

S. 6358

A. 8558

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

January 21, 2014

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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

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

AN ACT to amend the public health law, in relation to state aid to counties and New York City for provision of prenatal health care services to uninsured women; to amend the public health law, in relation to simplifying consent for HIV testing; to amend the public health law, in relation to authorization for data sharing with providers for purposes of patient linkage and retention in care; to amend the public health law, in relation to the board member composition for the health research science board; to amend the public health law, in relation to the health research science board meeting requirements; to amend the state finance law, in relation to the New York state prostate cancer research, detection and education fund; to amend the public health law and the public authorities law, in relation to a capital restructuring finance program; to amend the public health law, in relation to the health care restructuring loan pool; to amend the public health law and the public authorities law, in relation to establishing a private equity pilot program; to amend the public health law, in relation to streamlining the certificate of need process for hospitals and diagnostic and treatment clinics providing primary care; to amend the public health law, in relation to the establishment and operation of limited services clinics; to amend the public health law, in relation to standardizing urgent care centers; to amend the public health law, in relation to enhanced oversight of office-based surgery; to amend the public health law, in relation to the statutory authority of updated diagnostic and treatment centers; to amend the public health law and the state finance law, in relation to the operation of the New York State donate life registry; to amend chapter 465 of the laws of 2012 amending the public health law and the vehicle and traffic law relating to establishing Lauren's law, in relation to the effectiveness thereof; to amend the social services law and the public health law, in relation to streamlining the application process for adult

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

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care facilities and assisted living residences; to amend the public health law, in relation to the long term home health care program; to amend the public health law, in relation to resident working audits; to amend chapter 58 of the laws of 2008 amending the elder law and other laws relating to reimbursement to particular provider pharmacies and prescription drug coverage, in relation to the effectiveness thereof; to repeal certain provisions of the public health law relating thereto; and to repeal subdivision 9 of section 2803 of the public health law, relating to reports to the commissioner by general hospitals regarding working conditions and limits on working hours for certain members of the hospital's staff (Part A); to amend the New York Health Care Reform Act of 1996, in relation to extending certain provisions relating thereto; to amend the New York Health Care Reform Act of 2000, in relation to extending the effectiveness of provisions thereof; to amend the public health law, in relation to the distribution of pool allocations and graduate medical education; to amend chapter 62 of the laws of 2003 amending the general business law and other laws relating to enacting major components necessary to implement the state fiscal plan for the 2003-04 state fiscal year, in relation to the deposit of certain funds; to amend the public health law, in relation to health care initiative pool distributions; to amend the social services law, in relation to extending payment provisions for general hospitals; to amend chapter 600 of the laws of 1986 amending the public health law relating to the development of pilot reimbursement programs for ambulatory care services, in relation to the effectiveness of such chapter; to amend chapter 520 of the laws of 1978 relating to providing for a comprehensive survey of health care financing, education and illness prevention and creating councils for the conduct thereof, in relation to extending the effectiveness of portions thereof; to amend the public health law, in relation to extending access to community health care services in rural areas; to amend the public health law, in relation to rates of payment for personal care service providers; to amend the public health law, in relation to the assessment on covered lives; to amend the public health law, in relation to the comprehensive diagnostic and treatment centers indigent care program; to amend the public health law, in relation to general hospital indigent pool and general hospital inpatient reimbursement rates; to amend chapter 266 of the laws of 1986 amending the civil practice law and rules and other laws relating to malpractice and professional medical conduct, in relation to extending the applicability of certain provisions thereof; and to amend chapter 63 of the laws of 2001 amending chapter 20 of the laws of 2001 amending the military law and other laws relating to making appropriations for the support of government, in relation to extending the applicability of certain provisions thereof (Part B); to amend the social services law, in relation to eliminating prescriber prevails for brand name drugs with generic equivalents; to amend the public health law, in relation to minimum supplemental rebates for pharmaceutical manufacturers; to amend the social services law, in relation to early refill of prescriptions; to amend the public health law, in relation to eliminating the financial incentive for e-prescribing; to amend the public health law, in relation to expanding prior authorization under the clinic drug review program; to amend the public health law, in relation to the expansion of prior authorization under the clinical drug review program; to amend the social services law, in relation to requiring prior authorization for non-medically acceptable indicators

for prescription drugs; to amend the social services law, in relation to the integration of behavioral and physical health clinic services; to amend part A of chapter 56 of the laws of 2013 amending chapter 59 of the laws of 2011 amending the public health law and other laws relating to general hospital reimbursement for annual rates relating to the cap on local Medicaid expenditures, in relation to establishing rate protections for behavioral health essential providers and the effectiveness thereof; to amend section 1 of part H of chapter 111 of the laws of 2010, relating to increasing Medicaid payments to providers through managed care organizations and providing equivalent fees through an ambulatory patient group methodology, in relation to transfer of funds and the effectiveness thereof; to amend the social services law, in relation to spousal support for the costs of community-based long term care; to amend the social services law, in relation to fair hearings within the Fully Integrated Duals Advantage program; to amend the public health law, in relation to the establishment of a default rate for nursing homes under managed care; to amend the public health law, in relation to rates of payment for certified home health agencies and long term home health care programs; to amend the public health law, in relation to rate setting methodologies for the ICD-10; to amend the public health law, in relation to inpatient psych base years; to amend the public health law, in relation to specialty inpatient base years; to amend the public health law, in relation to inpatient psych base years; to amend the public health law, in relation to hospital inpatient base years; to amend part H of chapter 59 of the laws of 2011, amending the public health law and other laws relating to known and projected department of health state fund medicaid expenditures, in relation to the determination of rates of payments by certain state governmental agencies; to amend the social services law and the public health law, in relation to requiring the use of an enrollment broker for counties that are mandated Medicaid managed care and managed long term care; to amend the public health law, in relation to establishing vital access pools for licensed home care service agencies; to amend the social services law, in relation to the expansion of the Medicaid managed care advisory review panel; to amend part H of chapter 59 of the laws of 2011 amending the public health law relating to general hospital inpatient reimbursement for annual rates, in relation to the across the board reduction of 2011; to amend the social services law, in relation to establishing a health homes criminal justice initiative; to amend the social services law, in relation to the transition of children in foster care to managed care; to amend the social services law and the state finance law, in relation to the establishment of a basic health plan; to amend the social services law, in relation to hospital presumptive eligibility under the affordable care act; to amend the social services law, in relation to spending down procedures under the MAGI system of eligibility determination; to amend the public health law, in relation to moving rate setting for child health plus to the department of health; to amend the public health law, in relation to eliminating the existing child health plus waiting period; to amend chapter 2 of the laws of 1998, amending the public health law and other laws relating to expanding the child health insurance plan, in relation to allowing for the permanent expansion of child health plus income and benefit provisions; to amend part C of chapter 58 of the laws of 2009, amending the public health law relating to the ADIRONDACK MEDICAL HOME MULTIPAYOR DEMONSTRATION PROGRAM, in relation to extending the adiron-

