPORARY PRESIDENT OF THE SENATE AND THE SPEAKER OF THE ASSEMBLY ON OR
37 BEFORE AUGUST FIRST, TWO THOUSAND TWELVE.

38 8. (A) THE EXCHANGE SHALL CONDUCT OR CAUSE TO BE CONDUCTED A STUDY OF,
39 AND SHALL MAKE RECOMMENDATIONS UPON, PROCEDURES UNDER WHICH LICENSED
40 HEALTH INSURANCE PRODUCERS, CHAMBERS OF COMMERCE AND BUSINESS ASSOCI-
41 ATIONS MAY ENROLL INDIVIDUALS AND EMPLOYERS IN ANY QUALIFIED HEALTH PLAN
42 IN THE INDIVIDUAL OR SMALL GROUP MARKET AS SOON AS THE PLAN IS OFFERED
43 THROUGH THE EXCHANGE; AND TO ASSIST INDIVIDUALS IN APPLYING FOR PREMIUM
44 TAX CREDITS AND COST-SHARING REDUCTIONS FOR PLANS SOLD THROUGH THE
45 EXCHANGE; AND

46 (B) THE EXCHANGE SHALL SUBMIT ITS RECOMMENDATIONS TO THE GOVERNOR, THE
47 TEMPORARY PRESIDENT OF THE SENATE AND SPEAKER OF THE ASSEMBLY ON OR
48 BEFORE AUGUST FIRST, TWO THOUSAND TWELVE.

49 9. (A) THE EXCHANGE SHALL CONDUCT OR CAUSE TO BE CONDUCTED A STUDY OF,
50 AND SHALL MAKE RECOMMENDATIONS UPON, THE CRITERIA FOR ELIGIBILITY TO
51 SERVE AS A NAVIGATOR FOR PURPOSES OF SECTION 1311(I) OF THE FEDERAL ACT,
52 ANY GUIDANCE ISSUED THEREUNDER AND SUBDIVISION FOURTEEN OF SECTION THIR-
53 TY-NINE HUNDRED EIGHTY-FOUR OF THIS ARTICLE.

54 (B) THE EXCHANGE SHALL SUBMIT ITS RECOMMENDATIONS TO THE GOVERNOR, THE
55 TEMPORARY PRESIDENT OF THE SENATE AND THE SPEAKER OF THE ASSEMBLY ON OR
56 BEFORE AUGUST FIRST, TWO THOUSAND TWELVE.

10. (A) THE EXCHANGE SHALL CONDUCT OR CAUSE TO BE CONDUCTED A STUDY OF, AND SHALL MAKE RECOMMENDATIONS UPON, THE ROLE OF THE EXCHANGE IN DECREASING HEALTH DISPARITIES IN HEALTH CARE SERVICES AND PERFORMANCE, INCLUDING BUT NOT LIMITED TO DISPARITIES ON THE BASIS OF RACE OR ETHNICITY, IN ACCORDANCE WITH SECTION FORTY-THREE HUNDRED TWO OF THE FEDERAL ACT.

(B) THE EXCHANGE SHALL SUBMIT ITS RECOMMENDATIONS TO THE GOVERNOR, THE TEMPORARY PRESIDENT OF THE SENATE AND THE SPEAKER OF THE ASSEMBLY ON OR BEFORE AUGUST FIRST, TWO THOUSAND TWELVE.

11. (A) THE EXCHANGE SHALL MAKE RECOMMENDATIONS UPON WHETHER AND TO WHAT EXTENT HEALTH SAVINGS ACCOUNTS SHOULD BE OFFERED THROUGH THE EXCHANGE.

(B) THE EXCHANGE SHALL SUBMIT ITS RECOMMENDATIONS TO THE GOVERNOR, THE TEMPORARY PRESIDENT OF THE SENATE AND THE SPEAKER OF THE ASSEMBLY ON OR BEFORE AUGUST FIRST, TWO THOUSAND TWELVE.

12. (A) THE EXCHANGE SHALL CONDUCT OR CAUSE TO BE CONDUCTED A STUDY OF, AND SHALL MAKE RECOMMENDATIONS UPON, WHETHER TO ALLOW LARGE EMPLOYERS TO PARTICIPATE IN THE EXCHANGE BEGINNING JANUARY FIRST, TWO THOUSAND SEVENTEEN, AND SHALL TAKE INTO ACCOUNT ANY EXCESS OF PREMIUM GROWTH OUTSIDE OF THE EXCHANGE AS COMPARED TO THE RATE OF SUCH GROWTH INSIDE THE EXCHANGE.

(B) THE EXCHANGE SHALL SUBMIT ITS RECOMMENDATIONS TO THE GOVERNOR, THE TEMPORARY PRESIDENT OF THE SENATE AND THE SPEAKER OF THE ASSEMBLY ON OR BEFORE DECEMBER FIRST, TWO THOUSAND FIFTEEN.

13. THE EXCHANGE SHALL CONDUCT OR CAUSE TO BE CONDUCTED A STUDY OF, AND SHALL MAKE RECOMMENDATIONS UPON, THE INTEGRATION OF PUBLIC HEALTH INSURANCE PROGRAMS, INCLUDING MEDICAID, CHILD HEALTH PLUS, AND FAMILY HEALTH PLUS WITHIN THE EXCHANGE, WHICH MAY INCLUDE SUCH REPORTS AS ARE PERIODICALLY SUBMITTED TO THE SECRETARY, ON OR BEFORE AUGUST FIRST, TWO THOUSAND TWELVE.

14. NOTWITHSTANDING ANY PROVISION OF SUBDIVISIONS ONE THROUGH THIRTEEN OF THIS SECTION, IF THE EXCHANGE DETERMINES THAT ANY RECOMMENDATIONS REQUIRED UNDER ANY SUCH SUBDIVISION CANNOT BE SUBMITTED BY THE SPECIFIED DATE BECAUSE FEDERAL GUIDANCE OR REGULATIONS NECESSARY TO COMPLETE SUCH RECOMMENDATIONS HAS NOT BEEN ISSUED, THE EXCHANGE MAY ESTABLISH A NEW AND REASONABLE DATE FOR SUCH COMPLETION AND SUBMISSION.

15. (A) ANY OF THE STUDIES REQUIRED UNDER THIS SECTION MAY BE COMBINED WITH OTHER STUDIES REQUIRED UNDER THIS SECTION OR OTHERWISE UNDERTAKEN BY THE EXCHANGE TO THE EXTENT FEASIBLE AND TIMELY.

(B) IN LIEU OF CONDUCTING OR CAUSING TO BE CONDUCTED ANY OF THE STUDIES REQUIRED UNDER THIS SECTION, THE EXCHANGE MAY RELY UPON ANY OTHER STUDY OR STUDIES, IN WHOLE OR IN PART, COMPLETED PRIOR TO THE DATE ON WHICH THE EXCHANGE SUBMITS ITS RECOMMENDATIONS, IF THE EXCHANGE DETERMINES THAT SUCH STUDY OR STUDIES ARE SUFFICIENTLY RELIABLE.

16. THE EXCHANGE SHALL HAVE NO AUTHORITY, WHETHER EXPRESS OR IMPLIED, TO IMPLEMENT ANY RECOMMENDATION ON THE ISSUES SET FORTH IN SUBDIVISIONS ONE THROUGH TWELVE OF THIS SECTION WITHOUT FURTHER STATUTORY AUTHORITY; PROVIDED, HOWEVER, THAT NOTHING IN THIS SUBDIVISION SHALL BE DEEMED TO ALTER ANY POWERS EXPRESSLY GRANTED ELSEWHERE IN THIS ARTICLE.

S 3989. TAX EXEMPTION AND TAX CONTRACT BY THE STATE. 1. IT IS HEREBY DETERMINED THAT THE CREATION OF THE EXCHANGE AND THE FULFILLMENT OF ITS CORPORATE PURPOSES IS IN ALL RESPECTS FOR THE BENEFIT OF THE PEOPLE OF THIS STATE AND IS A PUBLIC PURPOSE. ACCORDINGLY, THE EXCHANGE SHALL BE REGARDED AS PERFORMING AN ESSENTIAL GOVERNMENTAL FUNCTION IN THE EXERCISE OF THE POWERS CONFERRED UPON IT BY THIS ARTICLE, AND THE EXCHANGE SHALL NOT BE REQUIRED TO PAY ANY FEES, TAXES, SPECIAL AD VALOREM LEVIES

1 OR ASSESSMENTS OF ANY KIND, WHETHER STATE OR LOCAL, INCLUDING BUT NOT
2 LIMITED TO FEES, TAXES, SPECIAL AD VALOREM LEVIES OR ASSESSMENTS ON REAL
3 PROPERTY, FRANCHISE TAXES, SALES TAXES, TRANSFER TAXES, MORTGAGE TAXES
4 OR OTHER TAXES, UPON OR WITH RESPECT TO ANY PROPERTY OWNED BY IT OR
5 UNDER ITS JURISDICTION, CONTROL OR SUPERVISION, OR UPON THE USES THERE-
6 OF, OR UPON OR WITH RESPECT TO ITS ACTIVITIES OR OPERATIONS IN FURTHER-
7 ANCE OF THE POWERS CONFERRED UPON IT BY THIS ARTICLE, OR UPON OR WITH
8 RESPECT TO ANY FARES, TOLLS, RENTALS, RATES, CHARGES, FEES, REVENUES OR
9 OTHER INCOME RECEIVED BY THE EXCHANGE.

10 2. THE EXCHANGE MAY PAY, OR MAY ENTER INTO AGREEMENTS WITH ANY COUNTY
11 OR MUNICIPALITY TO PAY, A SUM OR SUMS ANNUALLY OR OTHERWISE OR TO
12 PROVIDE OTHER CONSIDERATIONS WITH RESPECT TO REAL PROPERTY OWNED BY THE
13 EXCHANGE LOCATED WITHIN SUCH COUNTY OR MUNICIPALITY.

14 S 3990. OFFICERS AND EMPLOYEES. 1. THE BOARD SHALL HAVE THE POWER TO
15 APPOINT EMPLOYEES TO SERVE AS SENIOR MANAGERIAL STAFF OF THE EXCHANGE AS
16 NECESSARY, WHO SHALL BE DESIGNATED TO BE IN THE EXEMPT CLASS OF CIVIL
17 SERVICE. THE BOARD SHALL ALSO HAVE THE POWER TO FIX THE SALARIES OF SUCH
18 EMPLOYEES.

19 2. ANY NEWLY HIRED EMPLOYEES WHO ARE NOT DESIGNATED TO BE IN THE
20 EXEMPT CLASS OF CIVIL SERVICE PURSUANT TO SUBDIVISION ONE OF THIS
21 SECTION AND WHO ARE NOT SUBJECT TO THE TRANSFER PROVISIONS SET FORTH IN
22 SUBDIVISIONS FOUR, FIVE AND SIX OF THIS SECTION SHALL BE CONSIDERED FOR
23 PURPOSES OF ARTICLE FOURTEEN OF THE CIVIL SERVICE LAW TO BE PUBLIC
24 EMPLOYEES IN THE CIVIL SERVICE OF THE STATE, AND SHALL BE ASSIGNED TO
25 THE APPROPRIATE COLLECTIVE BARGAINING UNIT BY THE EXCHANGE IN THE SAME
26 MANNER AND CONSISTENT WITH THOSE EMPLOYEES DESCRIBED IN SUBDIVISION SIX
27 OF THIS SECTION.

28 3. ANY PUBLIC OFFICER OR EMPLOYEE OF A STATE DEPARTMENT, AGENCY OR
29 COMMISSION MAY BE TRANSFERRED TO THE EXCHANGE WITHOUT EXAMINATION AND
30 WITHOUT LOSS OF ANY CIVIL SERVICE STATUS OR RIGHTS TO A COMPARABLE
31 OFFICE, POSITION OR EMPLOYMENT WITH THE EXCHANGE; PROVIDED, HOWEVER, NO
32 SUCH TRANSFER MAY BE MADE WITHOUT THE CONSENT OF THE HEAD OF THE DEPART-
33 MENT, AGENCY OR COMMISSION. TRANSFERS SHALL BE MADE PURSUANT TO SUBDI-
34 VISION TWO OF SECTION SEVENTY OF THE CIVIL SERVICE LAW.

35 4. THE SALARY OR COMPENSATION OF ANY SUCH OFFICER OR EMPLOYEE, AFTER
36 SUCH TRANSFER, SHALL BE PAID BY THE EXCHANGE.

37 5. ANY OFFICER OR EMPLOYEE TRANSFERRED TO THE EXCHANGE PURSUANT TO
38 THIS SECTION, WHO ARE MEMBERS OF OR BENEFIT UNDER ANY EXISTING PENSION
39 OR RETIREMENT FUND OR SYSTEM, SHALL CONTINUE TO HAVE ALL RIGHTS, PRIVI-
40 LEGES, OBLIGATIONS AND STATUS WITH RESPECT TO SUCH FUND OR SYSTEM AS ARE
41 NOW PRESCRIBED BY LAW, BUT DURING THE PERIOD OF THEIR EMPLOYMENT BY THE
42 EXCHANGE, ALL CONTRIBUTIONS TO SUCH FUNDS OR SYSTEMS TO BE PAID BY THE
43 EMPLOYER ON ACCOUNT OF SUCH OFFICERS OR EMPLOYEES SHALL BE PAID BY THE
44 EXCHANGE.

45 6. A TRANSFERRED EMPLOYEE SHALL REMAIN IN THE SAME COLLECTIVE BARGAIN-
46 ING UNIT AS WAS THE CASE PRIOR TO HIS OR HER TRANSFER; SUCCESSOR EMPLOY-
47 EES TO THE POSITIONS HELD BY SUCH TRANSFERRED EMPLOYEES SHALL, CONSIST-
48 ENT WITH THE PROVISIONS OF ARTICLE FOURTEEN OF THE CIVIL SERVICE LAW, BE
49 INCLUDED IN THE SAME UNIT AS THEIR PREDECESSORS. EMPLOYEES SERVING IN
50 POSITIONS IN NEWLY CREATED TITLES SHALL BE ASSIGNED TO THE SAME COLLEC-
51 TIVE BARGAINING UNIT AS THEY WOULD HAVE BEEN ASSIGNED TO WERE SUCH
52 TITLES CREATED PRIOR TO THE ESTABLISHMENT OF THE EXCHANGE. NOTHING
53 CONTAINED IN THIS ARTICLE SHALL BE CONSTRUED (A) TO DIMINISH THE RIGHTS
54 OF EMPLOYEES PURSUANT TO A COLLECTIVE BARGAINING AGREEMENT OR (B) TO
55 AFFECT EXISTING LAW WITH RESPECT TO AN APPLICATION TO THE PUBLIC EMPLOY-

MENT RELATIONS BOARD SEEKING A DESIGNATION BY THE BOARD THAT CERTAIN PERSONS ARE MANAGERIAL OR CONFIDENTIAL.

S 3991. LIMITATION OF LIABILITY; INDEMNIFICATION. THE PROVISIONS OF SECTIONS SEVENTEEN AND NINETEEN OF THE PUBLIC OFFICERS LAW SHALL BE APPLICABLE TO EXCHANGE EMPLOYEES, AS SUCH TERM IS DEFINED IN SECTIONS SEVENTEEN AND NINETEEN OF THE PUBLIC OFFICERS LAW; PROVIDED, HOWEVER, THAT NOTHING CONTAINED WITHIN THIS SECTION SHALL BE DEEMED TO PERMIT THE EXCHANGE TO EXTEND THE PROVISIONS OF SECTIONS SEVENTEEN AND NINETEEN OF THE PUBLIC OFFICERS LAW UPON ANY INDEPENDENT CONTRACTOR.

S 3992. CONTINGENCY FOR FEDERAL FUNDING. THE IMPLEMENTATION OF THE PROVISIONS OF THIS ARTICLE SHALL BE CONTINGENT, AS DETERMINED BY THE DIRECTOR OF THE BUDGET, ON THE AVAILABILITY OF SUFFICIENT FEDERAL FINANCIAL SUPPORT FOR THE PLANNING AND IMPLEMENTATION OF HEALTH CARE AND INSURANCE REFORM INITIATIVES AUTHORIZED BY FEDERAL LEGISLATION TO ESTABLISH AND IMPLEMENT THE HEALTH BENEFIT EXCHANGE.

S 3993. CONSTRUCTION. NOTHING IN THIS ARTICLE, AND NO ACTION TAKEN BY THE EXCHANGE PURSUANT HERETO, SHALL BE CONSTRUED TO:

1. PREEMPT OR SUPERSEDE THE AUTHORITY OF THE SUPERINTENDENT OR THE COMMISSIONER; OR

2. EXEMPT INSURERS, INSURANCE PRODUCERS OR QUALIFIED HEALTH PLANS FROM THE PUBLIC HEALTH LAW OR THE INSURANCE LAW AND REGULATIONS PROMULGATED THEREUNDER.

S 3. Subdivision 1 of section 17 of the public officers law is amended by adding a new paragraph (x) to read as follows:

(X) FOR PURPOSES OF THIS SECTION, THE TERM "EMPLOYEE" SHALL INCLUDE DIRECTORS, OFFICERS AND EMPLOYEES OF THE NEW YORK HEALTH BENEFIT EXCHANGE ESTABLISHED PURSUANT TO ARTICLE TEN-E OF THE PUBLIC AUTHORITIES LAW.

S 4. Subdivision 1 of section 19 of the public officers law is amended by adding a new paragraph (j) to read as follows:

(J) FOR PURPOSES OF THIS SECTION, THE TERM "EMPLOYEE" SHALL INCLUDE DIRECTORS, OFFICERS AND EMPLOYEES OF THE NEW YORK HEALTH BENEFIT EXCHANGE ESTABLISHED PURSUANT TO ARTICLE TEN-E OF THE PUBLIC AUTHORITIES LAW.

S 5. If any provision or application of this act shall be held to be invalid, or to violate or be inconsistent with any applicable federal law or regulation, that shall not affect other provisions or applications of this act which can be given effect without that provision or application; and to that end, the provisions and applications of this act are severable; provided, however, that nothing in this section shall be deemed to invalidate the provisions of section 3992 of the public authorities law, as added by section two of this act.

S 6. If the federal act is held to be unconstitutional by the supreme court of the United States or repealed by the United States Congress, the legislature shall convene within 180 days of such decision or congressional act to consider appropriate legislative options.

S 7. This act shall take effect immediately; provided, however, that until such time as the members of the board of directors of the New York health benefit exchange are initially appointed pursuant to section 3982 of the public authorities law, as added by section two of this act, and the first meeting of such board is convened, nothing in this act shall be deemed to prevent the commissioner of health or the superintendent of financial services from applying for, accepting the award of, and spending any available grant money pertaining to the establishment or operation of such exchange for purposes consistent with this act or, at any

1 time, from accepting or spending grant money awarded prior to the enact-
2 ment of this act.

3 PART F

4 Section 1. Section 1 of part C of chapter 58 of the laws of 2005,
5 authorizing reimbursements for expenditures made by or on behalf of
6 social services districts for medical assistance for needy persons and
7 the administration thereof, is amended by adding a new subdivision (c-1)
8 to read as follows:

9 (C-1) NOTWITHSTANDING ANY PROVISIONS OF SUBDIVISION (C) OF THIS
10 SECTION TO THE CONTRARY, EFFECTIVE APRIL 1, 2013, FOR THE PERIOD JANUARY
11 1, 2013 THROUGH DECEMBER 31, 2013 AND FOR EACH CALENDAR YEAR THEREAFTER,
12 THE MEDICAL ASSISTANCE EXPENDITURE AMOUNT FOR THE SOCIAL SERVICES
13 DISTRICT FOR SUCH PERIOD SHALL BE EQUAL TO THE PREVIOUS CALENDAR YEAR'S
14 MEDICAL ASSISTANCE EXPENDITURE AMOUNT, EXCEPT THAT:

15 (1) FOR THE PERIOD JANUARY 1, 2013 THROUGH DECEMBER 31, 2013, THE
16 PREVIOUS CALENDAR YEAR MEDICAL ASSISTANCE EXPENDITURE AMOUNT WILL BE
17 INCREASED BY 2%;

18 (2) FOR THE PERIOD JANUARY 1, 2014 THROUGH DECEMBER 31, 2014, THE
19 PREVIOUS CALENDAR YEAR MEDICAL ASSISTANCE EXPENDITURE AMOUNT WILL BE
20 INCREASED BY 1%.

21 S 2. Paragraph (iii) of subdivision (g) of section 1 of part C of
22 chapter 58 of the laws of 2005, authorizing reimbursements for expendi-
23 tures made by or on behalf of social services districts for medical
24 assistance for needy persons and the administration thereof, as amended
25 by section 59 of part A of chapter 57 of the laws of 2006, is amended to
26 read as follows:

27 (iii) During each state fiscal year subject to the provisions of this
28 section AND PRIOR TO STATE FISCAL YEAR 2015-16, the commissioner shall
29 maintain an accounting, for each social services district, of the net
30 amounts that would have been expended by, or on behalf of, such district
31 had the social services district medical assistance shares provisions in
32 effect on January 1, 2005 been applied to such district. For purposes
33 of this paragraph, fifty percent of the payments made by New York State
34 to the secretary of the federal department of health and human services
35 pursuant to section 1935(c) of the social security act shall be deemed
36 to be payments made on behalf of social services districts; such fifty
37 percent share shall be apportioned to each district in the same ratio as
38 the number of "full-benefit dual eligible individuals," as that term is
39 defined in section 1935(c)(6) of such act, for whom such district has
40 fiscal responsibility pursuant to section 365 of the social services
41 law, relates to the total of such individuals for whom districts have
42 fiscal responsibility. As soon as practicable after the conclusion of
43 each such fiscal year, but in no event later than six months after the
44 conclusion of each such fiscal year, the commissioner shall reconcile
45 such net amounts with such fiscal year's social services district
46 expenditure cap amount. Such reconciliation shall be based on actual
47 expenditures made by or on behalf of social services districts, and
48 revenues received by social services districts, during such fiscal year
49 and shall be made without regard to expenditures made, and revenues
50 received, outside such fiscal year that are related to services provided
51 during, or prior to, such fiscal year. The commissioner shall pay to
52 each social services district the amount, if any, by which such
53 district's expenditure cap amount exceeds such net amount.