dack medical home demo through the year 2017; to amend chapter 779 of the laws of 1986, amending the social services law relating to authorizing services for non-residents in adult homes, residences for adults and enriched housing programs, in relation to extending the authorization of non-resident services within adult homes; to amend part C of chapter 58 of the laws of 2008, amending the social services law and the public health law relating to adjustments of rates, in relation to extending the utilization threshold exemption; to amend chapter 19 of the laws of 1998, amending the social services law relating to limiting the method of payment for prescription drugs under the medical assistance program, in relation to extending provisions related to dispensing fees; to amend the public health law, in relation to rates of payment to residential health care facilities; providing for the repeal of certain provisions relating to the availability of funds upon expiration thereof; and to repeal certain provisions of the social services law and the public health law relating thereto (Part C); to amend the education law, in relation to the exemption of the nurse practice act for direct care staff in non-certified settings funded, authorized or approved by the office for people with developmental disabilities (Part D); to amend part A of chapter 111 of the laws of 2010 amending the mental hygiene law relating to the receipt of federal and state benefits received by individuals receiving care in facilities operated by an office of the department of mental hygiene, in relation to the effectiveness thereof (Part E); to amend the mental hygiene law, in relation to the recovery of exempt income by the office of mental health for community residential programs (Part F); and 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 2014-2015 state fiscal year (Part G)

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 2014-2015  
3 state fiscal year. Each component is wholly contained within a Part  
4 identified as Parts A through G. 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 1 of section 602 of the public  
14 health law, as added by section 16 of part E of chapter 56 of the laws  
15 of 2013, is amended to read as follows:

16 (a) Family health, which shall include activities designed to reduce  
17 perinatal, infant and maternal mortality and morbidity and to promote  
18 the health of infants, children, adolescents, and people of childbearing  
19 age. Such activities shall include family centered perinatal services

1 and other services appropriate to promote the birth of a healthy baby to  
2 a healthy mother, and services to assure that infants, young children,  
3 and school age children are enrolled in appropriate health insurance  
4 programs and other health benefit programs for which they are eligible,  
5 and that the parents or guardians of such children are provided with  
6 information concerning health care providers in their area that are  
7 willing and able to provide health services to such children. Provision  
8 of primary and preventive clinical health care services shall be eligi-  
9 ble for state aid for uninsured persons under the age of twenty-one,  
10 provided that the municipality makes good faith efforts to assist such  
11 persons with insurance enrollment and only until such time as enrollment  
12 becomes effective. PROVISION OF PRENATAL CLINICAL HEALTH CARE SERVICES  
13 SHALL BE ELIGIBLE FOR STATE AID FOR UNINSURED WOMEN OF ANY AGE, PROVIDED  
14 THAT THE MUNICIPALITY MAKES GOOD FAITH EFFORTS TO ASSIST SUCH WOMEN WITH  
15 INSURANCE ENROLLMENT AND ONLY UNTIL SUCH TIME AS ENROLLMENT BECOMES  
16 EFFECTIVE.

17 S 2. Subdivisions 1, 2, 2-a, 2-b, 2-c, 3 and 4 of section 2781 of the  
18 public health law, subdivisions 1, 2, 3 and 4 as amended and subdivi-  
19 sions 2-a, 2-b and 2-c as added by chapter 308 of the laws of 2010, are  
20 amended to read as follows:

21 1. Except as provided in section three thousand one hundred twenty-one  
22 of the civil practice law and rules, or unless otherwise specifically  
23 authorized or required by a state or federal law, no person shall order  
24 the performance of an HIV related test without first having received  
25 [the written or, where authorized by this subdivision, oral,] informed  
26 consent of the subject of the test who has capacity to consent or, when  
27 the subject lacks capacity to consent, of a person authorized pursuant  
28 to law to consent to health care for such individual. [When the test  
29 being ordered is a rapid HIV test, such informed consent may be obtained  
30 orally and shall be documented in the subject of the test's medical  
31 record by the person ordering the performance of the test.] IN ORDER FOR  
32 THERE TO BE INFORMED CONSENT, THE PERSON ORDERING THE TEST SHALL AT A  
33 MINIMUM ADVISE THE PROTECTED INDIVIDUAL THAT AN HIV-RELATED TEST IS  
34 BEING PERFORMED.

35 2. [Except where subdivision one of this section permits informed  
36 consent to be obtained orally, informed consent to HIV related testing  
37 shall consist of a statement consenting to HIV related testing signed by  
38 the subject of the test who has capacity to consent or, when the subject  
39 lacks capacity to consent, by a person authorized pursuant to law to  
40 consent to health care for the subject after the subject or such other  
41 person has received the information described in subdivision three of  
42 this section.

43 2-a. Where a written consent to HIV related testing is included in a  
44 signed general consent to medical care for the subject of the test or in  
45 a signed consent to any health care service for the subject of the test,  
46 the consent form shall have a clearly marked place adjacent to the  
47 signature where the subject of the test, or, when the subject lacks  
48 capacity to consent, a person authorized pursuant to law to consent to  
49 health care for such individual, shall be given an opportunity to  
50 specifically decline in writing HIV related testing on such general  
51 consent.

52 2-b. A written or oral informed] INFORMED consent for HIV related  
53 testing pursuant to this section shall be valid for such testing until  
54 such consent is revoked [or expires by its terms]. Each time that an HIV  
55 related test is ordered pursuant to informed consent in accordance with  
56 this section, the physician or other person authorized pursuant to law

1 to order the performance of the HIV related test, or such person's  
2 representative, shall orally notify the subject of the test or, when the  
3 subject lacks capacity to consent, a person authorized pursuant to law  
4 to consent to health care for such individual, that an HIV related test  
5 will be conducted at such time, and shall note the notification in the  
6 patient's record.

7 [2-c.] 2-A. The provisions of this section regarding [oral] informed  
8 consent [for a rapid HIV test] shall not apply to tests performed in a  
9 facility operated under the correction law. FOR TESTS CONDUCTED IN A  
10 FACILITY UNDER THE CORRECTION LAW, INDIVIDUAL CONSENT FOR HIV RELATED  
11 TESTING MUST BE IN WRITING.

12 3. [Prior to the execution of written, or obtaining and documenting  
13 oral, informed consent, a] A person ordering the performance of an HIV  
14 related test shall provide either directly or through a representative  
15 to the subject of an HIV related test or, if the subject lacks capacity  
16 to consent, to a person authorized pursuant to law to consent to health  
17 care for the subject, an explanation that:

18 (a) HIV causes AIDS and can be transmitted through sexual activities  
19 and needle-sharing, by pregnant women to their fetuses, and through  
20 breastfeeding infants;

21 (b) there is treatment for HIV that can help an individual stay heal-  
22 thy;

23 (c) individuals with HIV or AIDS can adopt safe practices to protect  
24 uninfected and infected people in their lives from becoming infected or  
25 multiply infected with HIV;

26 (d) testing is voluntary and can be done anonymously at a public test-  
27 ing center;

28 (e) the law protects the confidentiality of HIV related test results;

29 (f) the law prohibits discrimination based on an individual's HIV  
30 status and services are available to help with such consequences; and

31 (g) the law allows an individual's informed consent for HIV related  
32 testing to be valid for such testing until such consent is revoked by  
33 the subject of the HIV RELATED test [or expires by its terms].

34 Protocols shall be in place to ensure compliance with this section.

35 4. A person authorized pursuant to law to order the performance of an  
36 HIV related test shall provide directly or through a representative to  
37 the person seeking such test, an opportunity to remain anonymous [and to  
38 provide written, informed consent or authorize documentation of oral  
39 informed consent,] through use of a coded system with no linking of  
40 individual identity to the test request or results. A health care  
41 provider who is not authorized by the commissioner to provide HIV  
42 related tests on an anonymous basis shall refer a person who requests an  
43 anonymous test to a test site which does provide anonymous testing. The  
44 provisions of this subdivision shall not apply to a health care provider  
45 ordering the performance of an HIV related test on an individual  
46 proposed for insurance coverage.

47 S 3. Section 2135 of the public health law, as amended by chapter 308  
48 of the laws of 2010, is amended to read as follows:

49 S 2135. Confidentiality. All reports or information secured by the  
50 department, municipal health commissioner or district health officer  
51 under the provisions of this title shall be confidential except: (a) in  
52 so far as is necessary to carry out the provisions of this title; (b)  
53 when used in the aggregate, without patient specific identifying infor-  
54 mation, in programs approved by the commissioner for the improvement of  
55 the quality of medical care provided to persons with HIV/AIDS; [or] (c)  
56 when used within the state or local health department by public health

disease programs to assess co-morbidity or completeness of reporting and to direct program needs, in which case patient specific identifying information shall not be disclosed outside the state or local health department; OR (D) WHEN USED FOR PURPOSES OF PATIENT LINKAGE AND RETENTION IN CARE, PATIENT SPECIFIC IDENTIFIED INFORMATION MAY BE SHARED BETWEEN LOCAL AND STATE HEALTH DEPARTMENTS AND HEALTH CARE PROVIDERS AS APPROVED BY THE COMMISSIONER.

S 4. Section 2410 of the public health law, as added by chapter 279 of the laws of 1996, subdivisions 1 and 2 as amended by chapter 32 of the laws of 2008, and subdivision 7 as added by chapter 621 of the laws of 2007, is amended to read as follows:

S 2410. Health research science board. 1. There is hereby established in the department the health research science board. The board shall be comprised of [seventeen] SIXTEEN voting members[, three non-voting regional members] and three non-voting ex-officio members as follows:

(a) twelve voting members shall be scientists each of whom shall have either an M.D., D.O., Ph.D., or Dr.P.H. in one of the following fields: biochemistry, biology, biostatistics, chemistry, epidemiology, genetics, immunology, medicine, microbiology, molecular biology, nutrition, oncology, reproductive endocrinology, or toxicology and must currently be engaged in treating patients or conducting health research. Such members shall be appointed in the following manner: two shall be appointed by the temporary president of the senate and one by the minority leader of the senate; two shall be appointed by the speaker of the assembly and one by the minority leader of the assembly; six shall be appointed by the governor;

(b) the governor shall appoint [six regional] FOUR ADDITIONAL members, [three] EACH of whom shall serve as full voting members [and three of whom shall serve as alternative members without voting rights]. Such [regional] members shall be persons who have or have had breast cancer, [and] OR shall be actively involved with a community-based, grass-roots breast cancer organization. [Two] ONE of such appointments shall be made upon the recommendation of the temporary president of the senate and [two] ONE shall be made upon the recommendation of the speaker of the assembly [. One regional member shall be appointed from each of the following geographic areas of the state: Long Island, New York City, the Hudson Valley, Northern New York, Central New York and Western New York. The order of appointments and recommendations for appointments and voting rights shall rotate as follows:

(i) The governor shall appoint regional members for three year terms in the following order:

- (A) Long Island, which member shall have voting rights,
- (B) Central New York, which member shall not have voting rights,
- (C) Hudson Valley, which member shall have voting rights,
- (D) Northern New York, which member shall not have voting rights,
- (E) Western New York, which member shall have voting rights, and
- (F) New York City, which member shall not have voting rights;

(ii) The governor, upon the recommendation of the temporary president of the senate, shall appoint regional members for three year terms in the following order:

- (A) Hudson Valley, which member shall not have voting rights,
- (B) Northern New York, which member shall have voting rights,
- (C) Western New York, which member shall not have voting rights,
- (D) New York City, which member shall have voting rights,
- (E) Long Island, which member shall have voting rights, and
- (F) Central New York, which member shall not have voting rights; and

(iii) The governor, upon the recommendation of the speaker of the assembly, shall appoint regional members for three year terms in the following order:

- (A) Western New York, which member shall have voting rights,
- (B) New York City, which member shall not have voting rights,
- (C) Long Island, which member shall not have voting rights,
- (D) Central New York, which member shall have voting rights,
- (E) Hudson Valley, which member shall not have voting rights, and
- (F) Northern New York, which member shall have voting rights];

(c) the governor shall appoint three non-voting ex officio members to the board, one of whom shall be the commissioner, or his or her designee, one of whom shall be the commissioner of environmental conservation, or his or her designee, and one of whom shall be the director of the Cornell University Institute for Comparative and Environmental Toxicology, or his or her designee[; and

(d) the governor shall appoint one voting member who shall be a person who has or has survived breast cancer and one voting member who shall be a person who has or has survived prostate or testicular cancer].

The governor shall designate the chair of the board. The governor, temporary president of the senate, minority leader of the senate, speaker of the assembly, and minority leader of the assembly may solicit recommendations from the Centers for Disease Control and Prevention, the National Institutes of Health, the Federal Agency For Health Care Policy and Research, and the National Academy of Sciences for appointments or recommendations for appointments to the board.

2. All members shall serve for terms of three years and may be reappointed, such terms to commence July first and expire June thirtieth; provided, however, that of the scientific members first appointed, three such members, one appointed by the governor, one appointed by the temporary president of the senate and one appointed by the speaker of the assembly, shall be appointed for terms of one year, and three such members, one appointed by the governor, one appointed by the temporary president of the senate, and one appointed by the speaker of the assembly shall be appointed for a term of two years.

The board shall convene on or before September first, nineteen hundred ninety-seven.

3. Any member, after notice and an opportunity to be heard, may be removed by the governor for neglect of duty or malfeasance in office. Any member who fails to attend three consecutive meetings of the board, unless excused by formal vote of the board, shall be deemed to have vacated his or her position.

4. Any vacancy in the board shall be filled for the unexpired term in the same manner as the original appointment.

5. A majority of the voting members of the board shall constitute a quorum for the transaction of any business or the exercise of any power or function of the board.

6. Members of the board shall not receive compensation for their services as members, but shall be allowed their actual and necessary expenses incurred in the performance of their duties.

[7. For the purposes of this section the following counties shall constitute the following geographic areas:

(a) Long Island: the counties of Nassau and Suffolk.

(b) New York City: the counties of Kings, Queens, Richmond, New York and Bronx.

(c) Hudson Valley: the counties of Westchester, Rockland, Putnam, Orange, Dutchess, Ulster, Greene, Columbia, Sullivan and Delaware.



(d) Northern New York: the counties of Albany, Clinton, Essex, Franklin, Fulton, Herkimer, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington.

(e) Central New York: the counties of Broome, Cayuga, Chemung, Chenango, Cortland, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, Seneca, Schuyler, St. Lawrence, Tioga, Tompkins and Wayne.

(f) Western New York: the counties of Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming, Livingston, Monroe, Ontario, Steuben and Yates.]

S 5. Subdivision 1 of section 2411 of the public health law, as amended by chapter 219 of the laws of 1997, paragraph (e) as amended by chapter 106 of the laws of 2013, and paragraph (h) as amended by chapter 638 of the laws of 2008, is amended to read as follows:

1. The board shall:

(a) Survey state agencies, boards, programs and other state governmental entities to assess what, if any, relevant data has been or is being collected which may be of use to researchers engaged in breast[, prostate or testicular] cancer research;

(b) Consistent with the survey conducted pursuant to paragraph (a) of this subdivision, compile a list of data collected by state agencies which may be of assistance to researchers engaged in breast[, prostate or testicular] cancer research as established in section twenty-four hundred twelve of this title;

(c) Consult with the Centers for Disease Control and Prevention, the National Institutes of Health, the Federal Agency For Health Care Policy and Research, the National Academy of Sciences and other organizations or entities which may be involved in cancer research to solicit both information regarding breast[, prostate and testicular] cancer research projects that are currently being conducted and recommendations for future research projects;

(d) Review requests made to the commissioner for access to information pursuant to paragraph b of subdivision one of section 33-1203 and paragraph c of subdivision two of section 33-1205 of the environmental conservation law for use in human health related research projects. Such data shall only be provided to researchers engaged in human health related research. The request made by such researchers shall include a copy of the research proposal or the research protocol approved by their institution and copies of their institution's Institutional Review Board (IRB) or equivalent review board approval of such proposal or protocol. In the case of research conducted outside the auspices of an institution by a researcher previously published in a peer-reviewed scientific journal, the board shall request copies of the research proposal and shall deny access to the site-specific and nine-digit zip code pesticide data if the board determines that such proposal does not follow accepted scientific practice for the design of a research project. The board shall establish guidelines to restrict the dissemination by researchers of the name, address or other information that would otherwise identify a commercial applicator or private applicator or any person who receives the services of a commercial applicator;