1 S 3. Paragraph (i) of subdivision (b) of section 2 of part C of chap-
2 ter 58 of the laws of 2005, authorizing reimbursements for expenditures
3 made by or on behalf of social services districts for medical assistance
4 for needy persons and the administration thereof, is amended and a new
5 paragraph (iii) is added to read as follows:

6 (i) A social services district shall exercise the option described in
7 this section through the adoption of a resolution by its local legisla-
8 tive body, in the form set forth in subparagraph (ii) of this paragraph,
9 to elect the medical assistance reimbursement methodology set forth in
10 paragraph (a) of this section and to elect the tax intercept methodology
11 set forth in subdivision (f) of section 1261 of the tax law or subdivi-
12 sion (g) of section 1261 and subdivision (h) of section 1313 of the tax
13 law, as applicable. A social services district, acting through its local
14 legislative body, is hereby authorized to adopt such a resolution. Such
15 a resolution shall be effective only if it is adopted exactly as set
16 forth in subparagraph (ii) of this paragraph no later than September 30,
17 2007, and a certified copy of such resolution is mailed to the commis-
18 sioner of health by certified mail by such date. The commissioner of
19 health shall, no later than October 31, 2007, certify to the commis-
20 sioner of taxation and finance a list of those social services districts
21 which have elected the option described in this section. A social
22 services district [shall have no authority to rescind the exercise of]
23 THAT ELECTED the option described in this section, ACTING THROUGH ITS
24 LOCAL LEGISLATIVE BODY, MAY REPEAL THAT ELECTION BY ADOPTING A RESOL-
25 UTION EXACTLY AS SET FORTH IN PARAGRAPH (III) OF THIS SUBDIVISION AND
26 MAILING A CERTIFIED COPY OF SUCH REPEAL RESOLUTION TO THE COMMISSIONER
27 OF HEALTH NO LATER THAN JANUARY 1, 2013. THE COMMISSIONER OF HEALTH
28 SHALL, WITHIN TWO WEEKS OF RECEIVING ANY SUCH COPY OF A CERTIFIED REPEAL
29 RESOLUTION BY CERTIFIED MAIL FROM A SOCIAL SERVICES DISTRICT, CERTIFY IN
30 WRITING TO THE COMMISSIONER OF TAXATION AND FINANCE THE NAME OF ANY SUCH
31 SOCIAL SERVICES DISTRICT THAT ADOPTED SUCH A RESOLUTION TO REPEAL ITS
32 ELECTION. UPON RECEIVING SUCH WRITTEN CERTIFICATION, THE COMMISSIONER OF
33 TAXATION AND FINANCE SHALL NO LONGER CALCULATE THE MEDICAID AMOUNT OF
34 SUCH COUNTY UNDER SUBDIVISION (F) OF SECTION 1261 OF THE TAX LAW, AND
35 THE AMOUNT DUE SUCH COUNTY UNDER SUBDIVISION (C) OF SUCH SECTION 1261
36 SHALL NO LONGER BE REDUCED BY SUCH MEDICAID AMOUNT, EFFECTIVE THE FIRST
37 DAY OF THE MONTH NEXT COMMENCING AT LEAST 10 DAYS AFTER THE COMMISSIONER
38 OF TAXATION AND FINANCE HAS RECEIVED SUCH WRITTEN CERTIFICATION. IF
39 EVERY SOCIAL SERVICE DISTRICT THAT ELECTED SUCH OPTION REPEALS ITS
40 ELECTION AND THE COMMISSIONER OF HEALTH CERTIFIES IN WRITING TO THE
41 COMMISSIONER OF TAXATION AND FINANCE THAT EVERY SUCH SOCIAL SERVICES
42 DISTRICT HAS REPEALED ITS ELECTION, THEN SUBDIVISIONS (F) AND (G) OF
43 SECTION 1261 AND SUBDIVISION (H) OF SECTION 1313 OF THE TAX LAW TAX
44 SHALL BE REPEALED AND THE PHRASE "OR A TAX REVENUE INTERCEPT AMOUNT
45 CALCULATED PURSUANT TO SUBDIVISION (F) OR (G) OF SECTION 1261 OF THE TAX
46 LAW" IN SECTION FOUR OF THIS ACT SHALL BE DELETED, EFFECTIVE THE FIRST
47 DAY OF THE MONTH NEXT COMMENCING AT LEAST 10 DAYS AFTER THE DATE ON
48 WHICH THE COMMISSIONER OF TAXATION AND FINANCE RECEIVES SUCH WRITTEN
49 CERTIFICATION FROM THE COMMISSIONER OF HEALTH. AT THE SAME TIME THAT THE
50 COMMISSIONER OF HEALTH MAKES SUCH CERTIFICATION TO THE COMMISSIONER OF
51 TAXATION AND FINANCE THAT EVERY COUNTY HAS REPEALED ITS ELECTION, THE
52 COMMISSIONER OF HEALTH SHALL ALSO NOTIFY THE LEGISLATIVE BILL DRAFTING
53 COMMISSION THAT EVERY SOCIAL SERVICE DISTRICT THAT ELECTED SUCH OPTION
54 HAS REPEALED ITS ELECTION IN ORDER THAT THE LEGISLATIVE BILL DRAFTING
55 COMMISSION MAY MAINTAIN AN ACCURATE AND TIMELY DATA BASE OF THE OFFICIAL
56 TEXT OF THE LAWS OF THE STATE OF NEW YORK IN FURTHERANCE OF EFFECTING

1 THE PROVISIONS OF SECTION 44 OF THE LEGISLATIVE LAW AND SECTION 70-B OF
2 THE PUBLIC OFFICERS LAW.

3 (III) FORM OF RESOLUTION.

4 BE IT ENACTED BY THE (COUNTY) OF (INSERT COUNTY'S NAME) AS FOLLOWS:

5 SECTION ONE. THE (COUNTY) OF (INSERT COUNTY'S NAME) HEREBY REPEALS ITS
6 ELECTION IN 2007 OF THE MEDICAL ASSISTANCE REIMBURSEMENT OPTION AND
7 REVENUE INTERCEPT FOR MEDICAID PURPOSES DESCRIBED IN SECTION 2 OF CHAP-
8 TER 58 OF THE LAWS OF 2005.

9 SECTION 2. THIS RESOLUTION SHALL TAKE EFFECT IMMEDIATELY.

10 S 4. Part C of chapter 58 of the laws of 2005, authorizing reimburse-
11 ments for expenditures made by or on behalf of social services districts
12 for medical assistance for needy persons and the administration thereof,
13 is amended by adding a new section 4-a to read as follows:

14 S 4-A. (A) FOR STATE FISCAL YEAR 2012-13, AND FOR EACH STATE FISCAL
15 YEAR THEREAFTER, A SOCIAL SERVICES DISTRICT WILL BE REIMBURSED BY THE
16 STATE FOR THE FULL NON-FEDERAL SHARE OF EXPENDITURES BY THE DISTRICT FOR
17 THE ADMINISTRATION OF THE MEDICAL ASSISTANCE PROGRAM, NOT TO EXCEED THE
18 ADMINISTRATIVE CAP AMOUNT DETERMINED IN ACCORDANCE WITH SUBDIVISION (B)
19 OF THIS SECTION. ANY PORTION OF THE NON-FEDERAL SHARE OF SUCH EXPENDI-
20 TURES IN EXCESS OF THE ADMINISTRATIVE CAP AMOUNT SHALL BE THE RESPONSI-
21 BILITY OF THE SOCIAL SERVICES DISTRICT AND SHALL BE IN ADDITION TO THE
22 MEDICAL ASSISTANCE EXPENDITURE AMOUNT CALCULATED IN ACCORDANCE WITH
23 SUBDIVISIONS (B), (C), (C-1), AND (D) OF SECTION ONE OF THIS ACT. BEGIN-
24 NING IN STATE FISCAL YEAR 2013-14, NO REIMBURSEMENT WILL BE MADE FOR
25 ADMINISTRATIVE EXPENDITURES IN EXCESS OF SUCH CAP.

26 (B) THE ADMINISTRATIVE CAP AMOUNT FOR A SOCIAL SERVICES DISTRICT SHALL
27 BE EQUAL TO A PERCENTAGE OF THE AMOUNT INCLUDED IN THE STATE FISCAL YEAR
28 2011-12 ENACTED BUDGET FOR THE NON-FEDERAL SHARE OF MEDICAL ASSISTANCE
29 ADMINISTRATIVE COSTS PURSUANT TO THIS SECTION. EACH SOCIAL SERVICES
30 DISTRICT'S PERCENTAGE SHALL BE EQUAL TO THE PERCENTAGE OF MEDICAL
31 ASSISTANCE ADMINISTRATIVE COSTS CLAIMED BY SUCH DISTRICT IN THE 2011
32 CALENDAR YEAR IN RELATION TO ALL OTHER SOCIAL SERVICES DISTRICTS.

33 (C) NOTWITHSTANDING THE PROVISIONS OF SUBDIVISION (B) OF THIS SECTION,
34 THE COMMISSIONER OF HEALTH MAY, AT HIS OR HER SOLE DISCRETION, REDUCE A
35 SOCIAL SERVICES DISTRICT'S ADMINISTRATIVE CAP AMOUNT TO ACCOUNT FOR A
36 REDUCTION IN THE SCOPE OR VOLUME OF THE DISTRICT'S ADMINISTRATIVE
37 RESPONSIBILITIES, INCLUDING BUT NOT LIMITED TO SUCH A REDUCTION RESULT-
38 ING FROM THE PROCESS OF CONVERTING THE MEDICAL ASSISTANCE PROGRAM TO A
39 DEPARTMENT-ADMINISTERED PROGRAM PURSUANT TO SECTION 365-N OF THE SOCIAL
40 SERVICES LAW.

41 S 5. Section 91 of part H of chapter 59 of the laws of 2011 amending
42 the public health law and other laws relating to general hospital
43 reimbursement for annual rates is amended to read as follows:

44 S 91. 1. Notwithstanding any inconsistent provision of state law, rule
45 or regulation to the contrary, subject to federal approval, the year to
46 year rate of growth of department of health state funds Medicaid spend-
47 ing shall not exceed the ten year rolling average of the medical compo-
48 nent of the consumer price index as published by the United States
49 department of labor, bureau of labor statistics, for the preceding ten
50 years.

51 2. EXCEPT AS PROVIDED IN SUBDIVISION THREE OF THIS SECTION, FOR STATE
52 FISCAL YEAR 2013-14 AND FOR EACH FISCAL YEAR THEREAFTER, THE SPENDING
53 LIMIT CALCULATED PURSUANT TO SUBDIVISION ONE OF THIS SECTION SHALL BE
54 INCREASED BY AN AMOUNT EQUAL TO THE DIFFERENCE BETWEEN THE TOTAL SOCIAL
55 SERVICES DISTRICT MEDICAL ASSISTANCE EXPENDITURE AMOUNTS CALCULATED FOR
56 SUCH PERIOD IN CONFORMANCE WITH SUBDIVISIONS (B), (C), (C-1), AND (D) OF

SECTION 1 OF PART C OF CHAPTER 58 OF THE LAWS OF 2005 AND THE TOTAL SOCIAL SERVICES DISTRICT MEDICAL EXPENDITURE AMOUNTS THAT WOULD HAVE RESULTED IF THE PROVISIONS OF SUBDIVISION (C-1) OF SUCH SECTION HAD NOT BEEN APPLIED.

3. WITH RESPECT TO A SOCIAL SERVICES DISTRICT THAT RESCINDS THE EXERCISE OF THE OPTION PROVIDED IN PARAGRAPH (I) OF SUBDIVISION (B) OF SECTION 2 OF PART C OF CHAPTER 58 OF THE LAWS OF 2005, FOR STATE FISCAL YEAR 2013-14 AND FOR EACH FISCAL YEAR THEREAFTER, THE SPENDING LIMIT CALCULATED PURSUANT TO SUBDIVISION ONE OF THIS SECTION SHALL BE REDUCED BY THE AMOUNT OF THE MEDICAL ASSISTANCE EXPENDITURE AMOUNT CALCULATED FOR SUCH DISTRICT FOR SUCH PERIOD.

S 6. The social services law is amended by adding a new section 365-n to read as follows:

S 365-N. DEPARTMENT ASSUMPTION OF PROGRAM ADMINISTRATION. 1. LEGISLATIVE INTENT. (A) THE LEGISLATURE FINDS THAT TO ENSURE THE MEDICAL ASSISTANCE PROGRAM CONTINUES TO FUNCTION IN AN EFFICIENT MANNER TO MAKE HIGH QUALITY MEDICAL CARE, SERVICES, AND SUPPLIES AVAILABLE TO ELIGIBLE PERSONS, AND TO ACHIEVE TIMELY COMPLIANCE WITH THE REQUIREMENTS OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT RELATED TO THE EXPANSION OF THE MEDICAL ASSISTANCE PROGRAM AND THE CREATION OF A HEALTH CARE EXCHANGE, IT IS NECESSARY TO CONVERT THE PROGRAM OF MEDICAL ASSISTANCE FROM ONE PRIMARILY ADMINISTERED BY SOCIAL SERVICES DISTRICTS, UNDER THE SUPERVISION OF THE DEPARTMENT OF HEALTH ("DEPARTMENT"), TO ONE ADMINISTERED BY THE DEPARTMENT, WITH SUCH ASSISTANCE FROM SOCIAL SERVICES DISTRICTS AS THE COMMISSIONER OF HEALTH ("COMMISSIONER") MAY DETERMINE NECESSARY, AND THAT SUCH CONVERSION SHOULD BE COMPLETED BY APRIL FIRST, TWO THOUSAND EIGHTEEN. RECOGNIZING THE COMPLEXITY AND DIFFICULTY OF COMPLETING THIS CONVERSION WITHIN SUCH TIME FRAME, IT IS THE INTENT OF THE LEGISLATURE TO GRANT THE COMMISSIONER BROAD AUTHORITY AND FLEXIBILITY TO TAKE ACTIONS NECESSARY TO ACHIEVE THIS GOAL, AS DETERMINED BY THE COMMISSIONER, AND TO HAVE THE PROVISIONS OF THIS SECTION CONSTRUED IN LIGHT OF THE AUTHORITY AND FLEXIBILITY SO GRANTED. THE ADMINISTRATION OF THE PROGRAM BY THE DEPARTMENT MAY BE ACCOMPLISHED THROUGH THE USE OF DEPARTMENT STAFF, CONTRACTED ENTITIES, OR SOME COMBINATION THEREOF, AS DETERMINED ADVISABLE BY THE COMMISSIONER TO ACHIEVE THE GOALS OF THIS SECTION, SUBJECT TO THE LIMITATIONS PRESCRIBED HEREIN. THE COMMISSIONER WILL CONSULT WITH SOCIAL SERVICES DISTRICTS IN FORMULATING THE OPTIMAL PLAN FOR IMPLEMENTING THIS CONVERSION.

(B) THE LEGISLATURE FURTHER FINDS THAT THE CONTINUED, UNINTERRUPTED, ADEQUATE AND EFFICIENT OPERATION OF FUNCTIONS RELATED TO MEDICAL ASSISTANCE ELIGIBILITY AND COVERED BENEFITS IS NECESSARY FOR THE GENERAL WELFARE OF THE PEOPLE OF THE STATE; THAT SUCH OPERATION INVOLVES AND REQUIRES PERSONNEL WITH TRAINING, PRACTICAL EXPERIENCE AND KNOWLEDGE IN MEDICAL ASSISTANCE ELIGIBILITY AND COVERED BENEFITS; AND THAT REQUIRING COMPETITIVE EXAMINATION FOR APPOINTMENT OF PERSONS CURRENTLY PERFORMING SUCH FUNCTIONS IN COUNTIES IN THE STATE TO POSITIONS IN THE CLASSIFIED SERVICE OF THE STATE UPON THE ASSUMPTION OF SUCH FUNCTIONS BY THE DEPARTMENT WOULD IRREPARABLY DISRUPT, DELAY AND IMPEDE OPERATIONS AND INTERRUPT THE CONTINUANCE AND PERFORMANCE OF IMPORTANT SERVICES.

2. NOTWITHSTANDING THE PROVISIONS OF TITLE TWO OF ARTICLE THREE OF THIS CHAPTER OR OF SECTION THREE HUNDRED SIXTY-FIVE OF THIS TITLE OR OF ANY OTHER LAW TO THE CONTRARY, THE COMMISSIONER IS AUTHORIZED TO TAKE ANY AND ALL ACTIONS NECESSARY TO TRANSFER RESPONSIBILITY FOR THE ADMINISTRATION OF THE MEDICAL ASSISTANCE PROGRAM FROM SOCIAL SERVICES DISTRICTS TO THE DEPARTMENT.

1 3. FOR PURPOSES OF THIS SECTION, ADMINISTRATION OF THE MEDICAL ASSIST-
2 ANCE PROGRAM INCLUDES PROCESSING APPLICATIONS FOR BENEFITS AND SERVICES
3 AVAILABLE UNDER THIS TITLE AND TITLE ELEVEN-D OF THIS ARTICLE, MAKING
4 DETERMINATIONS OF INITIAL AND ONGOING ELIGIBILITY FOR SUCH BENEFITS AND
5 SERVICES AND MAKING COVERAGE DETERMINATIONS WITH RESPECT TO BENEFITS AND
6 SERVICES REQUIRING PRIOR AUTHORIZATION, NOTIFYING APPLICANTS AND RECIPI-
7 ENTS OF THESE DETERMINATIONS AND OF THEIR RIGHTS AND RESPONSIBILITIES,
8 AUTHORIZING BENEFITS AND SERVICES FOR PERSONS FOUND ELIGIBLE, EXERCISING
9 SUBROGATION RIGHTS WITH RESPECT TO AMOUNTS RECEIVED FROM INSURANCE
10 CARRIERS OR OTHER LIABLE THIRD PARTIES, IMPOSING LIENS AND PURSUING
11 RECOVERIES, AND ANY OTHER TASKS AND FUNCTIONS IDENTIFIED BY THE COMMIS-
12 SIONER.

13 4. NOTWITHSTANDING THE PROVISIONS OF THE CIVIL SERVICE LAW OR ANY
14 PROVISIONS TO THE CONTRARY CONTAINED IN ANY GENERAL, SPECIAL, OR LOCAL
15 LAWS, ALL LAWFUL APPOINTEES OF A COUNTY PERFORMING FUNCTIONS RELATED TO
16 MEDICAL ASSISTANCE ELIGIBILITY AND COVERED BENEFITS AS OF THE EFFECTIVE
17 DATE OF THIS SECTION WILL BE ELIGIBLE TO TRANSFER TO APPROPRIATE POSI-
18 TIONS IN THE DEPARTMENT OF HEALTH CLASSIFIED TO PERFORM SUCH FUNCTIONS
19 WITHOUT FURTHER EXAMINATION OR QUALIFICATION AND, UPON SUCH TRANSFER,
20 WILL HAVE ALL THE RIGHTS AND PRIVILEGES OF THE JURISDICTIONAL CLASSI-
21 FICATION TO WHICH SUCH POSITIONS MAY BE ALLOCATED IN THE CLASSIFIED
22 SERVICE OF THE STATE.

23 5. SUBJECT TO THE PROVISIONS OF SUBDIVISIONS SIX AND SEVEN OF THIS
24 SECTION, THE COMMISSIONER MAY CONTRACT WITH ONE OR MORE ENTITIES,
25 INCLUDING UNITS OF LOCAL GOVERNMENT, FOR THE PURPOSE OF EXERCISING HIS
26 OR HER AUTHORITY UNDER THIS SECTION. SUCH ENTITIES MAY BE CONTRACTED TO
27 PERFORM ALL OR A PORTION OF THE FUNCTIONS DESCRIBED IN SUBDIVISION THREE
28 OF THIS SECTION, AND MAY PERFORM SUCH FUNCTIONS WITH RESPECT TO THE
29 ENTIRE STATE OR WITH RESPECT TO A SPECIFIC REGION OR REGIONS, AS DETER-
30 MINED BY THE COMMISSIONER. IN NO EVENT, HOWEVER, SHALL THE DEPARTMENT,
31 BY MEANS OF SUCH A CONTRACT, DELEGATE ITS AUTHORITY TO EXERCISE ADMINIS-
32 TRATIVE DISCRETION IN THE ADMINISTRATION OR SUPERVISION OF THE STATE
33 PLAN FOR MEDICAL ASSISTANCE SUBMITTED PURSUANT TO SECTION THREE HUNDRED
34 SIXTY-THREE-A OF THIS TITLE, OR TO ISSUE POLICIES, RULES, AND REGU-
35 LATIONS ON PROGRAM MATTERS, NOR MAY ANY CONTRACTED ENTITY BE GIVEN THE
36 AUTHORITY TO CHANGE OR DISAPPROVE ANY ADMINISTRATIVE DECISION OF THE
37 DEPARTMENT, OR OTHERWISE SUBSTITUTE THE ENTITY'S JUDGMENT FOR THAT OF
38 THE DEPARTMENT WITH RESPECT TO THE APPLICATION OF POLICIES, RULES, AND
39 REGULATIONS ISSUED BY THE DEPARTMENT.

40 6. NOTWITHSTANDING ANY INCONSISTENT PROVISION OF SECTIONS ONE HUNDRED
41 TWELVE AND ONE HUNDRED SIXTY-THREE OF THE STATE FINANCE LAW, OR SECTIONS
42 ONE HUNDRED FORTY-TWO AND ONE HUNDRED FORTY-THREE OF THE ECONOMIC DEVEL-
43 OPMENT LAW, OR ANY OTHER CONTRARY PROVISION OF LAW, THE COMMISSIONER IS
44 AUTHORIZED TO AMEND THE TERMS OF EXISTING CONTRACTS, INCLUDING A
45 CONTRACT ENTERED INTO PURSUANT TO SUBDIVISION TWENTY-FOUR OF SECTION TWO
46 HUNDRED SIX OF THE PUBLIC HEALTH LAW, AS ADDED BY SECTION THIRTY-NINE OF
47 PART C OF CHAPTER FIFTY-EIGHT OF THE LAWS OF TWO THOUSAND EIGHT, WITHOUT
48 A COMPETITIVE BID OR REQUEST FOR PROPOSAL PROCESS, UPON A DETERMINATION
49 THAT THE EXISTING CONTRACTOR IS QUALIFIED TO PROVIDE ASSISTANCE WITH ONE
50 OR MORE FUNCTIONS RELATED TO THE ADMINISTRATION OF THE MEDICAL ASSIST-
51 ANCE PROGRAM OR TO ACHIEVING THE GOALS OF THIS SECTION.

52 7. NOTWITHSTANDING ANY INCONSISTENT PROVISION OF SECTIONS ONE HUNDRED
53 TWELVE AND ONE HUNDRED SIXTY-THREE OF THE STATE FINANCE LAW, OR SECTIONS
54 ONE HUNDRED FORTY-TWO AND ONE HUNDRED FORTY-THREE OF THE ECONOMIC DEVEL-
55 OPMENT LAW, OR ANY OTHER CONTRARY PROVISION OF LAW, THE COMMISSIONER IS
56 AUTHORIZED TO ENTER INTO A CONTRACT OR CONTRACTS UNDER THIS SUBDIVISION

1 WITHOUT A COMPETITIVE BID OR REQUEST FOR PROPOSAL PROCESS, PROVIDED,
2 HOWEVER, THAT WITH RESPECT TO A CONTRACT WITH AN ENTITY OTHER THAN A
3 LOCAL UNIT OF GOVERNMENT:

4 (A) THE DEPARTMENT SHALL POST ON ITS WEBSITE, FOR A PERIOD OF NO LESS
5 THAN THIRTY DAYS:

6 (I) A DESCRIPTION OF THE PROPOSED SERVICES TO BE PROVIDED PURSUANT TO
7 THE CONTRACT OR CONTRACTS;

8 (II) THE CRITERIA FOR SELECTION OF A CONTRACTOR OR CONTRACTORS;

9 (III) THE PERIOD OF TIME DURING WHICH A PROSPECTIVE CONTRACTOR MAY
10 SEEK SELECTION, WHICH SHALL BE NO LESS THAN THIRTY DAYS AFTER SUCH
11 INFORMATION IS FIRST POSTED ON THE WEBSITE; AND

12 (IV) THE MANNER BY WHICH A PROSPECTIVE CONTRACTOR MAY SEEK SUCH
13 SELECTION, WHICH MAY INCLUDE SUBMISSION BY ELECTRONIC MEANS;

14 (B) ALL REASONABLE AND RESPONSIVE SUBMISSIONS THAT ARE RECEIVED FROM
15 PROSPECTIVE CONTRACTORS IN TIMELY FASHION SHALL BE REVIEWED BY THE
16 COMMISSIONER; AND

17 (C) THE COMMISSIONER SHALL SELECT SUCH CONTRACTOR OR CONTRACTORS THAT,
18 IN HIS OR HER DISCRETION, ARE BEST SUITED TO SERVE THE PURPOSES OF THIS
19 SECTION.