(e) Solicit, receive, and review applications from public and private agencies and organizations and qualified research institutions for grants from the breast cancer research and education fund, created pursuant to section ninety-seven-yy of the state finance law, to conduct research or educational programs which focus on the causes, prevention, screening, treatment and cure of breast cancer and may include, but are not limited to mapping of breast cancer, and basic, behavioral, clin-

1 ical, demographic, environmental, epidemiologic and psychosocial  
2 research. The board shall make recommendations to the commissioner, and  
3 the commissioner shall, in his or her discretion, grant approval of  
4 applications for grants from those applications recommended by the  
5 board. The board shall consult with the Centers for Disease Control and  
6 Prevention, the National Institutes of Health, the Federal Agency For  
7 Health Care Policy and Research, the National Academy of Sciences,  
8 breast cancer advocacy groups, and other organizations or entities which  
9 may be involved in breast cancer research to solicit both information  
10 regarding breast cancer research projects that are currently being  
11 conducted and recommendations for future research projects. As used in  
12 this section, "qualified research institution" may include academic  
13 medical institutions, state or local government agencies, public or  
14 private organizations within this state, and any other institution  
15 approved by the department, which is conducting a breast cancer research  
16 project or educational program. If a board member submits an application  
17 for a grant from the breast cancer research and education fund, he or  
18 she shall be prohibited from reviewing and making a recommendation on  
19 the application;

20 (f) Consider, based on evolving scientific evidence, whether a corre-  
21 lation exists between pesticide use and pesticide exposure. As part of  
22 such consideration the board shall make recommendations as to methodol-  
23 ogies which may be utilized to establish such correlation;

24 (g) After two years of implementation of pesticide reporting pursuant  
25 to section 33-1205 of the environmental conservation law, the board  
26 shall compare the percentage of agricultural crop production general use  
27 pesticides being reported to the total amount of such pesticides being  
28 used in this state as estimated by Cornell University, Cornell Cooper-  
29 ative Extension, the department of environmental conservation, and the  
30 Environmental Protection Agency;

31 (h) Meet at least six times in the first year, at the request of the  
32 chair and at any other time as the chair deems necessary. The board  
33 shall meet [at least four times a year] AS NEEDED thereafter. Provided,  
34 however, that at least one such meeting a year shall be a public hear-  
35 ing, at which the general public may question and present information  
36 and comments to the board with respect to the operation of the health  
37 research science board, the breast cancer research and education fund[,  
38 the prostate and testicular cancer research and education fund] and  
39 pesticide reporting established pursuant to sections 33-1205 and 33-1207  
40 of the environmental conservation law. At such hearing, the commissioner  
41 of the department of environmental conservation or his or her designee  
42 shall make a report to the board with respect to the efficiency and  
43 utility of pesticide reporting established pursuant to sections 33-1205  
44 and 33-1207 of the environmental conservation law. SHOULD THE EXISTING  
45 BYLAWS BE AMENDED BY THE BOARD, ANY SUCH AMENDMENTS SHALL BE CONSISTENT  
46 WITH THE REVISIONS OF THIS PARAGRAPH;

47 S 6. Section 2409-a of the public health law, as added by section 73  
48 of part D of chapter 60 of the laws of 2012, is amended to read as  
49 follows:

50 S 2409-a. Advisory council. 1. There is hereby established in the  
51 department the [breast, cervical and ovarian] cancer detection and  
52 education program advisory council, for the purpose of advising the  
53 commissioner with regards to providing information to consumers,  
54 patients, and health care providers relating, but not limited to,  
55 breast, cervical, PROSTATE, TESTICULAR and ovarian cancer, including  
56 signs and symptoms, risk factors, the benefits of prevention and early

1 detection, guideline concordant cancer screening and disease management,  
2 options for diagnostic testing and treatment, new technologies, and  
3 survivorship.

4 2. The advisory council shall make recommendations to the department  
5 regarding the promotion and implementation of programs under sections  
6 twenty-four hundred six and twenty-four hundred nine of this title.

7 3. The commissioner shall appoint twenty-one voting members, which  
8 shall include representation of health care professionals, consumers,  
9 patients, ONE VOTING MEMBER WHO SHALL BE A PERSON WHO HAS OR HAS HAD  
10 PROSTATE OR TESTICULAR CANCER and other appropriate interest reflective  
11 of the diversity of the state, with expertise in breast, cervical,  
12 PROSTATE, TESTICULAR and/or ovarian cancer. The commissioner shall  
13 appoint one member as a chairperson. The members of the council shall  
14 receive no compensation for their services, but shall be allowed their  
15 actual and necessary expenses incurred in performance of their duties.

16 4. A majority of the appointed voting membership of the board shall  
17 constitute quorum.

18 5. The advisory council shall meet at least twice a year, at the  
19 request of the department.

20 S 7. Section 95-e of the state finance law, as added by chapter 273 of  
21 the laws of 2004, subdivision 2 as amended by section 1 of part A of  
22 chapter 58 of the laws of 2004, is amended to read as follows:

23 S 95-e. New York state prostate cancer research, detection and educa-  
24 tion fund. 1. There is hereby established in the joint custody of the  
25 commissioner of taxation and finance and the comptroller, a special fund  
26 to be known as the "New York [state] STATE prostate cancer research,  
27 detection and education fund".

28 2. Such fund shall consist of all revenues received pursuant to the  
29 provisions of sections two hundred nine-E and six hundred thirty of the  
30 tax law, all revenues received pursuant to appropriations by the legis-  
31 lature, and all moneys appropriated, credited, or transferred thereto  
32 from any other fund or source pursuant to law. For each state fiscal  
33 year, there shall be appropriated to the fund by the state, in addition  
34 to all other moneys required to be deposited into such fund, an amount  
35 equal to the amounts of monies collected and deposited into the fund  
36 pursuant to sections two hundred [nine-e] NINE-E and six hundred thirty  
37 of the tax law during the preceding calendar year, as certified by the  
38 comptroller. Nothing contained herein shall prevent the state from  
39 receiving grants, gifts or bequests for the purposes of the fund as  
40 defined in this section and depositing them into the fund according to  
41 law. Any interest received by the comptroller on moneys on deposit in  
42 such fund shall be retained in and become part of such fund.

43 3. Moneys of the fund [shall be expended only to provide grants to the  
44 New York State Coalition to Cure Prostate Cancer, a not-for-profit  
45 corporation established in this state which is incorporated], FOLLOWING  
46 APPROPRIATION BY THE LEGISLATURE AND ALLOCATION BY THE DIRECTOR OF THE  
47 BUDGET, SHALL BE MADE AVAILABLE TO THE COMMISSIONER OF HEALTH TO PROVIDE  
48 GRANTS for the purpose of advancing and financing prostate cancer  
49 research, detection AND SUPPORT PROGRAMS and education projects. [To the  
50 extent practicable, the New York State Coalition to Cure Prostate Cancer  
51 shall cooperate and coordinate its efforts with the prostate and testi-  
52 cular cancer detection and education advisory council established pursu-  
53 ant to section twenty-four hundred sixteen of the public health law]  
54 FUNDS MAY BE DISTRIBUTED BY THE COMMISSIONER WITHOUT A COMPETITIVE BID  
55 OR REQUEST FOR PROPOSAL PROCESS.

1 4. On or before the first day of February each year, the comptroller  
2 shall certify to the governor, temporary president of the senate, speak-  
3 er of the assembly, chair of the senate finance committee and chair of  
4 the assembly ways and means committee, the amount of money deposited by  
5 source in the New York [state] STATE prostate cancer research, detection  
6 and education fund during the preceding calendar year as the result of  
7 revenue derived pursuant to sections two hundred nine-E and six hundred  
8 thirty of the tax law and from all other sources.

9 5. [As a condition of receiving grants from the fund, the New York  
10 State Coalition To Cure Prostate Cancer shall agree to issue and shall  
11 issue, on or before the first day of February each year, a report  
12 including, but not limited to, financial statements, financial reports  
13 and reports on the issuance of grants. Such reports shall be delivered  
14 to the governor and the chairs of the senate finance committee and the  
15 assembly ways and means committee and shall also be made available to  
16 the public. Such financial statements and reports shall be audited by a  
17 nationally recognized accounting firm.

18 6.] Moneys shall be payable from the fund [to the New York State  
19 Coalition to Cure Prostate Cancer] on the audit and warrant of the comp-  
20 troller on vouchers approved by the comptroller.

21 S 8. The public health law is amended by adding a new section 2825 to  
22 read as follows:

23 S 2825. CAPITAL RESTRUCTURING FINANCING PROGRAM. 1. A CAPITAL RESTRUC-  
24 TURING FINANCING PROGRAM IS HEREBY ESTABLISHED UNDER THE JOINT ADMINIS-  
25 TRATION OF THE COMMISSIONER AND THE PRESIDENT OF THE DORMITORY AUTHORITY  
26 OF THE STATE OF NEW YORK FOR THE PURPOSE OF ENHANCING THE QUALITY,  
27 FINANCIAL VIABILITY AND EFFICIENCY OF NEW YORK'S HEALTH CARE DELIVERY  
28 SYSTEM BY TRANSFORMING THE SYSTEM INTO A MORE RATIONAL PATIENT-CENTERED  
29 CARE SYSTEM THAT PROMOTES POPULATION HEALTH AND IMPROVED WELL-BEING FOR  
30 ALL NEW YORKERS.

31 2. FOR THE PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN THROUGH MARCH  
32 THIRTY-FIRST, TWO THOUSAND TWENTY-ONE, FUNDS MADE AVAILABLE FOR EXPENDI-  
33 TURE PURSUANT TO THIS SECTION MAY BE DISTRIBUTED BY THE COMMISSIONER AND  
34 THE PRESIDENT OF THE AUTHORITY, WITHOUT A COMPETITIVE BID OR REQUEST FOR  
35 PROPOSAL PROCESS, FOR CAPITAL GRANTS TO GENERAL HOSPITALS, RESIDENTIAL  
36 HEALTH CARE FACILITIES, DIAGNOSTIC AND TREATMENT CENTERS, AND CLINICS  
37 LICENSED PURSUANT TO THE PUBLIC HEALTH LAW OR THE MENTAL HYGIENE LAW  
38 (COLLECTIVELY, "GRANTEES"), FOR CAPITAL WORKS OR PURPOSES THAT SUPPORT  
39 THE PURPOSES SET FORTH IN THIS SECTION. SUCH CAPITAL WORKS OR PURPOSES  
40 MAY INCLUDE BUT ARE NOT LIMITED TO CLOSURES, MERGERS, RESTRUCTURING,  
41 IMPROVEMENTS TO INFRASTRUCTURE, DEVELOPMENT OF PRIMARY CARE SERVICE  
42 CAPACITY, AND PROMOTION OF INTEGRATED DELIVERY SYSTEMS THAT STRENGTHEN  
43 AND PROTECT CONTINUED ACCESS TO ESSENTIAL HEALTH CARE SERVICES.

44 3. THE COMMISSIONER AND THE PRESIDENT OF THE AUTHORITY SHALL ENTER  
45 INTO AN AGREEMENT, SUBJECT TO APPROVAL BY THE DIRECTOR OF THE BUDGET,  
46 FOR THE PURPOSES OF AWARDING, DISTRIBUTING, AND ADMINISTERING THE FUNDS  
47 MADE AVAILABLE PURSUANT TO THIS SECTION. SUCH AGREEMENT SHALL INCLUDE  
48 CRITERIA PERTAINING TO THE EVALUATION OF APPLICATIONS AND DETERMINATION  
49 OF AWARDS FOR FUNDS MADE AVAILABLE FOR THE PURPOSES OF THIS SECTION,  
50 INCLUDING, BUT NOT LIMITED TO:

51 (A) ELIGIBILITY REQUIREMENTS FOR APPLICANTS;

52 (B) STATEWIDE GEOGRAPHIC DISTRIBUTION OF FUNDS;

53 (C) MINIMUM AND MAXIMUM AMOUNTS OF FUNDING TO BE AWARDED UNDER THE  
54 PROGRAM;

55 (D) THE RELATIONSHIP BETWEEN THE PROJECT PROPOSED BY AN APPLICANT AND  
56 IDENTIFIED COMMUNITY NEED;

(E) THE EXTENT TO WHICH THE APPLICANT HAS ACCESS TO ALTERNATIVE FINANCING; AND

(F) THE EXTENT TO WHICH THE PROPOSED PROJECT FURTHERS THE PURPOSES SET FORTH IN THIS SECTION.