20 8. THE COMMISSIONER SHALL PROMULGATE SUCH REGULATIONS AS MAY BE NECES-
21 SARY TO CARRY OUT THE PROVISIONS OF THIS SECTION, WHICH REGULATIONS MAY
22 BE PROMULGATED ON AN EMERGENCY BASIS. IN ADDITION, THE COMMISSIONER
23 SHALL MAKE ANY AMENDMENTS TO THE STATE PLAN FOR MEDICAL ASSISTANCE, OR
24 DEVELOP AND SUBMIT AN APPLICATION FOR ANY WAIVER OR APPROVAL UNDER THE
25 FEDERAL SOCIAL SECURITY ACT, THAT MAY BE NECESSARY TO CARRY OUT THE
26 PROVISIONS OF THIS SECTION.

27 S 7. Subdivision 7 of section 369 of the social services law, as added
28 by section 71-a of part C of chapter 58 of the laws of 2008, is amended
29 to read as follows:

30 7. Notwithstanding any provision of law to the contrary, the depart-
31 ment [may commence] SHALL, WHEN IT DETERMINES NECESSARY PROGRAM FEATURES
32 ARE IN PLACE, ASSUME SOLE RESPONSIBILITY FOR COMMENCING actions or
33 proceedings in accordance with the provisions of this section, sections
34 one hundred one, one hundred four, one hundred four-b, paragraph (a) of
35 subdivision three of section three hundred sixty-six, subparagraph one
36 of paragraph (h) of subdivision four of section three hundred sixty-six,
37 and paragraph (b) of subdivision two of section three hundred sixty-sev-
38 en-a of this chapter, to recover the cost of medical assistance
39 furnished pursuant to this title and title eleven-D of this article. The
40 department is authorized to contract with an entity that shall conduct
41 activities on behalf of the department pursuant to this subdivision.
42 PRIOR TO ASSUMING SUCH RESPONSIBILITY FROM A SOCIAL SERVICES DISTRICT,
43 THE DEPARTMENT OF HEALTH SHALL, IN CONSULTATION WITH THE DISTRICT,
44 DEFINE THE SCOPE OF THE SERVICES THE DISTRICT WILL BE REQUIRED TO
45 PERFORM ON BEHALF OF THE DEPARTMENT OF HEALTH PURSUANT TO THIS SUBDIVI-
46 SION.

47 S 8. Notwithstanding any inconsistent provision of law, rule or regu-
48 lation, for purposes of implementing the provisions of the public health
49 law and the social services law, references to titles XIX and XXI of the
50 federal social security act in the public health law and the social
51 services law shall be deemed to include and also to mean any successor
52 titles thereto under the federal social security act.

53 S 9. Notwithstanding any inconsistent provision of law, rule or regu-
54 lation, the effectiveness of the provisions of sections 2807 and 3614 of
55 the public health law, section 18 of chapter 2 of the laws of 1988, and
56 18 NYCRR 505.14(h), as they relate to time frames for notice, approval

1 or certification of rates of payment, are hereby suspended and without
2 force or effect for purposes of implementing the provisions of this act.

3 S 10. Severability clause. If any clause, sentence, paragraph, subdi-
4 vision, section or part of this act shall be adjudged by any court of
5 competent jurisdiction to be invalid, such judgment shall not affect,
6 impair or invalidate the remainder thereof, but shall be confined in its
7 operation to the clause, sentence, paragraph, subdivision, section or
8 part thereof directly involved in the controversy in which such judgment
9 shall have been rendered. It is hereby declared to be the intent of the
10 legislature that this act would have been enacted even if such invalid
11 provisions had not been included herein.

12 S 11. This act shall take effect immediately and shall be deemed to
13 have been in full force and effect on and after April 1, 2012, provided
14 that:

15 1. section one of this act shall take effect April 1, 2013;

16 2. any rules or regulations necessary to implement the provisions of
17 this act may be promulgated and any procedures, forms, or instructions
18 necessary for such implementation may be adopted and issued on or after
19 the date this act shall have become a law;

20 3. this act shall not be construed to alter, change, affect, impair or
21 defeat any rights, obligations, duties or interests accrued, incurred or
22 conferred prior to the effective date of this act;

23 4. the commissioner of health and the superintendent of financial
24 services and any appropriate council may take any steps necessary to
25 implement this act prior to its effective date;

26 5. notwithstanding any inconsistent provision of the state administra-
27 tive procedure act or any other provision of law, rule or regulation,
28 the commissioner of health and the superintendent of financial services
29 and any appropriate council is authorized to adopt or amend or promul-
30 gate on an emergency basis any regulation he or she or such council
31 determines necessary to implement any provision of this act on its
32 effective date;

33 6. the amendment to section 91 of part H of chapter 59 of the laws of
34 2011, amending the public health law and other laws relating to general
35 hospital reimbursement for annual rates, made by section five of this
36 act shall take effect on the same date and in the same manner as such
37 section takes effect;

38 7. the provisions of this act shall become effective notwithstanding
39 the failure of the commissioner of health or the superintendent of
40 financial services or any council to adopt or amend or promulgate regu-
41 lations implementing this act.

42 PART G

43 Section 1. Subdivision 1 of section 79 of part C of chapter 58 of the
44 laws of 2005 relating to the preferred drug program is amended and a new
45 subdivision 1-a is added to read as follows:

46 1. sections ten [through], ELEVEN, TWELVE AND fifteen of this act
47 shall expire and be deemed repealed on and after June 15, [2012] 2019;

48 1-A. SECTION FOURTEEN OF THIS ACT SHALL EXPIRE AND BE DEEMED REPEALED
49 ON AND AFTER JUNE 15, 2012;

50 S 2. Subparagraph (v) of paragraph (b) of subdivision 35 of section
51 2807-c of the public health law, as amended by section 35-a of part H of
52 chapter 59 of the laws of 2011, is amended to read as follows:

53 (v) such regulations shall incorporate quality related measures,
54 including, but not limited to, potentially preventable re-admissions

(PPRs) and provide for rate adjustments or payment disallowances related to PPRs and other potentially preventable negative outcomes (PPNOs), which shall be calculated in accordance with methodologies as determined by the commissioner, provided, however, that such methodologies shall be based on a comparison of the actual and risk adjusted expected number of PPRs and other PPNOs in a given hospital and with benchmarks established by the commissioner and provided further that such rate adjustments or payment disallowances shall result in an aggregate reduction in Medicaid payments of no less than thirty-five million dollars for the period July first, two thousand ten through March thirty-first, two thousand eleven and no less than fifty-one million dollars for [the period] ANNUAL PERIODS BEGINNING April first, two thousand eleven through March thirty-first, two thousand [twelve] THIRTEEN, provided further that such aggregate reductions shall be offset by Medicaid payment reductions occurring as a result of decreased PPRs during the period July first, two thousand ten through March thirty-first, two thousand eleven and the period April first, two thousand eleven through March thirty-first, two thousand [twelve] THIRTEEN and as a result of decreased PPNOs during the period April first, two thousand eleven through March thirty-first, two thousand [twelve] THIRTEEN; and provided further that for the period July first, two thousand ten through March thirty-first, two thousand [twelve] THIRTEEN, such rate adjustments or payment disallowances shall not apply to behavioral health PPRs; or to readmissions that occur on or after fifteen days following an initial admission. By no later than July first, two thousand eleven the commissioner shall enter into consultations with representatives of the health care facilities subject to this section regarding potential prospective revisions to applicable methodologies and benchmarks set forth in regulations issued pursuant to this subparagraph;

S 3. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2012.

PART H

Section 1. Section 4 of part C of chapter 57 of the laws of 2006, relating to establishing a cost of living adjustment for designated human services programs, as amended by section 2 of part F of chapter 59 of the laws of 2011, is amended to read as follows:

S 4. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2006; provided section one of this act shall expire and be deemed repealed April 1, [2015] 2012; provided, further, that sections two and three of this act shall expire and be deemed repealed December 31, 2009.

S 2. Notwithstanding any other provision of law to the contrary, effective April 1, 2013 and annually thereafter, state agencies including, but not limited to, the office for people with developmental disabilities, office of mental health, office of alcoholism and substance abuse services, office of children and family services, office of temporary and disability assistance, department of health, office for the aging, division of criminal justice services, office of victim services, and state education department that operate, license, certify, or fund providers of services shall develop and calculate annual adjustments to established payments to providers of such services, based on factors to be determined by the commissioner of the agency. Such adjustments shall be based on performance metrics to be developed by the commissioners of such agencies which shall include, but not be limited to the following

1 to the extent practicable: the actual costs of providing such services,
2 the percentages of administrative costs, the determination and levels of
3 executive compensation, and such other criteria as such commissioners
4 may determine. Such annual adjustments shall be subject to any necessary
5 federal approvals and restrictions. The amount of any annual adjustment
6 and the metrics used to determine such adjustment shall be subject to
7 the review and approval of the director of the budget.

8 S 3. Notwithstanding any other provision of law to the contrary,
9 commencing on April 1, 2012, the commissioner or director of each state
10 agency subject to section two of this act shall have the authority,
11 subject to approval by the director of the budget, to promulgate regu-
12 lations or to address by other means the extent and nature of a provid-
13 er's administrative costs and executive compensation which shall be
14 eligible to be reimbursed with state financial assistance or state-au-
15 thorized payments for operating expenses. Each agency shall require that
16 providers of services that receive reimbursements directly or indirectly
17 from such agency must comply with the following restrictions:

18 (a) No less than seventy-five percent of the state financial assist-
19 ance or state-authorized payments for operating expenses shall be
20 directed to provide direct care or services rather than to support the
21 costs of administration, as these terms are defined by the applicable
22 state agency in implementing these requirements. This percentage shall
23 increase by five percent each year until it shall, no later than April
24 1, 2015, remain at no less than eighty-five percent thereafter.

25 (b) To the extent practicable, reimbursement shall not be provided for
26 compensation paid or given to any executive by such provider in an
27 amount greater than \$199,000 per annum; provided, however, that the
28 commissioner of each state agency shall have discretion to adjust this
29 figure annually based on appropriate factors subject to the approval of
30 the director of the budget, but in no event shall such figure exceed
31 Level I of the federal government's Rates of Basic Pay for the Executive
32 Schedule promulgated by the United States Office of Personnel Manage-
33 ment. The applicable state agency shall define these terms as necessary
34 in implementing these requirements.

35 A provider's failure to comply with the requirements established by
36 the applicable state agency may, in the sole discretion of the commis-
37 sioner of each state agency, form the basis for termination or non-rene-
38 wal of the agency's contract with or continued support of the provider.
39 Upon a showing of good cause, a provider may be granted a waiver from
40 compliance with these requirements in whole or in part subject to the
41 approval of the applicable state agency and the director of the budget.

42 S 4. This act shall take effect immediately and shall be deemed to
43 have been in full force and effect on and after April 1, 2012.

44 PART I

45 Section 1. Notwithstanding any inconsistent provision of sections one
46 hundred twelve and one hundred sixty-three of the state finance law, or
47 section one hundred forty-two of the economic development law, or any
48 other law to the contrary, the commissioner of developmental disabili-
49 ties, pursuant to a pilot program established in accordance with an
50 application made under section 1115 of the federal social security act,
51 42 U.S.C. 1315, is authorized to enter into a contract or contracts
52 without a competitive bid or request for proposal process, with the
53 approval of the director of the budget, provided, however, that:

(a) the office for people with developmental disabilities shall post on its website, for a period of not less than thirty days, a pilot application, and the following information:

(i) a description of the proposed services to be provided pursuant to the pilot program;

(ii) the procedure for application to participate in the pilot program and criteria for selection of an applicant to participate in the pilot program;

(iii) the period of time during which an applicant may seek selection, which shall be no less than thirty days after such information is first posted on the website; and

(iv) the manner by which an applicant may seek such selection, which may include submission by electronic means;

(b) all reasonable and responsive submissions that are received from applicants in a timely fashion shall be reviewed by the commissioner; and

(c) the commissioner of developmental disabilities shall select such applicant or applicants that, in the commissioner's discretion, have demonstrated the ability to effectively, efficiently, and economically provide services pursuant to the pilot program; have the requisite expertise and financial resources; have demonstrated that their directors, sponsors, members, managers, partners or operators have the requisite character, competence and standing in the community, and are best suited to serve the purposes of this section.

S 2. This act shall take effect immediately.

PART J

Section 1. Section 13.17 of the mental hygiene law, as added by chapter 978 of the laws of 1977, the section heading as amended by chapter 168 of the laws of 2010, subdivisions (b) and (d) as amended by chapter 37 of the laws of 2011, and subdivision (c) as amended by chapter 538 of the laws of 1987, is amended to read as follows:

S 13.17 Programs, services, and operations [of facilities] in the office for people with developmental disabilities.

(a) The commissioner shall establish policy and procedures for the organization, administration, and [operation of the facilities] SERVICE DELIVERY SYSTEM under his OR HER jurisdiction[. He] AND shall make provision for the effective rendition of SUPPORTS AND services to [patients by such facilities or office personnel] INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES.

(b) [There shall be in the office the developmental disabilities services offices named below serving the areas either currently or previously served by a school, for the care and treatment of persons with developmental disabilities and for research and teaching in the science and skills required for the care and treatment of such persons with developmental disabilities:

Bernard M. Fineson Developmental Disabilities Services Office
Brooklyn Developmental Disabilities Services Office
Broome Developmental Disabilities Services Office
Capital District Developmental Disabilities Services Office
Central New York Developmental Disabilities Services Office
Finger Lakes Developmental Disabilities Services Office
Institute for Basic Research in Developmental Disabilities
Hudson Valley Developmental Disabilities Services Office
Metro New York Developmental Disabilities Services Office

1 Long Island Developmental Disabilities Services Office
2 Sunmount Developmental Disabilities Services Office
3 Taconic Developmental Disabilities Services Office
4 Western New York Developmental Disabilities Services Office
5 Staten Island Developmental Disabilities Services Office

6 The New York State Institute for Basic Research in Developmental Disa-
7 bilities is designated as an institute for the conduct of medical
8 research and other scientific investigation directed towards furthering
9 knowledge of the etiology, diagnosis, treatment and prevention of devel-
10 opmental disabilities.

11 (c)] The commissioner shall establish [the areas which each facility
12 or], AT HIS OR HER DISCRETION, developmental disabilities [services
13 office under his jurisdiction shall serve and the categories of clients
14 which shall be served thereby] REGIONAL OFFICES AND SHALL ESTABLISH
15 STATE OPERATIONS OFFICES THAT PROVIDE FOR THE DIRECT DELIVERY OF
16 SUPPORTS AND SERVICES BY THE OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISA-
17 BILITIES.

18 [(d)] (C) The commissioner may [permit] AUTHORIZE other offices of the
19 department and any public or private non-profit organization or poli-
20 tical subdivision of the state to [operate programs for persons] DELIVER
21 SUPPORTS AND SERVICES TO INDIVIDUALS with developmental disabilities[,
22 not inconsistent with the programs and objectives of the office in any
23 facility under his jurisdiction. The commissioner may permit any facili-
24 ty under his jurisdiction to operate programs for persons with mental
25 disabilities, not inconsistent with programs and objectives of the
26 department, under contracts or agreements with other offices within the
27 department].

28 S 2. Section 13.19 of the mental hygiene law, as added by chapter 978
29 of the laws of 1977, subdivisions (a) and (d) as amended by chapter 168
30 of the laws of 2010, and subdivision (e) as added by chapter 307 of the
31 laws of 1979, is amended to read as follows:

32 S 13.19 Personnel of the office; regulations.

33 (a) The commissioner may, within the amounts appropriated therefor,
34 appoint and remove in accordance with law and applicable rules of the
35 state civil service commission, such officers and employees of the
36 office for people with developmental disabilities [and school and facil-
37 ity officers and employees who are designated managerial or confidential
38 pursuant to article fourteen of the civil service law] as are necessary
39 for efficient administration. THE COMMISSIONER SHALL, IN EXERCISING HIS
40 OR HER APPOINTING AUTHORITY, TAKE, CONSISTENT WITH ARTICLE
41 TWENTY-THREE-A OF THE CORRECTION LAW, ALL REASONABLE AND NECESSARY STEPS
42 TO ENSURE THAT ANY SUCH PERSON SO APPOINTED HAS NOT PREVIOUSLY ENGAGED
43 IN ANY ACT IN VIOLATION OF ANY LAW WHICH COULD COMPROMISE THE HEALTH AND
44 SAFETY OF INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES.

45 (b) [The director of a hospital or institute in the office shall have
46 professional qualifications and experience to be prescribed by the
47 commissioner.

48 (c)] Notwithstanding the provisions of any other law, the [positions]
49 POSITION of [psychiatrist III and] deputy director in [any] AN office
50 facility may be filled BY NEW HIRE OR by promotion open to employees [of
51 all such facilities] who possess the minimum qualifications for the
52 [respective positions. Promotion lists which are established for those
53 positions shall be general eligible promotion lists from which names are
54 certified in the order of final earned ratings and from which certifi-
55 cation shall not be subdivided by the facility or department in which

1 such persons are employed. Nothing in this subdivision shall prevent the
2 use of open competitive examinations] POSITION.

3 [(d)] (C) The use of volunteers [at facilities] in the office for
4 people with developmental disabilities shall be encouraged. The commis-
5 sioner may establish regulations governing such volunteer services.

6 [(e)] (D) Where, and to the extent that, an agreement between the
7 state and an employee organization entered into pursuant to article
8 fourteen of the civil service law so provides, the commissioner is
9 authorized to implement the provisions of such agreement relating to
10 discipline consistent with the terms thereof.

11 S 3. Section 13.21 of the mental hygiene law, as added by chapter 978
12 of the laws of 1977, the section heading and subdivisions (a) and (c) as
13 amended by chapter 168 of the laws of 2010, subdivision (b) as amended
14 by chapter 558 of the laws of 2011, subdivision (d) as added by chapter
15 355 of the laws of 1987 and subdivision (e) as added by chapter 492 of
16 the laws of 1978 and as relettered by chapter 355 of the laws of 1987,
17 is amended to read as follows:

18 S 13.21 Directors of [schools] STATE OPERATIONS OFFICES AND DEVELOP-
19 MENTAL DISABILITIES REGIONAL OFFICES in the office for people
20 with developmental disabilities.

21 (a) The [director] DIRECTORS of [a school] BOTH THE STATE OPERATIONS
22 OFFICES AND DEVELOPMENTAL DISABILITIES REGIONAL OFFICES in the office
23 for people with developmental disabilities shall be appointed by the
24 commissioner [and shall be its chief executive officer. The director of
25 a school shall be the director of the developmental disabilities
26 services office serving the areas designated by the commissioner in
27 regulation, and in such context, the term facility shall also refer to
28 such developmental disabilities services office]. Each such director
29 shall be in the non-competitive class and designated as confidential as
30 defined by subdivision two-a of section forty-two of the civil service
31 law and shall serve at the pleasure of the commissioner. [Except for
32 school and facility officers and employees for which subdivision (a) of
33 section 13.19 of this article makes the commissioner the appointing and
34 removing authority, the director of a school shall have the power, with-
35 in amounts appropriated therefor, to appoint and remove in accordance
36 with law and applicable rules of the state civil service commission such
37 officers and employees of the facility of which he or she is director as
38 are necessary for its efficient administration. He or she shall in exer-
39 cising his or her appointing authority take, consistent with article
40 twenty-three-A of the correction law, all reasonable and necessary steps
41 to insure that any such person so appointed has not previously engaged
42 in any act in violation of any law which could compromise the health and
43 safety of patients in the facility of which he or she is director.] He
44 or she shall manage the [facility, and administer its personnel system,]
45 STATE OPERATIONS OFFICE OR DEVELOPMENTAL DISABILITIES REGIONAL OFFICE
46 subject to applicable law, the regulations of the commissioner, and the
47 rules of the state civil service commission. [Before the commissioner
48 shall issue any such regulation or any amendment or revision thereof, he
49 or she shall consult with the directors of schools in the office regard-
50 ing its suitability.] The [director] DIRECTORS OF THE DEVELOPMENTAL
51 DISABILITIES REGIONAL OFFICES AND STATE OPERATIONS OFFICES shall main-
52 tain effective [supervision] OVERSIGHT of all parts of [the facility and
53 over all persons employed therein or coming thereon and] THEIR RESPEC-
54 TIVE OFFICES. THE DIRECTORS OF STATE OPERATIONS OFFICES shall generally
55 [direct] PROVIDE FOR the [care and treatment of patients. Directors
56 presently serving at facilities of the office shall continue to serve

1 under the terms of their original appointment] ADMINISTRATION OF
2 SUPPORTS AND SERVICES TO INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES IN
3 STATE OPERATED PROGRAMS. DIRECTORS OF REGIONAL OFFICES SHALL GENERALLY
4 OVERSEE THE ADMINISTRATION OF SUPPORTS AND SERVICES TO INDIVIDUALS WITH
5 DEVELOPMENTAL DISABILITIES IN SETTINGS OUTSIDE THE STATE OPERATED
6 PROGRAMS.

7 (b) Such [director] DIRECTORS shall have the responsibility of seeing
8 that there is humane treatment of [the patients at his facility and
9 shall investigate every case of alleged patient abuse or mistreatment]
10 INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES RECEIVING SERVICES IN
11 SETTINGS OPERATED, LICENSED, CERTIFIED, FUNDED OR APPROVED BY THIS
12 OFFICE. [The] A director OF STATE OPERATIONS shall notify immediately,
13 and in any event within three working days the board of visitors of the
14 facility and the mental hygiene legal service located in the same judi-
15 cial department as [the hospital, school or institution] THE STATE OPER-
16 ATIONS OFFICE of every complaint of patient abuse or mistreatment and
17 shall inform the board and the mental hygiene legal service of the
18 results of his OR HER investigation. If it appears that a crime may have
19 been committed, the STATE OPERATIONS director shall give notice thereof
20 to the district attorney or other appropriate law enforcement official
21 as soon as possible, and in any event within three working days unless
22 it appears that the crime includes an employee, intern, volunteer,
23 consultant, contractor, or visitor and the alleged conduct caused phys-
24 ical injury or the patient was subject to unauthorized sexual contact,
25 or if it appears the crime is endangering the welfare of an incompetent
26 or physically disabled person pursuant to section 260.25 of the penal
27 law, or if the crime was any felony under state or federal law, then the
28 district attorney or other appropriate law enforcement official must be
29 contacted immediately, and in any event no later than twenty-four hours.

30 (c) In any investigation into the treatment and care of [patients]
31 INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES or the conduct, performance,
32 or neglect of duty of officers or employees, the [director of a school
33 in the office for people with developmental disabilities] COMMISSIONER
34 OR HIS OR HER DESIGNEE shall be authorized to subpoena witnesses, compel
35 their attendance, administer oaths to witnesses, examine witnesses under
36 oath, and require the production of any books or papers deemed relevant
37 to the inquiry or investigation. A subpoena issued under this section
38 shall be regulated by the civil practice law and rules.

39 (d) [Such] THE director of a [school] STATE OPERATIONS OFFICE shall be
40 responsible for the provision of STATE OPERATED community developmental
41 disabilities services, in those areas that the commissioner may assign.
42 Such responsibility shall, consistent with article forty-one of this
43 chapter, include the operation of STATE OPERATED facilities[, AND the
44 development of needed facilities[, and the provision of assistance to
45 service providers in such areas and any necessarily related activities.
46 All powers and duties as set forth in this section shall apply to such
47 responsibilities]. REGIONAL DIRECTORS SHALL BE RESPONSIBLE FOR THE
48 PROVISION OF COMMUNITY DEVELOPMENTAL DISABILITIES SERVICES TO INDIVID-
49 UALS IN SETTINGS OTHER THEN STATE OPERATED PROGRAMS. THE REGIONAL DIREC-
50 TOR'S RESPONSIBILITY SHALL, CONSISTENT WITH ARTICLE FORTY-ONE OF THIS
51 CHAPTER, INCLUDE THE OVERSIGHT OF FACILITIES AND PROGRAMS OTHER THAN
52 THOSE OPERATED BY THE STATE.