IN EVALUATING SUCH APPLICATIONS AND MAKING AWARD DETERMINATIONS, PREFERENCE WILL BE GIVEN TO: (I) THOSE APPLICANTS THAT HAVE BEEN DEEMED ELIGIBLE FOR NEW YORK'S MEDICAID REDESIGN TEAM WAIVER DELIVERY SYSTEM REFORM INCENTIVE PAYMENT PROGRAM (DSRIP), IN WHICH CASE SUCH APPLICATION SHALL BE COORDINATED WITH THE APPLICANT'S DSRIP APPLICATION, AND (II) OTHER TRANSFORMATIONAL PROGRAMS AS DETERMINED BY THE COMMISSIONER.

S 9. Intentionally omitted.

S 10. Paragraph (c) of subdivision 1 of section 2815 of the public health law, as added by chapter 639 of the laws of 1996, is amended to read as follows:

(c) "Participating [general hospital] BORROWER" shall mean a not-for-profit general hospital, A NOT-FOR-PROFIT DIAGNOSTIC CENTER, A NOT-FOR-PROFIT TREATMENT CENTER, A NOT-FOR-PROFIT RESIDENTIAL HEALTH CARE FACILITY OR ANY OTHER NOT-FOR-PROFIT ENTITY IN POSSESSION OF A VALID OPERATING CERTIFICATE ISSUED PURSUANT TO THIS ARTICLE, EACH organized under the laws of this state, which has been approved for participation in this program by the commissioner.

S 11. Paragraphs (b), (c), and (d) of subdivision 3 and subdivisions 3-a, 4, 5, and 6 of section 2815 of the public health law, as added by chapter 639 of the laws of 1996, subdivision 3-a as added by chapter 1 of the laws of 1999, are amended to read as follows:

(b) for the development and implementation of business plans for participating [general hospitals] BORROWERS, addressing the development of service delivery strategies, including strategies for the formation or strengthening of networks, affiliations or other business combinations, designed to provide long-term financial stability within and among participating [general hospitals] BORROWERS;

(c) for the expenditure or loan of funds by the authority from the restructuring pool to reimburse the authority or the agency, where appropriate, for the costs of engaging management, legal or accounting consultants to identify, develop and implement improved strategies for one or more participating [general hospitals] BORROWERS for implementing the recommendations of such consultants, where appropriate, and for the payment of debt service on bonds, notes or other obligations issued or incurred by the authority or the agency to fund loans to one or more participating [general hospitals] BORROWERS;

(d) for assurances that participating [general hospitals] BORROWERS will address the recommendations of such consultants and furnish the commissioner, the authority, and where applicable, the agency, with such additional financial, management, legal and operational information as each may deem necessary to monitor the performance of a participating [general hospital] BORROWER; and

3-a. Any participating [general hospital] BORROWER may apply for restructuring pool funds to the extent such funds are derived from deposits made pursuant to paragraph (d) of subdivision one of section twenty-eight hundred seven-1 of this article, provided, however, that, in reviewing such applications, the commissioner and the authority shall consider the extent to which the applicant hospital has alternative available sources of funds, including, but not limited to, funds available through affiliation agreements with other hospitals OR ENTITIES.

4. To the extent funds are available from a participating [general hospital] BORROWER therefor, expenditures from the restructuring pool

1 shall be repaid to the restructuring pool from repayments received by  
2 the authority, or the agency where applicable, from a participating  
3 [general hospital] BORROWER pursuant to the terms of any financing  
4 agreement, mortgage or loan document permitting the recovery from the  
5 participating [general hospital] BORROWER of such expenditures. The  
6 authority shall record and account for all such payments, which shall be  
7 deposited in the restructuring pool.

8 5. Loans from the restructuring pool shall be made pursuant to an  
9 agreement with the participating [general hospital] BORROWER specifying  
10 the terms thereof, including repayment terms. The authority shall record  
11 and account for all such repayments, which shall be deposited in the  
12 restructuring pool. The authority shall notify the chair of the senate  
13 finance committee, the director of the division of budget, the chair of  
14 the assembly ways and means committee, five days prior to the making of  
15 a loan from the restructuring pool. The authority shall also report  
16 quarterly to such chairpersons on the transactions in the pool, includ-  
17 ing but not limited to deposits to the pool, loans made from the pool,  
18 investment income, and the balance on hand as of the end of the month  
19 for each such quarter.

20 6. The commissioner is authorized, with the assistance and cooperation  
21 of the authority, to provide a program of technical assistance to  
22 participating [general hospitals] BORROWERS.