53 (e) Each [facility] STATE OPERATIONS director of the office shall,
54 upon notice from the commissioner or upon knowledge that programs of
55 such facility may be contracted or terminated, implement procedures to

1 ensure timely notification to affected employees. Such procedures shall
2 include, but not be limited to:

3 (1) dissemination and posting of all decisions, policies and proce-
4 dures with respect to all aspects of such actions and their impact on
5 facility staff; and

6 (2) compliance with all requirements and protection of employee rights
7 pursuant to collective bargaining agreements with the designated legal
8 representative of the employees and the civil service law.

9 S 4. Section 13.33 of the mental hygiene law, as added by chapter 978
10 of the laws of 1977, subdivision (a) as amended by chapter 37 of the
11 laws of 2011, subdivision (d) as amended by chapter 686 of the laws of
12 1995, subdivisions (f) and (h) as amended by chapter 175 of the laws of
13 1986, subdivision (i) as amended by chapter 14 of the laws of 1990,
14 paragraph 1 of subdivision (i) as amended by chapter 75 of the laws of
15 1992, paragraph 2 of subdivision (i) and subdivision (m) as amended by
16 chapter 168 of the laws of 2010, subdivision (j) as amended by chapter
17 264 of the laws of 1980 and subdivisions (j) and (k) as relettered by
18 chapter 84 of the laws of 1980, subdivision (l) as amended by chapter
19 406 of the laws of 1994, and subdivision (n) as amended by chapter 662
20 of the laws of 1995, is amended to read as follows:

21 S 13.33 Boards of visitors.

22 (a) Each [developmental disabilities services] STATE OPERATIONS office
23 under the jurisdiction of the commissioner shall have a MINIMUM OF ONE
24 board of visitors consisting of at least seven but not more than four-
25 teen members[; provided, however, that the Central New York develop-
26 mental disabilities services office shall have a board of visitors
27 consisting of at least ten, but not more than seventeen members; and
28 that the Finger Lakes developmental disabilities services office shall
29 have a board of visitors consisting of at least fourteen, but not more
30 than twenty-one members. When a school is replaced by a developmental
31 disabilities services office, the members of that school's board of
32 visitors shall continue to serve their terms as the board of visitors
33 for the new developmental disabilities services office]. Members
34 appointed or reappointed after the effective date of this chapter shall
35 be appointed by the governor, by and with the advice and consent of the
36 senate. Members shall be appointed for four year terms to expire on the
37 thirty-first day of December of the fourth year of the term of office
38 provided however, when more than three terms expire in any one year,
39 members may be appointed for terms of fewer years as designated by the
40 governor so that no more than three members' terms expire in any one
41 year. All terms of office shall expire on the thirty-first day of Decem-
42 ber of the designated year. A member whose term has expired shall,
43 however, remain in office until such member's successor has been
44 appointed and has taken office, or until such member shall have resigned
45 or have been removed from office in the manner hereinafter provided.
46 Should any member resign or be removed from office, the governor shall
47 promptly submit, for senate consent, a successor candidate to fill the
48 remaining term of the vacated office. A visitor may be removed by the
49 governor for cause after notice and an opportunity for a hearing on the
50 charges. In making appointments to boards of visitors, the governor
51 shall endeavor to ensure that the membership of each such board shall
52 adequately reflect the composition of the community or communities
53 served by the [facility] STATE OPERATIONS OFFICE, that the membership of
54 each such board includes at least three individuals who are parents or
55 relatives of patients or of former patients and that the remainder
56 includes only those persons, including former patients, who shall have

1 expressed an active interest in, or shall have obtained professional
2 knowledge in the care of persons with developmental disabilities or in
3 developmental disability endeavors generally.

4 (b) No elected state officer or member of the legislature may serve as
5 a visitor.

6 (c) If the [facility] STATE OPERATIONS OFFICE serves an area, as
7 established by the regulations of the commissioner, the visitors shall
8 reside at the time of appointment or reappointment in such area. [If no
9 specific area is designated, the visitors shall reside at the time of
10 appointment or reappointment in the developmental disabilities area,
11 established by the commissioner, in which the facility is located.]

12 (d) Each board shall, at the first meeting of each calendar year elect
13 one member to serve as president of the board and one member to serve as
14 secretary; provided however, that no member may serve for more than two
15 consecutive years as president.

16 (e) Visitors shall not receive compensation but shall be reimbursed
17 for their actual expenses in connection with their service as visitors.

18 (f) (1) Each board of visitors shall hold six bi-monthly regular meet-
19 ings annually, but a greater number of regular meetings may be scheduled
20 by the board. Each board of visitors shall establish in their by-laws or
21 otherwise, in writing, whether these six meetings shall be held during
22 months represented by odd numbers or months represented by even numbers.
23 The president of the board shall notify the chairman of the commission
24 on quality of care [for the mentally disabled] AND ADVOCACY FOR PERSONS
25 WITH DISABILITIES and the [facility] STATE OPERATIONS director of the
26 determination made concerning the designated months for the six
27 bi-monthly regular meetings. The president of the board, the commission-
28 er, the director, or the members as determined by the rules of the board
29 may call special meetings. The board may require the director to submit
30 a report at each meeting. Each board shall keep a record of its
31 proceedings and activities. A member of a board of visitors who has
32 failed to attend three consecutive bi-monthly regular meetings shall be
33 considered to have vacated his office unless otherwise ordered by the
34 governor. The board shall cause notice of any of its public meetings to
35 be sent to the mental hygiene legal service located in the same judicial
36 department as the school. The mental hygiene legal service may send a
37 representative to any such public meeting, and may request the board to
38 review patient complaints or investigate alleged incidents of abuse or
39 mistreatment. The board shall notify the appropriate representative of
40 the mental hygiene legal service of the board's actions and findings in
41 relation to any such request.

42 (2) The president of the board of visitors shall notify a member by
43 certified or registered mail return receipt requested when such member
44 of the board has failed to attend any two consecutive bi-monthly regular
45 meetings. This notice shall be sent within ten days following the second
46 meeting and shall include the dates of the two meetings which were
47 missed, the date of the next bi-monthly regular meeting, and a statement
48 concerning the consequences of failure to attend the next meeting.

49 (3) Within three days after the third consecutive absence at a
50 bi-monthly regular meeting by a member, the president of the board of
51 visitors shall notify, in writing, the governor, the commissioner, the
52 chairman of the commission on quality of care [for the mentally disa-
53 bled] AND ADVOCACY FOR PERSONS WITH DISABILITIES and the [facility]
54 STATE OPERATIONS director of such absences. The president of the board
55 of visitors shall send a copy of this notice by registered or certified
56 mail return receipt requested to the member to whom it pertains. The

1 member may petition the governor to excuse his absences. If the governor
2 does not excuse the absences within forty-five days of the date of the
3 third consecutive meeting absence, the office of the member shall be
4 deemed vacated.

5 (g) Upon the request of the commissioner or the director, or upon the
6 board's initiative, the board shall consult, advise, and work with the
7 director with respect to community relations, conditions at the STATE
8 OPERATED facility, preliminary plans for construction and alterations,
9 and programs and activities of the STATE OPERATED facility.

10 (h) Each board or any member of the board may visit and inspect [the]
11 A STATE OPERATED facility WHICH IS IN THE CATCHMENT AREA OF THE STATE
12 OPERATIONS REGION IN WHICH SUCH MEMBER OR MEMBERS SERVE at any time
13 without prior notice and may report on conditions to the governor, to
14 the commissioner and to the chairman of the state commission on quality
15 of care [for the mentally disabled] AND ADVOCACY FOR PERSONS WITH DISA-
16 BILITIES. In addition, each board shall ensure that a member or commit-
17 tee of members shall inspect [the] SUCH facility once every three months
18 without prior notice. A report on conditions may be submitted to the
19 governor, to the commissioner or to the chairman of the state commission
20 on quality of care [for the mentally disabled] AND ADVOCACY FOR PERSONS
21 WITH DISABILITIES. Each board member shall visit and inspect [the] ANY
22 SUCH facility at least twice during each calendar year. Within thirty
23 days after the conclusion of each calendar year, the president of the
24 board of visitors shall notify the governor, the commissioner, the
25 chairman of the commission on quality of care [for the mentally disa-
26 bled] AND ADVOCACY FOR PERSONS WITH DISABILITIES, and the [facility]
27 STATE OPERATIONS director, if any member of the board has failed to
28 visit and inspect [the] ANY SUCH facility at least twice during that
29 year. The president of the board of visitors shall send a copy of this
30 notice by certified or registered mail return receipt requested to the
31 member to whom it pertains. A member of a board of visitors who has
32 failed to visit and inspect [the] A facility at least twice a year shall
33 be considered to have vacated his OR HER office unless otherwise ordered
34 by the governor within forty-five days after the end of the calendar
35 year. The board shall have the power to investigate all charges against
36 the STATE OPERATIONS director and all cases of alleged patient abuse or
37 mistreatment made against any employee and shall have the power to
38 interview patients and employees of the [facility] FACILITIES in pursuit
39 of such investigations. In conducting such an investigation, the board
40 shall have the power, in accordance with the civil practice law and
41 rules, to subpoena witnesses, compel their testimony, administer oaths
42 to witnesses, examine witnesses under oath, and require the production
43 of any books or papers deemed relevant to the investigation. A board or
44 a member may include in the report or separately at any time any matter
45 pertaining to the management and affairs of [the facility] SUCH FACILI-
46 TIES and may make recommendations to the governor, to the commissioner
47 and to the chairman of the state commission on quality of care [for the
48 mentally disabled] AND ADVOCACY FOR PERSONS WITH DISABILITIES. Each
49 board member shall enter in a book, kept at each SUCH facility for that
50 purpose, the date of each visit.

51 (i) (1) Any member or members of the board may visit and inspect a
52 family care home, which is within the catchment area of the [school on
53 the board of] STATE OPERATIONS REGION in which such member or members
54 serve. Such member or members shall be granted access to such facility
55 and to all books, records and data pertaining to such facility deemed
56 necessary for carrying out the purposes of such visit. Information,

books, records or data which are confidential as provided by law shall be kept confidential and any limitations on the release thereof imposed by law upon the party furnishing the information, books, records or data shall apply to such member or members of the board. After any such visits or inspections, a report containing findings and recommendations may be submitted to the governor, to the commissioner or to the state commission on quality of care [for the mentally disabled] AND ADVOCACY FOR PERSONS WITH DISABILITIES.

(2) Any member or members of the board may visit and inspect a community residence operated by the office for people with developmental disabilities, which is within the catchment area of the [school on the board of] STATE OPERATIONS REGION IN which such member or members serve. Such member or members shall be granted access to such facility and to all books, records and data pertaining to such facility deemed necessary for carrying out the purposes of such visit and inspection. Information, books, records or data which are confidential as provided by law shall be kept confidential and any limitations on the release thereof imposed by law upon the party furnishing the information, books, records or data shall apply to such member or members of the board. After any such visits or inspection, a report containing findings and recommendations shall be submitted promptly to the commissioner and to the chairman of the state commission on quality of care and advocacy for persons with disabilities.

(j) Once each year, each board shall make an independent assessment of conditions at [the facility] SUCH FACILITIES and shall submit a report on the assessment and recommendations to the governor, to the commissioner and to the chairman of the state commission on quality of care [for the mentally disabled] AND ADVOCACY FOR PERSONS WITH DISABILITIES.

(k) The commissioner shall notify the board of visitors of a [school] FACILITY under his OR HER jurisdiction of the proposed appointment of a STATE OPERATIONS director [to such facility] or the proposed transfer of a STATE OPERATIONS director [from such facility], with a request that the board report an expression of its opinion of the appointment or transfer and, if it objects thereto, the reasons for such objection.

(l) The commissioner shall appoint representatives of the office [department] to serve as liaison between the office and the boards of visitors. At least once each year the commissioner shall meet with the boards collectively. The commissioner, or his OR HER designee, shall meet quarterly with representatives of boards of visitors.

(m) Members of the boards of visitors shall be considered officers of the office for people with developmental disabilities for the purposes of sections seventy-three, to the extent provided therein, and seventy-four of the public officers law relating to business or professional activities by state officers and employees and the code of ethics.

(n) Each member shall attend, within one year of the initial appointment or any subsequent reappointment, an orientation training program provided by the commission on quality of care [for the mentally disabled] AND ADVOCACY FOR PERSONS WITH DISABILITIES for members of boards of visitors. The chairman of the commission on quality of care [for the mentally disabled] AND ADVOCACY FOR PERSONS WITH DISABILITIES shall notify the governor and the appointed member of any such member's failure to attend such a training program. A member who has failed to attend such a training program scheduled for such member shall be considered to have vacated his office unless otherwise ordered by the governor within forty-five days after the notice.

1 S 5. Paragraph (c) of subdivision 3 of section 2963 of the public
2 health law, as added by chapter 818 of the laws of 1987, is amended to
3 read as follows:

4 (c) If the attending physician determines that a patient lacks capaci-
5 ty because of a developmental disability, the concurring determination
6 required by paragraph (a) of this subdivision shall be provided by a
7 physician or psychologist employed by [a school named in section 13.17
8 of the mental hygiene law] THE OFFICE FOR PEOPLE WITH DEVELOPMENTAL
9 DISABILITIES, or who has been employed for a minimum of two years to
10 render care and service in a facility operated or licensed by the office
11 [of mental retardation and] FOR PEOPLE WITH developmental disabilities,
12 or who has been approved by the commissioner of [mental retardation and]
13 developmental disabilities in accordance with regulations promulgated by
14 such commissioner. Such regulations shall require that a physician or
15 psychologist possess specialized training or three years experience in
16 treating developmental disabilities.

17 S 6. Paragraph (c) of subdivision 2 of section 2981 of the public
18 health law, as added by chapter 752 of the laws of 1990, is amended to
19 read as follows:

20 (c) For persons who reside in a mental hygiene facility operated or
21 licensed by the office [of mental retardation and] FOR PEOPLE WITH
22 developmental disabilities, at least one witness shall be an individual
23 who is not affiliated with the facility and at least one witness shall
24 be a physician or clinical psychologist who either is employed by [a
25 school named in section 13.17 of the mental hygiene law] THE OFFICE FOR
26 PEOPLE WITH DEVELOPMENTAL DISABILITIES or who has been employed for a
27 minimum of two years to render care and service in a facility operated
28 or licensed by the office [of mental retardation and] FOR PEOPLE WITH
29 developmental disabilities, or who has been approved by the commissioner
30 of [mental retardation and] developmental disabilities in accordance
31 with regulations approved by the commissioner. Such regulations shall
32 require that a physician or clinical psychologist possess specialized
33 training or three years experience in treating developmental disabili-
34 ties.

35 S 7. Paragraph (c) of subdivision 1 of section 2983 of the public
36 health law, as added by chapter 752 of the laws of 1990, is amended to
37 read as follows:

38 (c) If the attending physician determines that a patient lacks capaci-
39 ty because of a developmental disability, the attending physician who
40 makes the determination must be, or must consult, for the purpose of
41 confirming the determination, with a physician or clinical psychologist
42 who either is employed by [a school named in section 13.17 of the mental
43 hygiene law] THE OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES, or
44 who has been employed for a minimum of two years to render care and
45 service in a facility operated or licensed by the office [of mental
46 retardation and] FOR PEOPLE WITH developmental disabilities, or who has
47 been approved by the commissioner of [mental retardation and] develop-
48 mental disabilities in accordance with regulations promulgated by such
49 commissioner. Such regulations shall require that a physician or clin-
50 ical psychologist possess specialized training or three years experience
51 in treating developmental disabilities. A record of such consultation
52 shall be included in the patient's medical record.

53 S 8. Subparagraph ii of paragraph c of subdivision 3 of section 2994-c
54 of the public health law, as added by chapter 8 of the laws of 2010, is
55 amended to read as follows:

1 (ii) If the attending physician makes an initial determination that a
2 patient lacks decision-making capacity because of mental retardation or
3 a developmental disability, either such physician must have the follow-
4 ing qualifications, or another professional with the following quali-
5 fications must independently determine whether the patient lacks deci-
6 sion-making capacity: a physician or clinical psychologist who either is
7 employed by [a school named in section 13.17 of the mental hygiene law,
8 or who has been employed for a minimum of two years to render care and
9 service in a facility operated or licensed by] the office [of mental
10 retardation and] FOR PEOPLE WITH developmental disabilities, or who has
11 been approved by the commissioner of [mental retardation and] develop-
12 mental disabilities in accordance with regulations promulgated by such
13 commissioner. Such regulations shall require that a physician or clin-
14 ical psychologist possess specialized training or three years experience
15 in treating developmental disabilities. A record of such consultation
16 shall be included in the patient's medical record.

17 S 9. Subdivision 10 of section 2994-aa of the public health law, as
18 added by chapter 8 of the laws of 2010, is amended to read as follows:

19 10. "Hospital" means a general hospital as defined in subdivision ten
20 of section twenty-eight hundred one of this chapter and a residential
21 health care facility as defined in subdivision three of section twenty-
22 eight hundred one of this chapter or a hospital as defined in subdivi-
23 sion ten of section 1.03 of the mental hygiene law [or a school named in
24 section 13.17 of the mental hygiene law].

25 S 10. Subdivision 6 of section 2994-dd of the public health law, as
26 added by chapter 8 of the laws of 2010, is amended to read as follows:

27 6. The commissioner may authorize the use of one or more alternative
28 forms for issuing a nonhospital order not to resuscitate (in place of
29 the standard form prescribed by the commissioner under subdivision two
30 of this section). Such alternative form or forms may also be used to
31 issue a non-hospital do not intubate order. Any such alternative forms
32 intended for use for persons with [mental retardation or] developmental
33 disabilities or persons with mental illness who are incapable of making
34 their own health care decisions or who have a guardian of the person
35 appointed pursuant to article eighty-one of the mental hygiene law or
36 article seventeen-A of the surrogate's court procedure act must also be
37 approved by the commissioner of [mental retardation and] developmental
38 disabilities or the commissioner of mental health, as appropriate. An
39 alternative form under this subdivision shall otherwise conform with
40 applicable federal and state law. This subdivision does not limit,
41 restrict or impair the use of an alternative form for issuing an order
42 not to resuscitate in a general hospital or residential health care
43 facility under article twenty-eight of this chapter or a hospital under
44 subdivision ten of section 1.03 of the mental hygiene law [or a school
45 under section 13.17 of the mental hygiene law].

46 S 11. Subparagraph (B) of paragraph (vi) of subdivision (c) of section
47 958 of the general municipal law, as amended by chapter 708 of the laws
48 of 1993, is amended to read as follows:

49 (B) a state-operated hospital or facility listed in [sections] SECTION
50 7.17 [or 13.17] of the mental hygiene law OR A FACILITY OPERATED BY THE
51 OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES, which has been desig-
52 nated by either the commissioner of mental health or the commissioner of
53 [mental retardation and] developmental disabilities for contraction or
54 discontinuance. Provided however, that not more than one-third of the
55 zones designated pursuant to paragraph (iii) or (iv) of subdivision (b)

1 of section nine hundred sixty OF THIS ARTICLE, shall be based on appli-
2 cations filed pursuant to THIS paragraph [(vi) of this subdivision].

3 S 12. Paragraph (b) of subdivision 4 of section 6810 of the education
4 law, as added by chapter 519 of the laws of 2002, is amended to read as
5 follows:

6 (b) Oral prescriptions for patients in general hospitals, nursing
7 homes, residential health care facilities as defined in section twenty-
8 eight hundred one of the public health law, hospitals as defined in
9 subdivision ten of section 1.03 of the mental hygiene law, or [develop-
10 mental centers or developmental disabilities services offices listed in
11 subdivision (b) of section 13.17 of the mental hygiene law] FACILITIES
12 OPERATED BY THE OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES, may
13 be communicated to a pharmacist serving as a vendor of pharmaceutical
14 services based upon a contractual arrangement by an agent designated by
15 and under the direction of the prescriber or the institution. Such agent
16 shall be a health care practitioner currently licensed and registered
17 under this title.

18 S 13. Paragraph (b) of subdivision 7 of section 6810 of the education
19 law, as amended by chapter 519 of the laws of 2002, is amended to read
20 as follows:

21 (b) With respect to drugs other than controlled substances, the
22 provisions of this subdivision shall not apply to pharmacists employed
23 by or providing services under contract to general hospitals, nursing
24 homes, residential health care facilities as defined in section twenty-
25 eight hundred one of the public health law, hospitals as defined in
26 subdivision ten of section 1.03 of the mental hygiene law, or [develop-
27 mental centers or developmental disabilities services offices listed in
28 subdivision (b) of section 13.17 of the mental hygiene law] FACILITIES
29 OPERATED BY THE OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES, who
30 dispense drugs in the course of said employment or in the course of
31 providing such services under contract. With respect to such pharma-
32 cists, each prescription shall be transcribed on a patient specific
33 prescription form.

34 S 14. Paragraph 1 of subdivision (b) of section 5.05 of the mental
35 hygiene law, as amended by chapter 168 of the laws of 2010, is amended
36 to read as follows:

37 (1) The commissioners of the office of mental health, the office for
38 people with developmental disabilities and the office of alcoholism and
39 substance abuse services shall constitute an inter-office coordinating
40 council which, consistent with the autonomy of each office for matters
41 within its jurisdiction, shall ensure that the state policy for the
42 prevention, care, treatment and rehabilitation of individuals with
43 mental illness and developmental disabilities, alcoholism, alcohol
44 abuse, substance abuse, substance dependence, and chemical dependence is
45 planned, developed and implemented comprehensively; that gaps in
46 services to individuals with multiple disabilities are eliminated and
47 that no person is denied treatment and services because he or she has
48 more than one disability; that procedures for the regulation of programs
49 which offer care and treatment for more than one class of persons with
50 mental disabilities be coordinated between the offices having jurisdic-
51 tion over such programs; and that research projects of the institutes,
52 as identified in section 7.17 [or 13.17] of this chapter OR AS OPERATED
53 BY THE OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES, are coordi-
54 nated to maximize the success and cost effectiveness of such projects
55 and to eliminate wasteful duplication.

1 S 15. Subdivision (b) of section 13.11 of the mental hygiene law, as
2 added by chapter 978 of the laws of 1977, is amended to read as follows:

3 (b) The commissioner shall control the organization of the office and
4 may continue, establish, discontinue, expand, and contract facilities
5 under his OR HER jurisdiction. [The facilities set forth in section
6 13.17 may not be discontinued by the commissioner.] Units and facilities
7 shall have such functions, duties, and responsibilities as may be
8 assigned to them by the commissioner.

9 S 16. Subdivisions 1 and 2 of section 13.34 of the mental hygiene law,
10 as amended by chapter 542 of the laws of 2011, are amended to read as
11 follows:

12 1. There shall be at each developmental center facility [listed in
13 section 13.17 of this article], an ombudsman who shall be an employee of
14 the commission on quality of care and advocacy for persons with disabili-
15 ties under article forty-five of this chapter and who shall be respon-
16 sible for receiving and responding to any complaints regarding individ-
17 ual clients residing in such facility. The ombudsman shall have the
18 following powers and duties:

19 i. to advise and consult with parents, guardians, correspondents and
20 other interested persons with respect to any complaints, or issues
21 related to the conditions of clients' residents;

22 ii. to review and attempt to remedy specific complaints with responsi-
23 ble and appropriate staff;

24 iii. where it appears that care has not been rendered as required by
25 applicable standards to refer the complaint to the appropriate agency or
26 body for its attention;

27 iv. to receive and keep confidential any complaint, information or
28 inquiry from any source. The records of the ombudsman shall be confiden-
29 tial, and shall not be available to the public;

30 v. to advise and consult with the board of visitors of the develop-
31 mental center served by the ombudsman with respect to any complaints or
32 issues relating to conditions of client's residence and to regularly
33 attend the meetings of such board; and

34 vi. to meet with the commissioner, or a representative of the commis-
35 sioner, on a quarterly basis regarding systemic issues in the ombuds-
36 man's jurisdiction.

37 2. The president of the board of visitors of each [developmental
38 center facility listed in section 13.17 of this article] REGION IN THE
39 CATCHMENT AREA OF THE STATE OPERATIONS REGION IN WHICH SUCH MEMBER
40 SERVES, shall, in consultation with the members of such board, recommend
41 three persons to serve as ombudsman at the facility. In making such
42 recommendation, the president shall also consider the expressed opinion
43 of parents, guardians and correspondents of clients residing at such
44 facility. The persons so recommended as ombudsman shall have expressed
45 an active interest or shall have had professional knowledge in advocat-
46 ing for persons who are mentally disabled. The commission on quality of
47 care and advocacy for persons with disabilities shall select one of the
48 recommended persons as ombudsman. The ombudsman may only be removed from
49 office for just cause. An individual appointed as ombudsman shall be an
50 exempt class employee as defined by section forty-one of the civil
51 service law and may be removed by the commissioner upon the recommenda-
52 tion of the president of the board of visitors, for cause after notice
53 and opportunity for a hearing on the charges.

54 S 17. Subdivision 1 of section 157 of the social services law, as
55 amended by section 43 of part B of chapter 436 of the laws of 1997, is
56 amended to read as follows:

1 1. Safety net assistance means allowances pursuant to section one
2 hundred thirty-one-a OF THIS ARTICLE for all support, maintenance and
3 need, and costs of suitable training in a trade to enable a person to
4 become self-supporting, furnished eligible needy persons in accordance
5 with applicable provisions of law, by a municipal corporation, or a town
6 where safety net assistance is a town charge, to persons or their depen-
7 dents in their abode or habitation whenever possible and includes such
8 relief granted to veterans under existing laws but does not include
9 hospital or institutional care, except as otherwise provided in this
10 subdivision, or family assistance or medical assistance for needy
11 persons granted under titles ten and eleven OF THIS ARTICLE, respective-
12 ly, or aid to persons receiving federal supplemental security income
13 payments and/or additional state payments. Safety net assistance may
14 also be provided in a family home or boarding home, operated in compli-
15 ance with the regulations of the department, and on and after January
16 first, nineteen hundred seventy-four, in facilities in which a person is
17 receiving family care or residential care, as those terms are used in
18 title six of [article five of] this [chapter] ARTICLE, and to persons
19 receiving care in a facility supervised by the office of alcoholism and
20 substance abuse SERVICES or in a residential facility for the mentally
21 disabled approved, licensed or operated by the office of mental health
22 or the office [of mental retardation and] FOR PEOPLE WITH developmental
23 disabilities, other than those facilities defined in [sections] SECTION
24 7.17 [and 13.17] of the mental hygiene law, IN A DEVELOPMENTAL CENTER
25 FACILITY OPERATED BY THE OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILI-
26 TIES or residential care centers for adults operated by the office of
27 mental health, when such type of care is deemed necessary. Payments to
28 such homes and facilities for care and maintenance provided by them
29 shall be at rates established pursuant to law and regulations of the
30 department. The department, however, shall not establish rates of
31 payment to such homes or facilities without approval of the director of
32 the budget.

33 S 18. Subparagraph (i) of paragraph (a) and clause A of subparagraph
34 (i) of paragraph (e) of subdivision 4 of section 1750-b of the surro-
35 gate's court procedure act, as added by chapter 500 of the laws of 2002,
36 are amended to read as follows:

37 (i) be employed by [a developmental disabilities services office named
38 in section 13.17 of the mental hygiene law] THE OFFICE FOR PEOPLE WITH
39 DEVELOPMENTAL DISABILITIES, or

40 A. be employed by [a developmental disabilities services office named
41 in section 13.17 of the mental hygiene law] THE OFFICE FOR PEOPLE WITH
42 DEVELOPMENTAL DISABILITIES, or

43 S 19. (a) Wherever the terms "directors of office facilities" or
44 "directors of schools" or "director of facilities" appear in the mental
45 hygiene law in reference to a facility operated by the office for people
46 with developmental disabilities, such terms are hereby changed to
47 "directors of state operations offices".

48 (b) Wherever the term "developmental disabilities services offices"
49 appears in the mental hygiene law, such term is hereby changed to "state
50 operations office".

51 (c) The legislative bill drafting commission is hereby directed to
52 effectuate this provision, and shall be guided by a memorandum of
53 instruction setting forth the specific provisions of law to be amended.
54 Such memorandum shall be transmitted to the legislative bill drafting
55 commission within sixty days of enactment of this provision. Such memo-
56 randum shall be issued jointly by the governor, the temporary president

1 of the senate and the speaker of the assembly, or by the delegate of
2 each.

3 S 20. This act shall take effect immediately.

4 PART K

5 Section 1. Sections 19 and 21 of chapter 723 of the laws of 1989
6 amending the mental hygiene law and other laws relating to comprehensive
7 psychiatric emergency programs, as amended by section 1 of part F of
8 chapter 58 of the laws of 2008, are amended to read as follows:

9 S 19. Notwithstanding any other provision of law, the commissioner of
10 mental health shall, until July 1, [2012] 2016, be solely authorized, in
11 his or her discretion, to designate those general hospitals, local
12 governmental units and voluntary agencies which may apply and be consid-
13 ered for the approval and issuance of an operating certificate pursuant
14 to article 31 of the mental hygiene law for the operation of a compre-
15 hensive psychiatric emergency program.

16 S 21. This act shall take effect immediately, and sections one, two
17 and four through twenty of this act shall remain in full force and
18 effect, until July 1, [2012] 2016, at which time the amendments and
19 additions made by such sections of this act shall be deemed to be
20 repealed, and any provision of law amended by any of such sections of
21 this act shall revert to its text as it existed prior to the effective
22 date of this act.

23 S 2. This act shall take effect immediately and shall be deemed to
24 have been in full force and effect on and after April 1, 2012.

25 PART L

26 Section 1. Legislative findings. It is the finding of the legislature
27 that the integration and coordination of physical and behavioral health
28 services results in an improvement in the quality of services being
29 provided to recipients, with a resultant improvement in outcomes and
30 reduction in the costs of care. It is the further finding of the legis-
31 lature that the reduction or elimination of redundant or unnecessary
32 licensing and oversight requirements and procedures will facilitate the
33 provision of integrated and coordinated care and result in a more effi-
34 cient use of governmental resources.

35 S 2. (a) Notwithstanding any law, rule or regulation to the contrary,
36 two or more of the commissioners of the department of health, the office
37 of mental health, the office of alcoholism and substance abuse services
38 or the office for people with developmental disabilities are jointly
39 authorized to establish operating, reporting and construction require-
40 ments, as well as joint survey requirements and procedures for entities
41 that:

42 (1) can demonstrate experience and competence in the delivery of
43 health, mental health, alcohol and substance abuse services and/or
44 services to persons with developmental disabilities and the capacity to
45 offer the integrated delivery of such services at locations as may be
46 approved by two or more of the respective commissioners; and

47 (2) meet the standards that may be established by the respective
48 commissioners for the provision of such services; provided, however,
49 that an entity meeting the standards established pursuant to this
50 section shall not be required to be an integrated service provider
51 pursuant to subdivision 7 of section 365-1 of the social services law.

1 (b) In establishing one or more sets of joint requirements or proce-
2 dures for entities described in this section, the commissioners of the
3 department of health, the office of mental health, the office of alco-
4 holism and substance abuse services, and/or the office for people with
5 developmental disabilities are authorized to waive any regulatory
6 requirements, or to determine that compliance with another commission-
7 er's regulatory requirements shall be deemed to meet the regulatory
8 requirements of his or her agency, as may be necessary or desirable to
9 avoid duplication of requirements and/or to permit the integrated deliv-
10 ery of health and behavioral health services in an efficient and effec-
11 tive manner.

12 (c) The authority granted the commissioners in this section is
13 intended to complement and supplement the authority granted to such
14 commissioners pursuant to subdivision 7 of section 365-1 of the social
15 services law.

16 S 3. This act shall take effect immediately and shall be deemed to
17 have been in full force and effect on and after April 1, 2012.

18

PART M

19 Section 1. Legislative findings. It is the finding of the legislature
20 that patients hospitalized in facilities operated by the office of
21 mental health who are between the ages of five and twenty-one are enti-
22 tled to receive an education comparable to that which they would other-
23 wise be entitled to receive in their local school districts pursuant to
24 the education law and the regulations of the commissioner of education.

25 S 2. (a) Notwithstanding any other provision of law to the contrary,
26 the office of mental health shall be authorized to enter into an agree-
27 ment with the state education department for the purposes of providing
28 education programming and services for patients residing in hospitals
29 operated by the office of mental health who are between the ages of five
30 and twenty-one, that is comparable to that which they would otherwise be
31 entitled to receive in their local school districts pursuant to the
32 education law and the regulations of the commissioner. The commissioner
33 of education shall be authorized to require local school districts,
34 including the school district located in a city with a million persons
35 or more, and/or boards of cooperative educational services to provide
36 such comparable educational programming and services, provided, however,
37 the commissioner of mental health shall be authorized to contract
38 directly with local school districts, including the school district
39 located in a city with a million persons or more, and/or boards of coop-
40 erative educational services to provide such comparable educational
41 programming and services. Such comparable education programming and
42 services for such children shall be authorized to be provided, in the
43 2012-2013 and 2013-2014 and 2014-2015 school years within a city with a
44 population of a million persons or more, and in the 2013-2014 and 2014-
45 2015 school year in the rest of the state, in accordance with implemen-
46 tation standards issued by the commissioner of education, and in accord-
47 ance with a plan for educational services jointly approved by the
48 commissioners of education and mental health.

49 (b) The commissioner of education, or pursuant to contract the commis-
50 sioner of mental health, shall reimburse districts and boards of cooper-
51 ative educational services for unreimbursed, approved expenses for the
52 cost of such programming and services for such children pursuant to this
53 section, as may be determined through a reimbursement methodology devel-

oped by the commissioner of education and approved by the director of the budget.

(c) The commissioner of mental health, with the approval of the director of the budget, shall be authorized to transfer funding to the commissioner of education for the provision of educational programming and services to patients residing in hospitals operated by the office of mental health who are between the ages of five and twenty-one.

S 3. The commissioners of education and mental health shall jointly submit to the governor and to the temporary president of the senate and the speaker of the assembly a report by February 1, 2015, which shall state whether additional actions should be taken to ensure that children who are patients residing in hospitals operated by the office of mental health receive education programming and services that are comparable to that which they would otherwise be entitled to receive in their local school districts pursuant to education law and the regulations of the commissioner. Such commissioners shall also recommend whether this act should be amended and whether it should be made permanent.

S 4. This act shall take effect July 1, 2012 and shall expire June 30, 2015 when upon such date the provisions of this act shall be deemed repealed.

PART N

Section 1. Section 1.03 of the mental hygiene law is amended by adding two new subdivisions 56 and 57 to read as follows:

56. "SUBSTANCE USE DISORDER" MEANS THE MISUSE, DEPENDENCE, OR ADDICTION TO ALCOHOL AND/OR LEGAL OR ILLEGAL DRUGS LEADING TO EFFECTS THAT ARE DETRIMENTAL TO THE INDIVIDUAL'S PHYSICAL AND MENTAL HEALTH, OR THE WELFARE OF OTHERS AND SHALL INCLUDE ALCOHOLISM, ALCOHOL ABUSE, SUBSTANCE ABUSE, SUBSTANCE DEPENDENCE, CHEMICAL ABUSE, AND/OR CHEMICAL DEPENDENCE.

57. "SUBSTANCE USE DISORDER SERVICES" SHALL MEAN AND INCLUDE EXAMINATION, EVALUATION, DIAGNOSIS, CARE, TREATMENT, REHABILITATION, OR TRAINING OF PERSONS WITH SUBSTANCE USE DISORDERS AND THEIR FAMILIES OR SIGNIFICANT OTHERS.

S 2. The mental hygiene law is amended by adding a new section 5.06 to read as follows:

S 5.06 BEHAVIORAL HEALTH SERVICES ADVISORY COUNCIL.

(A) THERE IS HEREBY CREATED WITHIN THE DEPARTMENT A BEHAVIORAL HEALTH SERVICES ADVISORY COUNCIL, THE PURPOSE OF WHICH SHALL BE TO ADVISE THE OFFICES OF MENTAL HEALTH AND ALCOHOLISM AND SUBSTANCE ABUSE SERVICES ON MATTERS RELATING TO THE PROVISION OF BEHAVIORAL HEALTH SERVICES; ISSUES OF JOINT CONCERN TO THE OFFICES, INCLUDING THE INTEGRATION OF VARIOUS BEHAVIORAL HEALTH SERVICES AND THE INTEGRATION OF BEHAVIORAL HEALTH SERVICES WITH HEALTH SERVICES; AND ISSUES RELATED TO THE DELIVERY OF BEHAVIORAL HEALTH SERVICES THAT ARE RESPONSIVE TO LOCAL, STATE AND FEDERAL CONCERNS. THE COUNCIL SHALL CONSIST OF THE COMMISSIONER OF MENTAL HEALTH AND THE COMMISSIONER OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES WHO SHALL NOT HAVE THE RIGHT TO VOTE, THE CHAIR OF THE CONFERENCE OF LOCAL MENTAL HYGIENE DIRECTORS OR HIS OR HER DESIGNEE, AND TWENTY-EIGHT MEMBERS APPOINTED BY THE GOVERNOR. MEMBERS SHALL BE APPOINTED ONLY IF THEY HAVE PROFESSIONAL KNOWLEDGE IN THE CARE OF PERSONS RECEIVING BEHAVIORAL HEALTH SERVICES, OR AN ACTIVE INTEREST IN THE BEHAVIORAL HEALTH SERVICES SYSTEM.

(B) THE GOVERNOR SHALL DESIGNATE ONE OF THE MEMBERS OF THE COUNCIL AS CHAIR. AT LEAST ONE-HALF OF THE MEMBERS OF THE COUNCIL SHALL NOT BE

1 PROVIDERS OF BEHAVIORAL HEALTH SERVICES. MEMBERSHIP SHALL REFLECT A
2 BALANCED REPRESENTATION OF PERSONS WITH INTERESTS IN MENTAL HEALTH AND
3 SUBSTANCE USE DISORDER SERVICES AND SHALL INCLUDE:

4 (1) AT LEAST FIVE CURRENT OR FORMER CONSUMERS OF BEHAVIORAL HEALTH
5 SERVICES;

6 (2) AT LEAST THREE INDIVIDUALS WHO ARE PARENTS OR RELATIVES OF CURRENT
7 OR FORMER CONSUMERS OF BEHAVIORAL HEALTH SERVICES;

8 (3) AT LEAST THREE MEMBERS WHO ARE NOT PROVIDERS OF BEHAVIORAL HEALTH
9 SERVICES AND WHO REPRESENT NON-GOVERNMENTAL ORGANIZATIONS, SUCH AS NOT-
10 FOR-PROFIT ENTITIES REPRESENTING HEALTH OR BEHAVIORAL HEALTH CARE
11 EMPLOYEES, OR OTHER ORGANIZATIONS CONCERNED WITH THE PROVISION OF BEHAV-
12 IORAL HEALTH SERVICES;

13 (4) AT LEAST FIVE REPRESENTATIVES OF PROVIDERS OF SERVICES TO PERSONS
14 WITH MENTAL ILLNESS AND AT LEAST FIVE REPRESENTATIVES OF PROVIDERS OF
15 SERVICES TO PERSONS WITH SUBSTANCE USE DISORDERS, AT LEAST TWO OF WHOM
16 SHALL BE PHYSICIANS;

17 (5) ONE MEMBER APPOINTED ON THE RECOMMENDATION OF THE DIRECTOR OF THE
18 DIVISION OF VETERANS' AFFAIRS;

19 (6) ONE MEMBER APPOINTED ON THE RECOMMENDATION OF THE ADJUTANT GENERAL
20 OF THE DIVISION OF MILITARY AND NAVAL AFFAIRS;

21 (7) AT LEAST THREE REPRESENTATIVES OF LOCAL GOVERNMENTS OR OTHER STATE
22 AND LOCAL AGENCIES CONCERNED WITH THE PROVISION OF BEHAVIORAL HEALTH
23 SERVICES; AND

24 (8) AT LEAST TWO MEMBERS WHO ARE ALSO MEMBERS OF THE PUBLIC HEALTH AND
25 HEALTH PLANNING COUNCIL PURSUANT TO SECTION TWO HUNDRED TWENTY OF THE
26 PUBLIC HEALTH LAW.

27 (C) MEMBERS SHALL BE APPOINTED FOR TERMS OF THREE YEARS PROVIDED,
28 HOWEVER, THAT OF THE MEMBERS FIRST APPOINTED, ONE-THIRD SHALL BE
29 APPOINTED FOR ONE YEAR TERMS AND ONE-THIRD SHALL BE APPOINTED FOR TWO
30 YEAR TERMS. VACANCIES SHALL BE FILLED IN THE SAME MANNER AS ORIGINAL
31 APPOINTMENTS FOR THE REMAINDER OF ANY UNEXPIRED TERM. NO PERSON SHALL BE
32 AN APPOINTED MEMBER OF THE COUNCIL FOR MORE THAN SIX YEARS IN ANY PERIOD
33 OF TWELVE CONSECUTIVE YEARS.

34 (D) THE COUNCIL SHALL MEET AT LEAST FOUR TIMES IN EACH FULL CALENDAR
35 YEAR. THE COUNCIL SHALL MEET AT THE REQUEST OF ITS CHAIR OR EITHER
36 COMMISSIONER.

37 (E) THE COUNCIL SHALL ESTABLISH SUCH COMMITTEES AS IT DEEMS NECESSARY
38 TO ADDRESS THE SERVICE NEEDS OF SPECIAL POPULATIONS AND TO ADDRESS
39 PARTICULAR SUBJECTS OF IMPORTANCE IN THE DEVELOPMENT AND MANAGEMENT OF
40 BEHAVIORAL HEALTH SERVICES.

41 (F) THE COUNCIL MAY CONSIDER ANY MATTER RELATING TO THE IMPROVEMENT OF
42 BEHAVIORAL HEALTH SERVICES IN THE STATE AND SHALL ADVISE THE COMMISSION-
43 ERS ON ANY SUCH MATTER, INCLUDING, BUT NOT LIMITED TO:

44 (1) CARE AND SERVICES TO PERSONS WITH BEHAVIORAL HEALTH DISORDERS,
45 INCLUDING SPECIAL AND UNDERSERVED POPULATIONS AS DETERMINED BY THE
46 COMMISSIONER;

47 (2) FINANCING BEHAVIORAL HEALTH SERVICES;

48 (3) INTEGRATION OF BEHAVIORAL HEALTH SERVICES WITH HEALTH SERVICES;

49 (4) CARE AND SERVICES FOR PERSONS WITH CO-OCCURRING DISORDERS OR
50 MULTIPLE DISABILITIES;

51 (5) PREVENTION OF BEHAVIORAL HEALTH DISORDERS; AND

52 (6) IMPROVEMENT OF CARE IN STATE OPERATED OR COMMUNITY BASED PROGRAMS,
53 RECRUITMENT, EDUCATION AND TRAINING OF QUALIFIED DIRECT CARE PERSONNEL,
54 AND PROTECTION OF THE INTERESTS OF EMPLOYEES AFFECTED BY ADJUSTMENTS IN
55 THE BEHAVIORAL HEALTH SERVICE SYSTEM.

1 (G) THE COUNCIL SHALL, IN COOPERATION WITH THE COMMISSIONERS, ESTAB-
2 LISH STATEWIDE GOALS AND OBJECTIVES FOR SERVICES TO PERSONS WITH BEHAV-
3 IORAL HEALTH DISORDERS, PURSUANT TO SECTION 5.07 OF THIS ARTICLE.

4 (H) (1) THE COUNCIL SHALL REVIEW THE PORTION OF THE STATEWIDE PLAN TO
5 BE DEVELOPED AND UPDATED ANNUALLY BY THE COMMISSIONERS PURSUANT TO
6 SECTION 5.07 OF THIS ARTICLE AND REPORT ITS RECOMMENDATIONS THEREON TO
7 THE COMMISSIONERS.

8 (2) THE COUNCIL SHALL REVIEW ANY MENTAL HEALTH OR SUBSTANCE USE COMPO-
9 NENT OF STATEWIDE HEALTH PLANS DEVELOPED IN ACCORDANCE WITH ANY APPLICA-
10 BLE FEDERAL LAW AND SHALL REPORT ITS RECOMMENDATIONS THEREON TO THE
11 COMMISSIONERS.

12 (I) THE COUNCIL SHALL REVIEW APPLICATIONS FILED IN ACCORDANCE WITH:

13 (1) SECTION 31.22 OF THIS CHAPTER FOR APPROVAL OF INCORPORATION OR
14 ESTABLISHMENT OF A FACILITY, AND SECTION 31.23 OF THIS CHAPTER FOR
15 APPROVAL OF THE CONSTRUCTION OF A FACILITY FOR WHICH APPROVAL FROM THE
16 COMMISSIONER OF MENTAL HEALTH IS REQUIRED; AND

17 (2) SECTION 32.29 OR 32.31 OF THIS CHAPTER FOR APPROVAL OF INCORPO-
18 RATION OR ESTABLISHMENT OR CONSTRUCTION OF A FACILITY FOR WHICH APPROVAL
19 TO OPERATE IS REQUIRED FROM THE COMMISSIONER OF ALCOHOLISM AND SUBSTANCE
20 ABUSE SERVICES PURSUANT TO ARTICLE THIRTY-TWO OF THIS CHAPTER, AND AS
21 OTHERWISE REQUESTED BY SUCH COMMISSIONER;

22 (J) AT LEAST SIXTY DAYS PRIOR TO THE COMMISSIONERS' FINAL APPROVAL OF
23 RULES AND REGULATIONS UNDER THEIR RESPECTIVE JURISDICTION, OTHER THAN
24 EMERGENCY RULES AND REGULATIONS AND REGULATIONS PROMULGATED PURSUANT TO
25 SECTION 43.01 OF THIS CHAPTER, THE COMMISSIONERS SHALL SUBMIT SUCH
26 PROPOSED RULES AND REGULATIONS TO THE COUNCIL FOR ITS REVIEW. THE COUN-
27 CIL SHALL REVIEW ALL PROPOSED RULES AND REGULATIONS AND REPORT ITS
28 RECOMMENDATIONS THEREON TO THE COMMISSIONERS WITHIN SIXTY DAYS. THE
29 COMMISSIONER HAVING STATUTORY JURISDICTION OVER THE PROPOSED RULE OR
30 REGULATION SHALL NOT ACT IN A MANNER INCONSISTENT WITH THE RECOMMENDA-
31 TIONS OF THE COUNCIL WITHOUT FIRST APPEARING BEFORE THE COUNCIL TO
32 REPORT THE REASONS THEREFOR. THE COUNCIL, UPON A MAJORITY VOTE OF ITS
33 MEMBERS, MAY REQUIRE THAT AN ALTERNATIVE APPROACH TO THE PROPOSED RULES
34 AND REGULATIONS BE PUBLISHED WITH THE NOTICE OF THE PROPOSED RULES AND
35 REGULATIONS PURSUANT TO SECTION TWO HUNDRED TWO OF THE STATE ADMINISTRA-
36 TIVE PROCEDURE ACT. WHEN AN ALTERNATIVE APPROACH IS PUBLISHED PURSUANT
37 TO THIS SECTION, THE COMMISSIONER HAVING STATUTORY JURISDICTION OF THE
38 SUBJECT PROPOSED RULE OR REGULATION SHALL STATE THE REASONS FOR NOT
39 SELECTING SUCH ALTERNATIVE APPROACH.

40 (K) THE COUNCIL, BY A MAJORITY VOTE OF ITS MEMBERS, MAY PROPOSE RULES
41 AND REGULATIONS ON ANY MATTER WITHIN THE REGULATORY JURISDICTION OF THE
42 OFFICES OF MENTAL HEALTH OR ALCOHOLISM AND SUBSTANCE ABUSE SERVICES,
43 OTHER THAN ESTABLISHMENT OF FEE SCHEDULES PURSUANT TO SECTION 43.01 OF
44 THIS CHAPTER, AND FORWARD SUCH PROPOSED RULES AND REGULATIONS TO BOTH
45 COMMISSIONERS FOR REVIEW AND CONSIDERATION, PROVIDED, HOWEVER, THAT ONLY
46 THE APPROVAL OF THE COMMISSIONER WITH STATUTORY JURISDICTION OF THE
47 PROPOSED RULE OR REGULATION SHALL BE REQUIRED. PRIOR TO SUCH COMMISSION-
48 ER'S FINAL APPROVAL AND PROMULGATION OF SUCH PROPOSED RULES AND REGU-
49 LATIONS, IF SUCH RULES AND REGULATIONS ARE MODIFIED IN ANY RESPECT, THEY
50 SHALL BE SUBMITTED TO THE COUNCIL PURSUANT TO SUBDIVISION (J) OF THIS
51 SECTION. IF SUCH COMMISSIONER DETERMINES NOT TO PROMULGATE SUCH PROPOSED
52 RULES AND REGULATIONS, THE COMMISSIONER SHALL APPEAR BEFORE THE COUNCIL
53 TO REPORT THE REASONS THEREFOR.

54 (L) THE MEMBERS OF THE COUNCIL SHALL RECEIVE NO COMPENSATION FOR THEIR
55 SERVICES BUT SHALL BE REIMBURSED FOR EXPENSES ACTUALLY AND NECESSARILY
56 INCURRED IN THE PERFORMANCE OF THEIR DUTIES.

(M) THE COMMISSIONERS, UPON REQUEST OF THE COUNCIL, SHALL DESIGNATE ONE OR MORE OFFICERS OR EMPLOYEES FROM EITHER OR BOTH OFFICES TO PROVIDE ADMINISTRATIVE SUPPORT SERVICES TO THE COUNCIL, AND MAY ASSIGN FROM TIME TO TIME SUCH OTHER EMPLOYEES AS THE COUNCIL MAY REQUEST.

(N) NO CIVIL ACTION SHALL BE BROUGHT IN ANY COURT AGAINST ANY MEMBER OF THE BEHAVIORAL HEALTH SERVICES ADVISORY COUNCIL FOR ANY ACT DONE, FAILURE TO ACT, OR STATEMENT OR OPINION MADE, WHILE DISCHARGING HIS OR HER DUTIES AS A MEMBER OF THE COUNCIL, WITHOUT LEAVE FROM A JUSTICE OF THE SUPREME COURT, FIRST HAD AND OBTAINED. IN ANY EVENT SUCH MEMBER SHALL NOT BE LIABLE FOR DAMAGES IN ANY SUCH ACTION IF HE OR SHE SHALL HAVE ACTED IN GOOD FAITH, WITH REASONABLE CARE AND UPON PROBABLE CAUSE. MEMBERS OF THE COUNCIL SHALL BE CONSIDERED PUBLIC OFFICERS FOR THE PURPOSES OF SECTION SEVENTEEN OF THE PUBLIC OFFICERS LAW.

(O) THE COUNCIL MAY ESTABLISH SUCH COMMITTEES AS IT DEEMS NECESSARY.

(P) THE COUNCIL MAY ESTABLISH WRITTEN BYLAWS.

(Q) FOR PURPOSES OF THIS SECTION, "BEHAVIORAL HEALTH SERVICES" SHALL MEAN EXAMINATION, DIAGNOSIS, CARE, TREATMENT, REHABILITATION, OR TRAINING FOR PERSONS WITH MENTAL ILLNESS AND/OR FOR PERSONS WITH SUBSTANCE USE OR COMPULSIVE GAMBLING DISORDERS.

S 3. The section heading, subdivision (a), the opening paragraph and paragraphs 1 and 3 of subdivision (b) and subdivision (c) of section 5.07 of the mental hygiene law, the section heading as amended by chapter 55 of the laws of 1992, subdivision (a), the opening paragraph and paragraphs 1 and 3 of subdivision (b) and subdivision (c) as amended by chapter 223 of the laws of 1992, paragraph 1 of subdivision (a) as amended by chapter 37 of the laws of 2011, the opening paragraph of paragraph 1 of subdivision (b) as amended by chapter 168 of the laws of 2010, subparagraphs h and i as amended and subparagraph j of paragraph 1 of subdivision (b) as added by chapter 413 of the laws of 2009 and paragraph 3 of subdivision (b) as renumbered by chapter 322 of the laws of 1992, are amended to read as follows:

Establishment of [statewide goals and objectives;] statewide comprehensive plans of services for [the mentally disabled] PERSONS WITH MENTAL DISABILITIES.

(a) (1) The [mental health] BEHAVIORAL HEALTH services ADVISORY council and the advisory [councils] COUNCIL on developmental disabilities [and alcoholism and substance abuse services] shall [each establish] PROVIDE RECOMMENDATIONS FOR statewide PRIORITIES AND goals [and objectives] to guide comprehensive planning, resource allocation and evaluation processes for state and local services for persons with mental illness, developmental disabilities [and], AND/OR those [suffering from chemical abuse or dependence, respectively] WITH SUBSTANCE USE OR COMPULSIVE GAMBLING DISORDERS. Such goals and objectives shall:

a. be measurable in terms of attainment AND FOCUSED ON OUTCOMES FOR THOSE BEING SERVED;

b. be DEVELOPED IN COLLABORATION WITH, AND communicated to, providers of services, department facilities, consumers and consumer representatives, and other appropriate state and local governmental agencies;

c. [require that all state and local public and private services for persons with mental disabilities be organized, staffed and financed to best meet the needs of all persons with mental disabilities whether receiving in-patient or non in-patient services;

d.] reflect the partnership between state and local governmental units; and

1 [e.] D. emphasize [that gaps in services be filled and that services
2 are provided to persons with mental disabilities] THE NEED TO INTEGRATE
3 BEHAVIORAL HEALTH AND HEALTH SERVICES.

4 (2) Such advisory councils shall [establish, review, augment or delete
5 from such goals and objectives, as appropriate,] ACCOMPLISH THEIR DUTIES
6 by means of a [continuing annual goal-setting] process which is:

7 a. open, visible and accessible to the public; and

8 b. consistent with the statewide AND FEDERALLY MANDATED planning,
9 appropriation and evaluation processes and activities for services to
10 [the mentally disabled] PERSONS WITH MENTAL DISABILITIES.

11 (3) The advisory councils are hereby empowered to hold public hearings
12 and meetings to enable them to accomplish their duties.

13 Statewide comprehensive plan for services to [the mentally disabled]
14 PERSONS WITH MENTAL DISABILITIES.

15 (1) The office of mental health, the office for people with develop-
16 mental disabilities and the office of alcoholism and substance abuse
17 services shall [each] formulate a statewide comprehensive [five-year]
18 plan for the provision of all state and local services for persons with
19 mental illness [and], developmental disabilities, [and] AND/OR those
20 [suffering from alcoholism and] WITH substance [abuse, respectively] USE
21 OR COMPULSIVE GAMBLING DISORDERS. [Each] THE STATEWIDE COMPREHENSIVE
22 plan shall be [formulated from] BASED UPON AN ANALYSIS OF local [compre-
23 hensive] SERVICES plans developed by each local governmental unit, with
24 participation of consumers, consumer groups, providers of services and
25 departmental facilities [furnishing] THAT FURNISH services to individ-
26 uals with mental disabilities [of the area] in conformance with state-
27 wide PRIORITIES AND goals [and objectives] established [by] WITH RECOM-
28 MENDATIONS OF the advisory council of each office. [Each] THE plan
29 shall:

30 a. identify [needs and problems which must be addressed during the
31 next ensuing five years which such plan encompasses] STATEWIDE PRIORI-
32 TIES;

33 b. specify [time-limited] STATEWIDE goals [to meet those needs] THAT
34 REFLECT THE STATEWIDE PRIORITIES AND ARE FOCUSED ON OBTAINING POSITIVE
35 MEASURABLE OUTCOMES;

36 c. [identify resources to achieve the goals, including but not limited
37 to resource reallocations;

38 d. establish] PROPOSE STRATEGIES AND INITIATIVES TO ADDRESS THE prior-
39 ities [for resource allocation] AND FACILITATE ACHIEVEMENT OF STATEWIDE
40 GOALS;

41 [e. define the authority and responsibility for state and local
42 participation in the delivery of services] D. IDENTIFY SERVICES AND
43 SUPPORTS, WHICH MAY INCLUDE PROGRAMS RUN OR LED BY PEERS, THAT ARE
44 DESIGNED TO PROMOTE THE HEALTH AND WELLNESS OF PERSONS WITH MENTAL
45 ILLNESS, DEVELOPMENTAL DISABILITIES, AND/OR SUBSTANCE USE OR COMPULSIVE
46 GAMBLING DISORDERS;

47 [f. propose programs to achieve the goals, which programs may include
48 direct services, development of multi-purpose facilities, contracts for
49 services, and innovative financial and organizational relationships with
50 public and private providers;

51 g. identify services and programs that assist the informal caregiver
52 to care for the mentally disabled; make recommendations to enhance the
53 ability of the informal caregiver to continue providing care; and devel-
54 op strategies for creating informal caregivers for clients in the commu-
55 nity who do not have a system in place;

1 h. analyze] E. PROVIDE ANALYSIS OF current and anticipated utilization
2 of state and local, and public and private facilities [and], programs,
3 SERVICES, AND/OR SUPPORTS;

4 [i.] F. encourage and promote PERSON-CENTERED, CULTURALLY AND LINGUIS-
5 TICALLY COMPETENT community-based programs, SERVICES, AND/OR SUPPORTS
6 which reflect the partnership between state and local governmental
7 units; and

8 [j.] G. include progress reports on the implementation of both short-
9 term and long-term recommendations of the children's plan required
10 pursuant to section four hundred eighty-three-f of the social services
11 law.

12 (3) The commissioners of each of the offices shall be responsible for
13 the development of such statewide [five-year] plan for services within
14 the jurisdiction of their respective offices and after giving due notice
15 shall conduct one or more public hearings on such plan. The BEHAVIORAL
16 HEALTH SERVICES advisory council [of each office] AND THE ADVISORY COUN-
17 CIL ON DEVELOPMENTAL DISABILITIES shall review the statewide [five year]
18 COMPREHENSIVE plan developed by such office OR OFFICES and report its
19 recommendations thereon to such commissioner OR COMMISSIONERS. Each
20 commissioner shall submit the plan, with appropriate modifications, to
21 the governor no later than the first day of [October] NOVEMBER of each
22 year in order that such plan may be considered with the estimates of the
23 offices for the preparation of the executive budget of the state of New
24 York for the next succeeding state fiscal year. [Each commissioner
25 shall also submit such plan to the legislature. The statewide plan] SUCH
26 PLANS SHALL ALSO BE POSTED TO THE WEBSITE OF EACH OFFICE. STATEWIDE
27 PLANS shall [be reassessed and updated at least annually to encompass
28 the next ensuing five years to] ensure responsiveness to changing needs
29 and goals and [to] SHALL reflect the development of new information and
30 the completion of program evaluations. [An interim report detailing the
31 commissioner's actions in fulfilling the requirements of this section in
32 preparation of the plan and modifications in the plan of services being
33 considered by the commissioner shall be submitted to the governor and
34 the legislature on or before the fifteenth day of February of each year.
35 Such interim report shall include, but need not be limited to:

36 (a) actions to include participation of consumers, consumer groups,
37 providers of services and departmental facilities, as required by this
38 subdivision; and

39 (b) any modifications in the plan of services being considered by the
40 commissioner, to include: (i) compelling budgetary, programmatic or
41 clinical justifications or other major appropriate reason for any
42 significant new statewide programs or policy changes from a prior
43 (approved) five year comprehensive plan; and (ii) procedures to involve
44 or inform local governmental units of such actions or plans.

45 (c) Three year capital plan. (1) On or before July first of each year,
46 the commissioners of the offices of the department of mental hygiene
47 shall each submit to the advisory council of their respective offices a
48 statewide three year capital plan for facilities within the jurisdiction
49 of their respective offices. The capital plan shall set forth the
50 projects proposed to be designed, constructed, acquired, reconstructed,
51 rehabilitated or otherwise substantially altered pursuant to appropri-
52 ation to meet the capital development needs of the respective agencies
53 for the next ensuing three years; the years of such plan shall corre-
54 spond to the years of the statewide five year plan as required by subdi-
55 vision (b) of this section.

(2) Such plan for each office shall include but not be limited to a detailed project schedule indicating the location by county or borough and estimated cost of each project, the anticipated dates on which the design and construction of the project is to commence, the proposed method of financing for the project, the estimated economic life of the project and whether the proposed project constitutes design, new construction or rehabilitation.

(3) Such plan shall further specify for each project whether the project is to be a residential or nonresidential facility, a state or voluntary operated facility, and, the number of clients, by source of clients, proposed to utilize the facility. The information on the source of the client shall include but not be limited to identification of clients currently living independently, or at home with families, or with caretakers, clients defined by their respective agencies as special populations, or clients currently residing in an institutional setting under the jurisdiction of the offices of the department.

(4) The advisory council of the appropriate office shall review such plan and report its recommendation to the commissioner for inclusion, provided, however, that the mental health services council shall forward its comments on the capital plan of the office of mental health to the mental health planning council which shall forward such recommendations after review to the commissioner of mental health. The commissioner shall submit his or her plan with the formal recommendations of the advisory council of his or her office and any subsequent appropriate modifications to the governor no later than the first day of October of each year or concurrent with the annual submission of estimates and information required by section one of article seven of the constitution in order that such plans shall be considered with the estimates of the offices for the preparation of the executive budget of the state of New York for the next succeeding state fiscal year. The commissioners shall also submit such plans to the chairmen of the senate finance committee and the assembly ways and means committee.

(5) Each statewide three year capital plan for facilities shall be evaluated and revised annually to encompass the fiscal year then in progress and the next ensuing two fiscal years to ensure responsiveness to the changing needs and goals of the department, and to reflect the development of new information and project completion.]

S 4. Section 7.05 of the mental hygiene law is REPEALED.

S 5. Subdivision (c) of section 13.05 of the mental hygiene law, as amended by chapter 37 of the laws of 2011, is amended to read as follows:

(c) The developmental disabilities advisory council shall have no executive, administrative or appointive duties. The council shall have the duty to foster public understanding and acceptance of developmental disabilities. It shall, in cooperation with the commissioner of developmental disabilities, [establish] PROVIDE RECOMMENDATIONS FOR statewide PRIORITIES AND goals [and objectives] for services for individuals with developmental disabilities and shall advise the commissioner on matters related to development and implementation of the [OPWDD's triennial state developmental disabilities] STATEWIDE comprehensive plan as required under [paragraph two of subdivision (b) of] section 5.07 of this chapter. The advisory council shall have the power to consider any matter relating to the improvement of the state developmental disabilities program and shall advise the commissioner of developmental disabilities thereon and on any matter relating to the performance of their duties with relation to individuals with developmental disabilities and

1 on policies, goals, budget and operation of developmental disabilities
2 services.

3 S 6. Section 19.05 of the mental hygiene law is REPEALED.

4 S 7. Subdivision (c) of section 41.16 of the mental hygiene law, as
5 amended by section 16 of part E of chapter 111 of the laws of 2010, is
6 amended to read as follows:

7 (c) A local services plan shall be developed, in accordance with the
8 regulations of the commissioner or commissioners of the office or
9 offices of the department having jurisdiction of the services by the
10 local governmental unit or units which shall direct and administer a
11 local comprehensive planning process for its geographic area, consistent
12 with statewide goals and objectives established pursuant to section 5.07
13 of this chapter. The planning process shall involve the directors of any
14 department facilities, directors of hospital based mental health
15 services, directors of community mental health centers, THE DIRECTOR OF
16 THE LOCAL OFFICE FOR THE AGING OR HIS OR HER REPRESENTATIVE, consumers,
17 consumer groups, voluntary agencies, other providers of services, and
18 local correctional facilities and other local criminal justice agencies.
19 The local governmental unit, or units, shall determine the proposed
20 local services plan to be submitted for approval. If any provider of
21 services including facilities in the department, or any representative
22 of the consumer or community interests within the local planning proc-
23 ess, disputes any element of the proposed plan for the area which it
24 serves, the objection shall be presented in writing to the director of
25 the local governmental unit. If such dispute cannot be resolved to the
26 satisfaction of all parties, the director shall determine the plan to be
27 submitted. If requested and supplied by the objecting party, a written
28 objection to the plan shall be appended thereto and transmitted to the
29 single agent of the department jointly designated by the commissioners.

30 S 8. Section 220 of the public health law, as amended by section 45
31 of part A of chapter 58 of the laws of 2010, is amended to read as
32 follows:

33 S 220. Public health and health planning council; appointment of
34 members. There shall continue to be in the department a public health
35 and health planning council to consist of the commissioner and fourteen
36 members to be appointed by the governor with the advice and consent of
37 the senate; provided that effective December first, two thousand ten,
38 the membership of the council shall consist of the commissioner and
39 twenty-four members to be appointed by the governor with the advice and
40 consent of the senate. Membership on the council shall be reflective of
41 the diversity of the state's population including, but not limited to,
42 the various geographic areas and population densities throughout the
43 state. The members shall include representatives of the public health
44 system, health care providers that comprise the state's health care
45 delivery system, individuals with expertise in the clinical and adminis-
46 trative aspects of health care delivery, issues affecting health care
47 consumers, health planning, health care financing and reimbursement,
48 health care regulation and compliance, and public health practice and at
49 least two members shall also be members of the [mental] BEHAVIORAL
50 health services ADVISORY council; at least four members shall be repre-
51 sentatives of general hospitals or nursing homes; and at least one
52 member shall be a representative of each of the following groups: home
53 care agencies, diagnostic and treatment centers, health care payors,
54 labor organizations for health care employees, and health care consumer
55 advocacy organizations.

1 S 9. This act shall take effect immediately and shall be deemed to
2 have been in full force and effect on and after April 1, 2012; provided,
3 however, that sections one through six of this act shall take effect on
4 the one hundred twentieth day after it shall have become a law.

PART O

6 Section 1. Subdivision (b) of section 7.17 of the mental hygiene law,
7 as amended by section 1 of part G of chapter 59 of the laws of 2011, is
8 amended to read as follows:

9 (b) There shall be in the office the hospitals named below for the
10 care, treatment and rehabilitation of persons with mental illness and
11 for research and teaching in the science and skills required for the
12 care, treatment and rehabilitation of such persons with mental illness.

13 Greater Binghamton Health Center

14 Bronx Psychiatric Center

15 Buffalo Psychiatric Center

16 Capital District Psychiatric Center

17 Central New York Psychiatric Center

18 Creedmoor Psychiatric Center

19 Elmira Psychiatric Center

20 [Hudson River Psychiatric Center

21 Kingsboro Psychiatric Center]

22 Kirby Forensic Psychiatric Center

23 Manhattan Psychiatric Center

24 Mid-Hudson Forensic Psychiatric Center

25 Mohawk Valley Psychiatric Center

26 Nathan S. Kline Institute for Psychiatric Research

27 New York State Psychiatric Institute

28 Pilgrim Psychiatric Center

29 Richard H. Hutchings Psychiatric Center

30 Rochester Psychiatric Center

31 Rockland Psychiatric Center

32 St. Lawrence Psychiatric Center

33 South Beach Psychiatric Center

34 [Bronx Children's Psychiatric Center

35 Brooklyn Children's Center

36 Queens Children's Psychiatric Center]

37 NEW YORK CITY CHILDREN'S CENTER

38 Rockland Children's Psychiatric Center

39 Sagamore Children's Psychiatric Center

40 Western New York Children's Psychiatric Center

41 The New York State Psychiatric Institute and The Nathan S. Kline
42 Institute for Psychiatric Research are designated as institutes for the
43 conduct of medical research and other scientific investigation directed
44 towards furthering knowledge of the etiology, diagnosis, treatment and
45 prevention of mental illness. [The Brooklyn Children's Center is a
46 facility operated by the office to provide community-based mental health
47 services for children with serious emotional disturbances.]

48 S 2. Notwithstanding the provisions of subdivisions (b) and (e) of
49 section 7.17 of the mental hygiene law, section 41.55 of the mental
50 hygiene law, or any other law to the contrary, the office of mental
51 health is authorized to close, consolidate, reduce, transfer or other-
52 wise redesign services of hospitals, other facilities and programs oper-
53 ated by the office of mental health, and to implement significant
54 service reductions and reconfigurations according to this section as

1 shall be determined by the commissioner of mental health to be necessary
2 for the cost-effective and efficient operation of such hospitals, other
3 facilities and programs. One of the intents of actions taken that result
4 in closure, consolidation, reduction, transfer or other redesign
5 services of hospitals is to reinvest appropriate levels of funding for
6 community based mental health services and programs as determined by the
7 commissioner of mental health with approval from the director of the
8 division of the budget.

9 (a) In addition to the closure, consolidation or merger of one or more
10 facilities, the commissioner of mental health is authorized to perform
11 any significant service reductions that would reduce inpatient bed
12 capacity, which shall include but not be limited to, closures of wards
13 at a state-operated psychiatric center or the conversion of beds to
14 transitional placement programs, provided that the commissioner provide
15 at least 30 days notice of such reductions to the temporary president of
16 the senate and the speaker of the assembly and simultaneously post such
17 notice upon its public website. In assessing which significant service
18 reductions to undertake, the commissioner shall consider data related to
19 inpatient census, indicating nonutilization or under utilization of
20 beds, and the efficient operation of facilities.

21 (b) At least sixty days prior to the anticipated closure, consol-
22 idation or merger of any hospitals named in subdivision (b) of section
23 7.17 of the mental hygiene law, the commissioner of mental health shall
24 provide notice of such closure, consolidation or merger to the temporary
25 president of the senate, and speaker of the assembly, the chief execu-
26 tive officer of the county in which the facility is located, and shall
27 post such notice upon its public website. The commissioner shall be
28 authorized to conduct any and all preparatory actions which may be
29 required to effectuate such closures during such sixty day period. In
30 assessing which of such hospitals to close, the commissioner shall
31 consider the following factors: (1) the size, scope and type of services
32 provided by the hospital; (2) the relative quality of the care and
33 treatment provided by the hospital, as may be informed by internal or
34 external quality or accreditation reviews; (3) the current and antic-
35 ipated long-term need for the types of services provided by the facility
36 within its catchment area, which may include, but not be limited to,
37 services for adults or children, or other specialized services, such as
38 forensic services; (4) the availability of staff sufficient to address
39 the current and anticipated long term service needs; (5) the long term
40 capital investment required to ensure that the facility meets relevant
41 state and federal regulatory and capital construction requirements, and
42 national accreditation standards; (6) the proximity of the facility to
43 other facilities with space that could accommodate anticipated need, the
44 relative cost of any necessary renovations of such space, the relative
45 potential operating efficiency of such facilities, and the size, scope
46 and types of services provided by the other facilities; (7) anticipated
47 savings based upon economies of scale or other factors; (8) community
48 mental health services available in the facility catchment area and the
49 ability of such community mental health services to meet the behavioral
50 health needs of the impacted consumers; (9) the obligations of the state
51 to place persons with mental disabilities in community settings rather
52 than in institutions, when appropriate; and (10) the anticipated impact
53 of the closure on access to mental health services.

54 (c) Any transfers of inpatient capacity or any resulting transfer of
55 functions shall be authorized to be made by the commissioner of mental
56 health and any transfer of personnel upon such transfer of capacity or

transfer of functions shall be accomplished in accordance with the provisions of section 70 of the civil service law.

S 3. Severability clause. If any clause, sentence, paragraph, subdivision, section or part of this act shall be adjudged by any court of competent jurisdiction to be invalid, such judgment shall not affect, impair, or invalidate the remainder thereof, but shall be confined in its operation to the clause, sentence, paragraph, subdivision, section or part thereof directly involved in the controversy in which such judgment shall have been rendered. It is hereby declared to be the intent of the legislature that this act would have been enacted even if such invalid provisions had not been included herein.

S 4. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2012; provided that the date for the closure of Kingsboro psychiatric center shall be on a date certified by the commissioner of mental health.

PART P

Section 1. Subdivision (o) of section 10.03 of the mental hygiene law, as amended by chapter 168 of the laws of 2010, is amended to read as follows:

(o) "Secure treatment facility" means a facility or a portion of a facility, designated by the commissioner, that may include a facility located on the grounds of a correctional facility, that is staffed with personnel from the office of mental health or the office for people with developmental disabilities for the purposes of providing care and treatment to persons confined under this article, and persons defined in paragraph five of subdivision (g) of this section. Personnel from these same agencies may provide security services, provided that such staff are adequately trained in security methods and so equipped as to minimize the risk or danger of escape. THE COMMISSIONER SHALL HAVE THE DISCRETION TO ENTER INTO AGREEMENTS FOR THE PROVISION OF CARE AND TREATMENT TO PERSONS HELD AT A SECURE TREATMENT FACILITY PURSUANT TO THIS ARTICLE, OR FOR THE PROVISION OF APPROPRIATE SECURITY SERVICES, BY INDIVIDUALS WHO ARE NOT PERSONNEL OF SUCH AGENCIES.

S 2. Subdivision (k) of section 10.06 of the mental hygiene law, as amended by section 118-c of subpart B of part C of chapter 62 of the laws of 2011, is amended to read as follows:

(k) At the conclusion of the hearing, the court shall determine whether there is probable cause to believe that the respondent is a sex offender requiring civil management. If the court determines that probable cause has not been established, the court shall issue an order dismissing the petition, and the respondent's release shall be in accordance with other applicable provisions of law. If the court determines that probable cause has been established: (i) the court shall order that the respondent be committed to a secure treatment facility designated by the commissioner for care, treatment and control upon his or her release, provided, however, that a respondent who otherwise would be required to be transferred to a secure treatment facility [may,] SHALL REMAIN IN THE CUSTODY OF THE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION PENDING THE OUTCOME OF THE PROCEEDINGS UNDER THIS ARTICLE UNTIL HE OR SHE HAS REACHED THE MAXIMUM EXPIRATION OF HIS OR HER SENTENCE OR HAS BEEN APPROVED FOR RELEASE TO PAROLE SUPERVISION BY THE STATE BOARD OF PAROLE, PROVIDED, FURTHER THAT A RESPONDENT MAY, upon a written consent signed by the respondent and his or her counsel, consent to remain in the custody of the department of corrections and community

1 supervision pending the outcome of the proceedings under this article,
2 and that such consent may be revoked in writing at any time; (ii) the
3 court shall set a date for trial in accordance with subdivision (a) of
4 section 10.07 of this article; and (iii) the respondent shall not be
5 released pending the completion of such trial.

6 S 3. Subdivision (f) of section 10.07 of the mental hygiene law, as
7 added by chapter 7 of the laws of 2007, is amended to read as follows:

8 (f) If the jury, or the court if a jury trial is waived, determines
9 that the respondent is a detained sex offender who suffers from a mental
10 abnormality, then the court shall consider whether the respondent is a
11 dangerous sex offender requiring confinement or a sex offender requiring
12 strict and intensive supervision. The parties may offer additional
13 evidence, and the court shall hear argument, as to that issue. If the
14 court finds by clear and convincing evidence that the respondent has a
15 mental abnormality involving such a strong predisposition to commit sex
16 offenses, and such an inability to control behavior, that the respondent
17 is likely to be a danger to others and to commit sex offenses if not
18 confined to a secure treatment facility, then the court shall find the
19 respondent to be a dangerous sex offender requiring confinement. In such
20 case, the respondent shall be committed to a secure treatment facility
21 for care, treatment, and control until such time as he or she no longer
22 requires confinement. FAILURE OF A DANGEROUS SEX OFFENDER REQUIRING
23 CONFINEMENT TO MEANINGFULLY PARTICIPATE IN TREATMENT IN A SECURE TREAT-
24 MENT FACILITY SHALL CONSTITUTE A VIOLATION OF THE ORDER OF CONFINEMENT.
25 If the court does not find that the respondent is a dangerous sex offen-
26 der requiring confinement, then the court shall make a finding of dispo-
27 sition that the respondent is a sex offender requiring strict and inten-
28 sive supervision, and the respondent shall be subject to a regimen of
29 strict and intensive supervision and treatment in accordance with
30 section 10.11 of this article. In making a finding of disposition, the
31 court shall consider the conditions that would be imposed upon the
32 respondent if subject to a regimen of strict and intensive supervision,
33 and all available information about the prospects for the respondent's
34 possible re-entry into the community.

35 S 4. Section 10.08 of the mental hygiene law is amended by adding a
36 new subdivision (i) to read as follows:

37 (I) AT ANY PROCEEDING CONDUCTED PURSUANT TO THIS ARTICLE OTHER THAN A
38 TRIAL CONDUCTED PURSUANT TO SECTION 10.07 OF THIS ARTICLE, THE RESPOND-
39 ENT OR ANY WITNESS SHALL BE PERMITTED, UPON GOOD CAUSE SHOWN, TO MAKE AN
40 ELECTRONIC APPEARANCE IN THE COURT BY MEANS OF AN INDEPENDENT AUDIO-VI-
41 SUAL SYSTEM, AS THAT TERM IS DEFINED IN SUBDIVISION ONE OF SECTION
42 182.10 OF THE CRIMINAL PROCEDURE LAW, FOR PURPOSES OF A COURT APPEARANCE
43 OR FOR GIVING TESTIMONY. IT SHALL CONSTITUTE GOOD CAUSE THAT A WITNESS
44 IS CURRENTLY EMPLOYED BY THE STATE AT A SECURE TREATMENT FACILITY OR
45 ANOTHER WORK LOCATION, UNLESS THERE ARE COMPELLING CIRCUMSTANCES REQUIR-
46 ING THE WITNESS'S PERSONAL PRESENCE AT THE COURT PROCEEDING. FOR
47 PURPOSES OF THIS SUBDIVISION, AN "ELECTRONIC APPEARANCE" MEANS AN
48 APPEARANCE AT WHICH A PARTICIPANT IS NOT PRESENT IN THE COURT, BUT IN
49 WHICH: (I) ALL OF THE PARTICIPANTS ARE ABLE TO SEE AND HEAR THE SIMUL-
50 TANEOUS REPRODUCTIONS OF THE VOICES AND IMAGES OF THE JUDGE, COUNSEL,
51 RESPONDENT OR ANY OTHER APPROPRIATE PARTICIPANT, AND (II) COUNSEL IS
52 PRESENT WITH THE RESPONDENT OR THE RESPONDENT AND COUNSEL ARE ABLE TO
53 SEE AND HEAR EACH OTHER AND ENGAGE IN PRIVATE CONVERSATION. WHEN A
54 RESPONDENT OR A WITNESS MAKES AN ELECTRONIC APPEARANCE, THE COURT
55 STENOGRAPHER SHALL RECORD ANY STATEMENTS IN THE SAME MANNER AS IF THE
56 RESPONDENT OR WITNESS HAD MADE A PERSONAL APPEARANCE. NOTHING IN THIS

1 SUBDIVISION SHALL BE CONSTRUED TO PROHIBIT THE RESPONDENT OR ANY WITNESS
2 FROM MAKING AN ELECTRONIC APPEARANCE IN THE COURT AT A TRIAL CONDUCTED
3 PURSUANT TO SECTION 10.07 OF THIS ARTICLE BY MEANS OF AN INDEPENDENT
4 AUDIO-VISUAL SYSTEM, UPON GOOD CAUSE SHOWN AND CONSENT OF THE PARTIES.

5 S 5. The section heading and subdivisions (a), (b), (c), (d), and (f)
6 of section 10.09 of the mental hygiene law, as added by chapter 7 of the
7 laws of 2007, are amended to read as follows:

8 [Annual] BIENNIAL examinations and petitions for discharge.

9 (a) The commissioner shall provide the respondent and counsel for
10 respondent with [an annual] A BIENNIAL written notice of the right to
11 petition the court for discharge. The notice shall contain a form for
12 the waiver of the right to petition for discharge.

13 (b) The commissioner shall also assure that each respondent committed
14 under this article shall have an examination for evaluation of his or
15 her mental condition made at least once every [year] TWO YEARS by a
16 psychiatric examiner who shall report to the commissioner his or her
17 written findings as to whether the respondent is currently a dangerous
18 sex offender requiring confinement. At such time, the respondent also
19 shall have the right to be evaluated by an independent psychiatric exam-
20 iner. If the respondent is financially unable to obtain an examiner,
21 the court shall appoint an examiner of the respondent's choice to be
22 paid within the limits prescribed by law. Following such evaluation,
23 each psychiatric examiner shall report his or her findings in writing to
24 the commissioner and to counsel for respondent. The commissioner shall
25 review relevant records and reports, along with the findings of the
26 psychiatric examiners, and shall make a determination in writing as to
27 whether the respondent is currently a dangerous sex offender requiring
28 confinement.

29 (c) The commissioner shall [annually] BIENNIALY forward the notice
30 and waiver form, along with a report including the commissioner's writ-
31 ten determination and the findings of the psychiatric examination, to
32 the supreme or county court where the respondent is located.

33 (d) The court shall hold an evidentiary hearing as to retention of the
34 respondent within forty-five days if it appears from one of the [annual]
35 BIENNIAL submissions to the court under subdivision (c) of this section
36 (i) that the respondent has petitioned, or has not affirmatively waived
37 the right to petition, for discharge, or (ii) that even if the respond-
38 ent has waived the right to petition, and the commissioner has deter-
39 mined that the respondent remains a dangerous sex offender requiring
40 confinement, the court finds on the basis of the materials described in
41 subdivision (b) of this section that there is a substantial issue as to
42 whether the respondent remains a dangerous sex offender requiring
43 confinement. At an evidentiary hearing on that issue under this subdivi-
44 sion, the attorney general shall have the burden of proof.

45 (f) The respondent may at any time petition the court for discharge
46 and/or release to the community under a regimen of strict and intensive
47 supervision and treatment. Upon review of the respondent's petition,
48 other than in connection with [annual] BIENNIAL reviews as described in
49 subdivisions (a), (b) and (d) of this section, the court may order that
50 an evidentiary hearing be held, or may deny an evidentiary hearing and
51 deny the petition upon a finding that the petition is frivolous or does
52 not provide sufficient basis for reexamination prior to the next [annu-
53 al] BIENNIAL review. If the court orders an evidentiary hearing under
54 this subdivision, the attorney general shall have the burden of proof as
55 to whether the respondent is currently a dangerous sex offender requir-
56 ing confinement.

1 S 6. Subdivision (a) of section 10.10 of the mental hygiene law, as
2 added by chapter 7 of the laws of 2007, is amended to read as follows:

3 (a) If the respondent is found to be a dangerous sex offender requir-
4 ing confinement and committed to a secure treatment facility, that
5 facility shall provide care, treatment, and control of the respondent
6 until such time that a court discharges the respondent in accordance
7 with the provisions of this article. FAILURE OF A DANGEROUS SEX OFFENDER
8 REQUIRING CONFINEMENT TO MEANINGFULLY PARTICIPATE IN TREATMENT IN A
9 SECURE TREATMENT FACILITY SHALL CONSTITUTE A VIOLATION OF THE ORDER OF
10 CONFINEMENT.

11 S 7. Subdivision (c) of section 10.11 of the mental hygiene law, as
12 amended by section 118-e of subpart B of part C of chapter 62 of the
13 laws of 2011, is amended to read as follows:

14 (c) An order for a regimen of strict and intensive supervision and
15 treatment places the person in the custody and control of the department
16 of corrections and community supervision. A person ordered to undergo a
17 regimen of strict and intensive supervision and treatment pursuant to
18 this article is subject to lawful conditions set by the court and the
19 department of corrections and community supervision. A VIOLATION OF A
20 CONDITION OF THE REGIMEN OF STRICT AND INTENSIVE SUPERVISION AND TREAT-
21 MENT FOR A PERSON UNDER COMMUNITY SUPERVISION, AS DEFINED IN SUBDIVISION
22 THREE OF SECTION TWO HUNDRED FIFTY-NINE OF THE EXECUTIVE LAW, MAY BE THE
23 BASIS FOR REVOCATION OF PAROLE PURSUANT TO SECTION TWO HUNDRED
24 FIFTY-NINE-I OF THE EXECUTIVE LAW. A PERSON WHO INTENTIONALLY VIOLATES A
25 MATERIAL CONDITION OF THE REGIMEN OF STRICT AND INTENSIVE SUPERVISION
26 AND TREATMENT SHALL BE GUILTY OF A CLASS E FELONY.

27 S 8. Section 120.05 of the penal law is amended by adding a new subdi-
28 vision 13 to read as follows:

29 13. HAVING BEEN FOUND TO BE A SEX OFFENDER REQUIRING CIVIL MANAGEMENT
30 AND WHILE CONFINED IN A SECURE TREATMENT FACILITY, AS DEFINED IN SECTION
31 7.18 OF THE MENTAL HYGIENE LAW, WITH INTENT TO CAUSE PHYSICAL INJURY TO
32 ANOTHER PERSON, HE CAUSES SUCH INJURY TO SUCH PERSON OR TO A THIRD
33 PERSON.

34 S 9. This act shall take effect immediately.

35 PART Q

36 Section 1. Section 730.10 of the criminal procedure law is amended by
37 adding a new subdivision 9 to read as follows:

38 9. "APPROPRIATE INSTITUTION" MEANS: (A) A HOSPITAL OPERATED BY THE
39 OFFICE OF MENTAL HEALTH OR A DEVELOPMENTAL CENTER OPERATED BY THE OFFICE
40 FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES; (B) A LOCAL CORRECTIONAL
41 FACILITY, AS SUCH TERMS ARE DEFINED IN SECTION TWO OF THE CORRECTION
42 LAW, WHICH OPERATES A MENTAL HEALTH UNIT; OR (C) A HOSPITAL LICENSED BY
43 THE DEPARTMENT OF HEALTH WHICH OPERATES A PSYCHIATRIC UNIT LICENSED BY
44 THE OFFICE OF MENTAL HEALTH, AS DETERMINED BY THE COMMISSIONER.

45 S 2. Subdivision 1 of section 730.40 of the criminal procedure law, as
46 amended by chapter 231 of the laws of 2008, is amended to read as
47 follows:

48 1. When a local criminal court, following a hearing conducted pursuant
49 to subdivision three or four of section 730.30, is satisfied that the
50 defendant is not an incapacitated person, the criminal action against
51 him OR HER must proceed. If it is satisfied that the defendant is an
52 incapacitated person, or if no motion for such a hearing is made, such
53 court must issue a final or temporary order of observation committing
54 him OR HER to the custody of the commissioner for care and treatment in

1 an appropriate institution for a period not to exceed ninety days from
2 the date of the order, provided, however, that the commissioner may
3 designate an appropriate hospital for placement of a defendant for whom
4 a final order of observation has been issued, where such hospital is
5 licensed by the office of mental health and has agreed to accept, upon
6 referral by the commissioner, defendants subject to final orders of
7 observation issued under this subdivision. When a local criminal court
8 accusatory instrument other than a felony complaint has been filed
9 against the defendant, such court must issue a final order of observa-
10 tion[; when]. WHEN a felony complaint has been filed against the defend-
11 ant, such court must issue a temporary order of observation COMMITTING
12 HIM OR HER TO THE JURISDICTION OF THE COMMISSIONER FOR CARE AND TREAT-
13 MENT IN AN APPROPRIATE INSTITUTION OR ON AN OUT-PATIENT BASIS FOR A
14 PERIOD NOT TO EXCEED NINETY DAYS FROM THE DATE OF SUCH ORDER, except
15 that, with the consent of the district attorney, it may issue a final
16 order of observation.

17 S 3. Subdivision 1 of section 730.50 of the criminal procedure law, as
18 amended by chapter 231 of the laws of 2008, is amended to read as
19 follows:

20 1. When a superior court, following a hearing conducted pursuant to
21 subdivision three or four of section 730.30, is satisfied that the
22 defendant is not an incapacitated person, the criminal action against
23 him OR HER must proceed. If it is satisfied that the defendant is an
24 incapacitated person, or if no motion for such a hearing is made, it
25 must adjudicate him OR HER an incapacitated person, and must issue a
26 final order of observation or an order of commitment. When the indict-
27 ment does not charge a felony or when the defendant has been convicted
28 of an offense other than a felony, such court (a) must issue a final
29 order of observation committing the defendant to the custody of the
30 commissioner for care and treatment in an appropriate institution for a
31 period not to exceed ninety days from the date of such order, provided,
32 however, that the commissioner may designate an appropriate hospital for
33 placement of a defendant for whom a final order of observation has been
34 issued, where such hospital is licensed by the office of mental health
35 and has agreed to accept, upon referral by the commissioner, defendants
36 subject to final orders of observation issued under this subdivision,
37 and (b) must dismiss the indictment filed in such court against the
38 defendant, and such dismissal constitutes a bar to any further prose-
39 cution of the charge or charges contained in such indictment. When the
40 indictment charges a felony or when the defendant has been convicted of
41 a felony, it must issue an order of commitment committing the defendant
42 to the [custody] JURISDICTION of the commissioner for care and treatment
43 in an appropriate institution OR ON AN OUT-PATIENT BASIS for a period
44 not to exceed one year from the date of such order. Upon the issuance of
45 an order of commitment, the court must exonerate the defendant's bail if
46 he OR SHE was previously at liberty on bail; PROVIDED, HOWEVER, THAT
47 EXONERATION OF BAIL IS NOT REQUIRED WHEN A DEFENDANT IS COMMITTED TO THE
48 JURISDICTION OF THE COMMISSIONER FOR CARE AND TREATMENT ON AN OUT-PA-
49 TIENT BASIS.

50 S 4. This act shall take effect immediately.

51

PART R

52 Section 1. Section 1 of part D of chapter 111 of the laws of 2010
53 relating to the recovery of exempt income by the office of mental health

for community residences and family-based treatment programs is amended to read as follows:

Section 1. The office of mental health is authorized to recover funding from community residences and family-based treatment providers licensed by the office of mental health, consistent with contractual obligations of such providers, and notwithstanding any other inconsistent provision of law to the contrary, in an amount equal to 50 percent of the income received by such providers which exceeds the fixed amount of annual Medicaid revenue limitations, as established by the commissioner of mental health. Recovery of such excess income shall be for the following fiscal periods: for programs in counties located outside of the city of New York, the applicable fiscal periods shall be January 1, 2003 through December 31, 2009 AND JANUARY 1, 2011 THROUGH DECEMBER 31, 2013; and for programs located within the city of New York, the applicable fiscal periods shall be July 1, 2003 through June 30, 2010 AND JULY 1, 2011 THROUGH JUNE 30, 2013.

S 2. This act shall take effect immediately.

PART S

Section 1. Section 18 of chapter 266 of the laws of 1986, amending the civil practice law and rules and other laws relating to medical and dental malpractice, is REPEALED.

S 2. Any rules or regulations promulgated by the superintendent of insurance or the commissioner of health pursuant to the provisions of section 18 of chapter 266 of the laws of 1986 shall survive such repeal, and shall be applicable to the excess medical malpractice liability coverage pool and related provisions as created by section three of this act.

The repeal of section 18 of chapter 266 of the laws of 1986 as effectuated by section one of this act shall not affect the rights or obligations of any physician, dentist, insurer or general hospital related to excess or equivalent excess coverage purchased pursuant to the provisions of section 18 of chapter 266 of the laws of 1986 that were in effect prior to the date this act takes effect; nor shall the repeal of section 18 of chapter 266 of the laws of 1986 as effectuated by section one of this act affect the rights or obligations of any claimant against excess or equivalent excess coverage that was purchased pursuant to the provisions of section 18 of chapter 266 of the laws of 1986 that were in effect prior to the date this act takes effect.

S 3. The public health law is amended by adding a new section 23 to read as follows:

S 23. EXCESS MEDICAL MALPRACTICE LIABILITY COVERAGE POOL. 1. THE HOSPITAL EXCESS LIABILITY POOL ESTABLISHED BY SUBDIVISION FIVE OF SECTION EIGHTEEN OF CHAPTER TWO HUNDRED SIXTY-SIX OF THE LAWS OF NINETEEN HUNDRED EIGHTY-SIX, AS AMENDED BY CHAPTER TWO HUNDRED FIFTY-SIX OF THE LAWS OF NINETEEN HUNDRED NINETY-THREE SHALL BE CONTINUED AND IS HEREBY RENAMED THE "EXCESS MEDICAL MALPRACTICE LIABILITY COVERAGE POOL." THE EXCESS MEDICAL MALPRACTICE LIABILITY COVERAGE POOL SHALL BE OVERSEEN BY THE SUPERINTENDENT OF FINANCIAL SERVICES AND THE COMMISSIONER, AND SHALL CONSIST OF FUNDS CURRENTLY IN OR OWED TO THE EXCESS LIABILITY POOL AS OF THE EFFECTIVE DATE OF THIS SECTION, AND FUNDS APPROPRIATED FOR THE PURPOSES OF THE EXCESS MEDICAL MALPRACTICE LIABILITY COVERAGE POOL.

2. NOTWITHSTANDING ANY INCONSISTENT PROVISION OF SECTIONS ONE HUNDRED TWELVE AND ONE HUNDRED SIXTY-THREE OF THE STATE FINANCE LAW, OR SECTIONS ONE HUNDRED FORTY-TWO AND ONE HUNDRED FORTY-THREE OF THE ECONOMIC DEVEL-

OPMENT LAW, OR ANY OTHER CONTRARY PROVISION OF LAW, THE SUPERINTENDENT OF FINANCIAL SERVICES MAY ENTER INTO A CONTRACT OR CONTRACTS UNDER THIS SUBDIVISION WITHOUT A COMPETITIVE BID OR REQUEST FOR PROPOSAL PROCESS, PROVIDED, HOWEVER, THAT:

(A) THE DEPARTMENT OF FINANCIAL SERVICES SHALL POST ON ITS WEBSITE, FOR A PERIOD OF NO LESS THAN THIRTY DAYS:

(I) A DESCRIPTION OF THE PROPOSED SERVICES TO BE PROVIDED PURSUANT TO THE CONTRACT OR CONTRACTS;

(II) THE CRITERIA FOR SELECTION OF A CONTRACTOR OR CONTRACTORS;

(III) THE PERIOD OF TIME DURING WHICH A PROSPECTIVE CONTRACTOR MAY SEEK SELECTION, WHICH SHALL BE NO LESS THAN THIRTY DAYS AFTER SUCH INFORMATION IS FIRST POSTED ON THE WEBSITE; AND

(IV) THE MANNER BY WHICH A PROSPECTIVE CONTRACTOR MAY SEEK SUCH SELECTION, WHICH MAY INCLUDE SUBMISSION BY ELECTRONIC MEANS;

(B) ALL REASONABLE AND RESPONSIVE SUBMISSIONS THAT ARE RECEIVED FROM PROSPECTIVE CONTRACTORS IN TIMELY FASHION SHALL BE REVIEWED BY THE SUPERINTENDENT OF FINANCIAL SERVICES; AND

(C) THE SUPERINTENDENT OF FINANCIAL SERVICES SHALL SELECT SUCH CONTRACTOR OR CONTRACTORS THAT, IN THE SUPERINTENDENT OF FINANCIAL SERVICES' DISCRETION, ARE BEST SUITED TO SERVE THE PURPOSES OF THIS SUBDIVISION.

3. (A) THE SUPERINTENDENT OF FINANCIAL SERVICES AND THE COMMISSIONER OR THEIR DESIGNEES SHALL, FROM FUNDS AVAILABLE IN THE EXCESS MEDICAL MALPRACTICE LIABILITY COVERAGE POOL CREATED PURSUANT TO SUBDIVISION ONE OF THIS SECTION, PURCHASE A POLICY OR POLICIES FOR EXCESS INSURANCE COVERAGE, OR FOR EQUIVALENT EXCESS COVERAGE, FOR MEDICAL OR DENTAL MALPRACTICE OCCURRENCES BETWEEN THE FIRST OF JULY OF A GIVEN YEAR AND ENDING THE THIRTIETH OF JUNE OF THE NEXT SUCCEEDING YEAR, OR TO REIMBURSE A GENERAL HOSPITAL WHERE THE HOSPITAL PURCHASES EQUIVALENT EXCESS COVERAGE FOR MEDICAL OR DENTAL MALPRACTICE OCCURRENCES BETWEEN THE FIRST OF JULY IN A GIVEN YEAR AND ENDING THE THIRTIETH OF JUNE IN THE SUCCEEDING YEAR FOR ELIGIBLE PHYSICIANS OR DENTISTS AS CERTIFIED BY A GENERAL HOSPITAL LICENSED PURSUANT TO ARTICLE TWENTY-EIGHT OF THIS CHAPTER FOR EACH SUCH PERIOD OR PERIODS.

(B) SUCH POLICIES MAY BE PURCHASED PURSUANT TO SECTION FIVE THOUSAND FIVE HUNDRED TWO OF THE INSURANCE LAW, OR FROM AN INSURER, DULY LICENSED IN THIS STATE TO WRITE PERSONAL INJURY LIABILITY INSURANCE AND ACTUALLY WRITING MEDICAL MALPRACTICE INSURANCE IN THIS STATE.

(C) NO SINGLE INSURER SHALL WRITE MORE THAN FIFTY PERCENT OF THE TOTAL EXCESS PREMIUM FOR A GIVEN POLICY YEAR, UNLESS UPON REQUEST BY THE INSURER, THE SUPERINTENDENT OF FINANCIAL SERVICES IN WRITING DETERMINED THAT EXCEEDING SUCH LIMIT WOULD NOT BE HARMFUL TO THE POLICYHOLDER AND THE PEOPLE OF THE STATE.

4. (A) FOR THE PURPOSES OF THIS SECTION, "ELIGIBLE PHYSICIAN OR DENTIST" SHALL A MEAN A PHYSICIAN OR DENTIST, EXCLUDING A FACULTY PRACTICE PHYSICIAN OR DENTIST, WHO:

(I) IS PRIMARILY ENGAGED IN THE PRIVATE PRACTICE OF MEDICINE, OR IS AN EMPLOYEE OF AN ELIGIBLE HOSPITAL;

(II) HAS PROFESSIONAL PRIVILEGES IN THE GENERAL HOSPITAL THAT IS CERTIFYING THE PHYSICIAN'S OR DENTIST'S ELIGIBILITY;

(III) IS PROVIDING EMERGENCY MEDICAL OR DENTAL SERVICES, INCLUDING EMERGENCY MEDICAL SCREENING EXAMINATIONS, TREATMENT FOR EMERGENCY MEDICAL CONDITIONS, INCLUDING LABOR AND DELIVERY, OR TREATMENT FOR EMERGENCY DENTAL CONDITIONS TO PERSONS IN NEED OF SUCH TREATMENT AT THE GENERAL HOSPITAL THAT IS CERTIFYING THEIR ELIGIBILITY; AND

(IV) (1) HAS IN FORCE COVERAGE UNDER AN INDIVIDUAL POLICY OR GROUP POLICY WRITTEN IN ACCORDANCE WITH THE PROVISIONS OF THE INSURANCE LAW, PAID FOR SOLELY BY SUCH PHYSICIAN OR DENTIST OR HIS OR HER PRIVATE PRACTICE, FROM AN INSURER LICENSED IN THIS STATE TO WRITE PERSONAL INJURY LIABILITY INSURANCE, OF PRIMARY MALPRACTICE INSURANCE COVERAGE IN AMOUNTS OF NO LESS THAN ONE MILLION THREE HUNDRED THOUSAND DOLLARS FOR EACH CLAIMANT AND THREE MILLION NINE HUNDRED THOUSAND DOLLARS FOR ALL CLAIMANTS UNDER THAT POLICY AND COVERING THE SAME TIME PERIOD AS THE EXCESS INSURANCE COVERAGE;

(2) IN THE CASE OF AN EMPLOYEE OF AN ELIGIBLE HOSPITAL, HAS IN FORCE AN INDIVIDUAL POLICY OR GROUP POLICY WRITTEN IN ACCORDANCE WITH THE PROVISIONS OF THE INSURANCE LAW, PARTIALLY OR FULLY PURCHASED BY AN ELIGIBLE HOSPITAL, FROM AN INSURER LICENSED IN THIS STATE TO WRITE PERSONAL INJURY LIABILITY INSURANCE, OF PRIMARY MALPRACTICE INSURANCE COVERAGE IN AMOUNTS OF NO LESS THAN ONE MILLION THREE HUNDRED THOUSAND DOLLARS FOR EACH CLAIMANT AND THREE MILLION NINE HUNDRED THOUSAND DOLLARS FOR ALL CLAIMANTS UNDER THAT POLICY AND COVERING THE SAME TIME PERIOD AS THE EXCESS INSURANCE COVERAGE; OR

(3) IS ENDORSED AS AN ADDITIONAL INSURED UNDER A VOLUNTARY ATTENDING PHYSICIAN ("CHANNELING") PROGRAM PREVIOUSLY PERMITTED BY THE SUPERINTENDENT OF INSURANCE AND COVERING THE SAME TIME PERIOD AS THE EQUIVALENT EXCESS COVERAGE.

(B) THE EXCESS COVERAGE OR EQUIVALENT EXCESS COVERAGE SHALL, WHEN COMBINED WITH THE PHYSICIAN'S OR DENTIST'S PRIMARY MALPRACTICE INSURANCE COVERAGE OR COVERAGE PROVIDED THROUGH A VOLUNTARY ATTENDING PHYSICIAN ("CHANNELING") PROGRAM PREVIOUSLY PERMITTED BY THE SUPERINTENDENT OF INSURANCE, TOTAL AN AGGREGATE LEVEL OF COVERAGE OF TWO MILLION THREE HUNDRED THOUSAND DOLLARS FOR EACH CLAIMANT AND SIX MILLION NINE HUNDRED THOUSAND DOLLARS FOR ALL CLAIMANTS WITH RESPECT TO OCCURRENCES DURING THE POLICY PERIOD.

(C) THE EQUIVALENT EXCESS COVERAGE SHALL PROVIDE FOR PAYMENT ONLY AFTER COVERAGE AVAILABLE THROUGH THE VOLUNTARY ATTENDING PHYSICIAN ("CHANNELING") PROGRAM HAS BEEN EXHAUSTED DURING THE POLICY PERIOD.

(D) IN THE EVENT THAT AN ELIGIBLE PHYSICIAN OR DENTIST HAS PROFESSIONAL PRIVILEGES IN MORE THAN ONE GENERAL HOSPITAL, THE CERTIFICATION OF THE PHYSICIAN'S OR DENTIST'S ELIGIBILITY SHALL BE PROVIDED BY THE GENERAL HOSPITAL DESIGNATED BY SUCH PHYSICIAN OR DENTIST AS THE GENERAL HOSPITAL WITH WHICH THE PHYSICIAN OR DENTIST IS PRIMARILY AFFILIATED, AS MAY BE DEFINED PURSUANT TO REGULATIONS PROMULGATED BY THE COMMISSIONER.

5. FOR THE PURPOSES OF THIS SECTION THE TERM "ELIGIBLE HOSPITAL" SHALL MEAN A GENERAL HOSPITAL THAT HAS BEEN DETERMINED BY THE COMMISSIONER IN CONSULTATION WITH THE SUPERINTENDENT OF FINANCIAL SERVICES TO:

(A) HAVE ADEQUATELY DEMONSTRATED THAT HIGH COSTS FOR, OR LACK OF AVAILABILITY OF, MEDICAL MALPRACTICE LIABILITY COVERAGE HAVE IMPAIRED THE HOSPITAL'S ABILITY TO ATTRACT AND RETAIN PHYSICIANS AND DENTISTS PRACTICING IN FIELDS FOR WHICH THERE IS HIGH DEMAND BASED ON THE RATIO OF PATIENT VOLUME TO AVAILABLE PHYSICIANS; AND

(B) BE A VITAL ACCESS PROVIDER; AND

(C) HAVE ADEQUATELY DEMONSTRATED THAT THE GENERAL HOSPITAL IS IN FINANCIAL DISTRESS.

6. FOR THE PURPOSES OF THIS SECTION "EQUIVALENT EXCESS COVERAGE" SHALL MEAN A POLICY OR POLICIES OF INSURANCE FOR A PHYSICIAN OR DENTIST INSURED UNDER A VOLUNTARY ATTENDING PHYSICIAN ("CHANNELING") PROGRAM PREVIOUSLY PERMITTED BY THE SUPERINTENDENT OF INSURANCE INSURING A PHYSICIAN OR DENTIST AGAINST MEDICAL OR DENTAL MALPRACTICE WITH AN AGGREGATE LEVEL OF COVERAGE PROVIDING NOT LESS THAN TWO MILLION THREE

1 HUNDRED THOUSAND DOLLARS FOR EACH CLAIMANT AND SIX MILLION NINE HUNDRED
2 THOUSAND DOLLARS FOR ALL CLAIMANTS DURING THE POLICY PERIOD. SUCH COVER-
3 AGE LIMITS SHALL BE REDUCED BY PAYMENTS MADE ON BEHALF OF SUCH PHYSICIAN
4 OR DENTIST UNDER A HOSPITAL PROFESSIONAL LIABILITY POLICY WRITTEN PURSU-
5 ANT TO A VOLUNTARY ATTENDING PHYSICIAN ("CHANNELING") PROGRAM PREVIOUSLY
6 PERMITTED BY THE SUPERINTENDENT OF INSURANCE, IN AN AMOUNT NOT TO EXCEED
7 TWO MILLION THREE HUNDRED THOUSAND DOLLARS FOR EACH CLAIMANT AND SIX
8 MILLION NINE HUNDRED THOUSAND DOLLARS FOR ALL CLAIMANTS DURING SUCH
9 POLICY PERIOD FOR EACH SUCH PHYSICIAN OR DENTIST.

10 7. FOR THE PURPOSES OF THIS SECTION, A PHYSICIAN OR DENTIST IN THE
11 "PRIVATE PRACTICE OF MEDICINE" SHALL MEAN A PHYSICIAN OR DENTIST WHO
12 RECEIVES THE LARGEST PERCENTAGE OF HIS OR HER INCOME DERIVED FROM THE
13 PROVISION OF MEDICAL SERVICES, FROM BILLS:

14 (A) ISSUED DIRECTLY BY THE PHYSICIAN OR DENTIST;

15 (B) ISSUED DIRECTLY BY A CORPORATION, ORGANIZED FOR THE PURPOSE OF
16 PROVIDING MEDICAL OR DENTAL CARE, THAT IS NOT OWNED BY, AND IS NOT A
17 SUBSIDIARY OF, A GENERAL HOSPITAL, OR ISSUED BY A VENDOR CONTRACTED BY
18 THAT CORPORATION FOR THE PURPOSES OF BILLING, FOR SERVICES RENDERED BY
19 THE PHYSICIAN OR DENTIST; OR

20 (C) ISSUED BY A GENERAL HOSPITAL FOR SERVICES RENDERED BY A PHYSICIAN
21 OR DENTIST WHO HAS IN FORCE AN INDIVIDUAL MEDICAL MALPRACTICE INSURANCE
22 POLICY THAT IS PURCHASED SOLELY BY THE PHYSICIAN OR DENTIST OR AN ORGAN-
23 IZATION DESCRIBED IN PARAGRAPH (B) OF THIS SUBDIVISION, FROM AN INSURER
24 LICENSED IN THIS STATE TO WRITE PERSONAL INJURY LIABILITY INSURANCE, OF
25 PRIMARY MEDICAL MALPRACTICE INSURANCE COVERAGE IN AMOUNTS OF NO LESS
26 THAN ONE MILLION THREE HUNDRED THOUSAND DOLLARS FOR EACH CLAIMANT AND
27 THREE MILLION NINE HUNDRED THOUSAND DOLLARS FOR ALL CLAIMANTS.

28 8. (A) TO THE EXTENT FUNDS AVAILABLE TO THE EXCESS MEDICAL MALPRACTICE
29 LIABILITY COVERAGE POOL PURSUANT TO SUBDIVISION ONE OF THIS SECTION ARE
30 INSUFFICIENT TO MEET THE COSTS OF EXCESS INSURANCE COVERAGE OR EQUIV-
31 ALENT EXCESS COVERAGE FOR COVERAGE PERIODS DURING THE PERIOD BETWEEN
32 JULY FIRST OF A GIVEN YEAR AND JUNE THIRTIETH OF THE NEXT SUCCEEDING
33 YEAR, BEGINNING JULY FIRST, TWO THOUSAND TWELVE AND ENDING JUNE THIRTI-
34 ETH, TWO THOUSAND FOURTEEN EACH PHYSICIAN OR DENTIST FOR WHOM A POLICY
35 FOR EXCESS INSURANCE COVERAGE OR EQUIVALENT EXCESS COVERAGE IS PURCHASED
36 FOR SUCH PERIOD SHALL BE RESPONSIBLE FOR PAYMENT TO THE PROVIDER OF
37 EXCESS INSURANCE COVERAGE OR EQUIVALENT EXCESS COVERAGE OF AN ALLOCABLE
38 SHARE OF SUCH INSUFFICIENCY, BASED ON THE RATIO OF THE TOTAL COST OF
39 SUCH COVERAGE FOR SUCH PHYSICIAN OR DENTIST TO THE SUM OF THE TOTAL COST
40 OF SUCH COVERAGE FOR ALL PHYSICIANS OR DENTISTS APPLIED TO SUCH INSUFFI-
41 CIENCY.

42 (B) EACH PROVIDER OF EXCESS INSURANCE COVERAGE OR EQUIVALENT EXCESS
43 COVERAGE COVERING THE PERIOD BETWEEN JULY FIRST OF A GIVEN YEAR AND JUNE
44 THIRTIETH OF THE NEXT SUCCEEDING YEAR, BEGINNING JULY FIRST, TWO THOU-
45 SAND TWELVE AND ENDING JUNE THIRTIETH, TWO THOUSAND FOURTEEN SHALL NOTI-
46 FY A COVERED PHYSICIAN OR DENTIST BY MAIL, MAILED TO THE ADDRESS SHOWN
47 ON THE LAST APPLICATION FOR EXCESS INSURANCE COVERAGE OR EQUIVALENT
48 EXCESS COVERAGE, OF THE AMOUNT DUE TO SUCH PROVIDER FROM SUCH PHYSICIAN
49 OR DENTIST FOR SUCH COVERAGE PERIOD DETERMINED IN ACCORDANCE WITH PARA-
50 GRAPH (A) OF THIS SUBDIVISION. SUCH AMOUNT SHALL BE DUE FROM SUCH PHYSI-
51 CIAN OR DENTIST TO SUCH PROVIDER OF EXCESS INSURANCE COVERAGE OR EQUIV-
52 ALENT EXCESS COVERAGE IN A TIME AND MANNER DETERMINED BY THE
53 SUPERINTENDENT OF FINANCIAL SERVICES.

54 (C) IF A PHYSICIAN OR DENTIST LIABLE FOR PAYMENT OF A PORTION OF THE
55 COSTS OF EXCESS INSURANCE COVERAGE OR EQUIVALENT EXCESS COVERAGE COVER-
56 ING THE PERIOD BETWEEN JULY FIRST OF A GIVEN YEAR AND JUNE THIRTIETH OF

1 THE NEXT SUCCEEDING YEAR, BEGINNING JULY FIRST, TWO THOUSAND TWELVE AND
2 ENDING JUNE THIRTIETH, TWO THOUSAND FOURTEEN DETERMINED IN ACCORDANCE
3 WITH PARAGRAPH (A) OF THIS SUBDIVISION FAILS, REFUSES OR NEGLECTS TO
4 MAKE PAYMENT TO THE PROVIDER OF EXCESS INSURANCE COVERAGE OR EQUIVALENT
5 EXCESS COVERAGE IN SUCH TIME AND MANNER AS DETERMINED BY THE SUPERINTEN-
6 DENT OF FINANCIAL SERVICES PURSUANT TO PARAGRAPH (B) OF THIS SUBDIVI-
7 SION, EXCESS INSURANCE COVERAGE OR EQUIVALENT EXCESS COVERAGE PURCHASED
8 FOR SUCH PHYSICIAN OR DENTIST IN ACCORDANCE WITH THIS SECTION FOR SUCH
9 COVERAGE PERIOD SHALL BE CANCELLED AND SHALL BE NULL AND VOID AS OF THE
10 FIRST DAY ON OR AFTER THE COMMENCEMENT OF A POLICY PERIOD WHERE THE
11 LIABILITY FOR PAYMENT PURSUANT TO THIS SUBDIVISION HAS NOT BEEN MET.

12 (D) EACH PROVIDER OF EXCESS INSURANCE COVERAGE OR EQUIVALENT EXCESS
13 COVERAGE SHALL NOTIFY THE SUPERINTENDENT OF FINANCIAL SERVICES AND THE
14 COMMISSIONER OR THEIR DESIGNEE OF EACH PHYSICIAN AND DENTIST ELIGIBLE
15 FOR PURCHASE OF A POLICY FOR EXCESS INSURANCE COVERAGE OR EQUIVALENT
16 EXCESS COVERAGE COVERING THE PERIOD BETWEEN JULY FIRST OF A GIVEN YEAR
17 AND JUNE THIRTIETH OF THE NEXT SUCCEEDING YEAR, BEGINNING JULY FIRST,
18 TWO THOUSAND TWELVE AND ENDING JUNE THIRTIETH, TWO THOUSAND FOURTEEN
19 THAT HAS MADE PAYMENT TO SUCH PROVIDER OF EXCESS INSURANCE COVERAGE OR
20 EQUIVALENT EXCESS COVERAGE IN ACCORDANCE WITH PARAGRAPH (B) OF THIS
21 SUBDIVISION AND OF EACH PHYSICIAN AND DENTIST WHO HAS FAILED, REFUSED OR
22 NEGLECTED TO MAKE SUCH PAYMENT.

23 (E) A PROVIDER OF EXCESS INSURANCE COVERAGE OR EQUIVALENT EXCESS
24 COVERAGE SHALL REFUND TO THE EXCESS MEDICAL MALPRACTICE LIABILITY COVER-
25 AGE POOL ANY AMOUNT ALLOCABLE TO THE PERIOD BETWEEN JULY FIRST OF A
26 GIVEN YEAR AND JUNE THIRTIETH OF THE NEXT SUCCEEDING YEAR, BEGINNING
27 JULY FIRST, TWO THOUSAND TWELVE AND ENDING JUNE THIRTIETH, TWO THOUSAND
28 FOURTEEN RECEIVED FROM THE EXCESS MEDICAL MALPRACTICE LIABILITY COVERAGE
29 POOL FOR PURCHASE OF EXCESS INSURANCE COVERAGE OR EQUIVALENT EXCESS
30 COVERAGE COVERING THE PERIOD BETWEEN JULY FIRST OF A GIVEN YEAR AND JUNE
31 THIRTIETH OF THE NEXT SUCCEEDING YEAR, BEGINNING JULY FIRST, TWO THOU-
32 SAND TWELVE AND ENDING JUNE THIRTIETH, TWO THOUSAND FOURTEEN FOR A
33 PHYSICIAN OR DENTIST WHERE SUCH EXCESS INSURANCE COVERAGE OR EQUIVALENT
34 EXCESS COVERAGE IS CANCELLED IN ACCORDANCE WITH PARAGRAPH (C) OF THIS
35 SUBDIVISION.

36 (F) A POLICY OR POLICIES OF EXCESS MEDICAL MALPRACTICE COVERAGE ISSUED
37 TO OR ON BEHALF OF AN ELIGIBLE PHYSICIAN OR DENTIST PURSUANT TO THIS
38 SECTION SHALL BE WRITTEN UPON AND GIVE EFFECT TO THE CHOICE OF AN INSUR-
39 ER BY THE PHYSICIAN OR DENTIST, PROVIDED, HOWEVER, THAT SUCH CHOICE
40 SHALL BE MADE AMONG INSURERS WRITING EXCESS COVERAGE POLICIES IN ACCORD-
41 ANCE WITH THIS SECTION AND FURTHER PROVIDED THAT NO PHYSICIAN OR DENTIST
42 SHALL BE COMPELLED TO BE INSURED BY AN INSURER PROVIDING PRIMARY COVER-
43 AGE NOR SHALL SUCH INSURER PROVIDING SUCH PRIMARY COVERAGE BE COMPELLED
44 TO WRITE COVERAGE OF SUCH ELIGIBLE PHYSICIAN OR DENTIST FOR SUCH EXCESS
45 COVERAGE, IN WHICH CASE THE ELIGIBLE PHYSICIAN OR DENTIST MAY SELECT
46 ANOTHER INSURER WRITING SUCH EXCESS COVERAGE IN ACCORDANCE WITH THIS
47 SECTION.

48 9. ANY INSURER ISSUING POLICIES OF EXCESS OR EQUIVALENT EXCESS COVER-
49 AGE IN ACCORDANCE WITH SUBDIVISION ONE OF THIS SECTION MAY, NOTWITH-
50 STANDING ANY PROVISIONS OF THE INSURANCE LAW, RETURN TO THE STATE, IN
51 WHOLE OR IN PART, THE MONEYS REIMBURSED BY THE STATE IN ACCORDANCE WITH
52 THIS SECTION FOR SPECIFIED POLICY PERIODS, UPON A CERTIFICATION TO THE
53 INSURER BY THE SUPERINTENDENT OF FINANCIAL SERVICES THAT THERE IS A
54 REASONABLE LIKELIHOOD ON AN ACTUARIAL BASIS THAT THE MONEYS RETURNED
55 WILL NOT BE NEEDED TO PAY FOR THE EXPECTED LIABILITIES INCURRED BY THE
56 INSURER FOR SUCH POLICY PERIODS.

1 10. THE SUPERINTENDENT OF FINANCIAL SERVICES AND THE COMMISSIONER MAY
2 ADOPT AND MAY AMEND SUCH REGULATIONS AS ARE NECESSARY TO EFFECTUATE THE
3 PROVISIONS OF THIS SECTION.

4 S 4. This act shall take effect immediately.

5 S 2. Severability clause. If any clause, sentence, paragraph, subdivi-
6 sion, section or part of this act shall be adjudged by any court of
7 competent jurisdiction to be invalid, such judgment shall not affect,
8 impair, or invalidate the remainder thereof, but shall be confined in
9 its operation to the clause, sentence, paragraph, subdivision, section
10 or part thereof directly involved in the controversy in which such judg-
11 ment shall have been rendered. It is hereby declared to be the intent of
12 the legislature that this act would have been enacted even if such
13 invalid provisions had not been included herein.

14 S 3. This act shall take effect immediately provided, however, that
15 the applicable effective date of Parts A through S of this act shall be
16 as specifically set forth in the last section of such Parts.