23 S 12. Section 2801-a of the public health law is amended by adding a  
24 new subdivision 17 to read as follows:

25 17. (A) THE COMMISSIONER IS AUTHORIZED TO ESTABLISH A PILOT PROGRAM TO  
26 ASSIST IN RESTRUCTURING HEALTH CARE DELIVERY SYSTEMS BY ALLOWING FOR  
27 INCREASED CAPITAL INVESTMENT IN HEALTH CARE FACILITIES. PURSUANT TO THE  
28 PILOT PROGRAM, THE PUBLIC HEALTH AND HEALTH PLANNING COUNCIL SHALL  
29 APPROVE THE ESTABLISHMENT, IN ACCORDANCE WITH THE PROVISIONS OF SUBDIVI-  
30 SION THREE OF THIS SECTION, OF NO MORE THAN FIVE BUSINESS CORPORATIONS  
31 FORMED UNDER THE BUSINESS CORPORATION LAW. SUCH BUSINESS CORPORATIONS  
32 SHALL AFFILIATE, THE EXTENT OF THE AFFILIATION TO BE DETERMINED BY THE  
33 COMMISSIONER, WITH AT LEAST ONE ACADEMIC MEDICAL INSTITUTION OR TEACHING  
34 HOSPITAL APPROVED BY THE COMMISSIONER. A BUSINESS CORPORATION SHALL NOT  
35 BE ELIGIBLE TO PARTICIPATE IN THIS PROGRAM IF THE NUMBER OF ITS STOCK  
36 HOLDERS EXCEEDS THIRTY-FIVE, OR IF ANY OF ITS STOCK, OR THAT OF ANY OF  
37 ITS DIRECT OR INDIRECT OWNERS, IS OR WILL BE TRADED ON A PUBLIC STOCK  
38 EXCHANGE OR ON AN OVER-THE-COUNTER MARKET.

39 (B) NOTWITHSTANDING ANY PROVISION OF LAW TO THE CONTRARY, BUSINESS  
40 CORPORATIONS ESTABLISHED PURSUANT TO THIS SUBDIVISION SHALL BE DEEMED  
41 ELIGIBLE TO PARTICIPATE IN DEBT FINANCING PROVIDED BY THE DORMITORY  
42 AUTHORITY OF THE STATE OF NEW YORK, LOCAL DEVELOPMENT CORPORATIONS AND  
43 ECONOMIC DEVELOPMENT CORPORATIONS.

44 (C) THE FOLLOWING PROVISIONS OF THIS CHAPTER SHALL NOT APPLY TO BUSI-  
45 NESS CORPORATIONS ESTABLISHED PURSUANT TO THIS SUBDIVISION: (I) PARA-  
46 GRAPH (B) OF SUBDIVISION THREE OF THIS SECTION, RELATING TO STOCKHOLD-  
47 ERS, OTHER THAN PRINCIPAL STOCKHOLDERS; (II) PARAGRAPH (C) OF  
48 SUBDIVISION FOUR OF THIS SECTION, RELATING TO THE DISPOSITION OF STOCK  
49 OR VOTING RIGHTS; (III) PARAGRAPHS (D) AND (E) OF SUBDIVISION FOUR OF  
50 THIS SECTION, RELATING TO THE OWNERSHIP OF STOCK; AND (IV) PARAGRAPH (A)  
51 OF SUBDIVISION THREE OF SECTION FOUR THOUSAND FOUR OF THIS CHAPTER,  
52 RELATING TO THE OWNERSHIP OF STOCK. NOTWITHSTANDING THE FOREGOING, THE  
53 PUBLIC HEALTH AND HEALTH PLANNING COUNCIL MAY REQUIRE THE DISCLOSURE OF  
54 THE IDENTITY OF STOCKHOLDERS.

55 (D) THE CORPORATE POWERS AND PURPOSES OF A BUSINESS CORPORATION ESTAB-  
56 LISHED AS AN OPERATOR PURSUANT TO THIS SUBDIVISION SHALL BE LIMITED TO

1 THE OWNERSHIP AND OPERATION, OR OPERATION, OF A HOSPITAL OR HOSPITALS  
2 SPECIFICALLY NAMED AND THE LOCATION OR LOCATIONS OF WHICH ARE SPECIF-  
3 ICALLY DESIGNATED BY STREET ADDRESS, CITY, TOWN, VILLAGE OR LOCALITY AND  
4 COUNTY; PROVIDED, HOWEVER, THAT THE CORPORATE POWERS AND PURPOSES MAY  
5 ALSO INCLUDE THE OWNERSHIP AND OPERATION, OR OPERATION, OF A CERTIFIED  
6 HOME HEALTH AGENCY OR LICENSED HOME CARE SERVICES AGENCY OR AGENCIES AS  
7 DEFINED IN ARTICLE THIRTY-SIX OF THIS CHAPTER OR A HOSPICE OR HOSPICES  
8 AS DEFINED IN ARTICLE FORTY OF THIS CHAPTER, IF THE CORPORATION HAS  
9 RECEIVED ALL APPROVALS REQUIRED UNDER SUCH LAW TO OWN AND OPERATE, OR  
10 OPERATE, SUCH HOME CARE SERVICES AGENCY OR AGENCIES OR HOSPICE OR  
11 HOSPICES. SUCH CORPORATE POWERS AND PURPOSES SHALL NOT BE MODIFIED,  
12 AMENDED OR DELETED WITHOUT THE PRIOR APPROVAL OF THE COMMISSIONER.

13 (E) (1) IN DISCHARGING THE DUTIES OF THEIR RESPECTIVE POSITIONS, THE  
14 BOARD OF DIRECTORS, COMMITTEES OF THE BOARD AND INDIVIDUAL DIRECTORS AND  
15 OFFICERS OF A BUSINESS CORPORATION ESTABLISHED PURSUANT TO THIS SUBDIVI-  
16 SION SHALL CONSIDER THE EFFECTS OF ANY ACTION UPON:

17 (A) THE ABILITY OF THE BUSINESS CORPORATION TO ACCOMPLISH ITS PURPOSE;

18 (B) THE SHAREHOLDERS OF THE BUSINESS CORPORATION;

19 (C) THE EMPLOYEES AND WORKFORCE OF THE BUSINESS;

20 (D) THE INTERESTS OF PATIENTS OF THE HOSPITAL OR HOSPITALS;

21 (E) COMMUNITY AND SOCIETAL CONSIDERATIONS, INCLUDING THOSE OF ANY  
22 COMMUNITY IN WHICH FACILITIES OF THE CORPORATION ARE LOCATED;

23 (F) THE LOCAL AND GLOBAL ENVIRONMENT; AND

24 (G) THE SHORT-TERM AND LONG-TERM INTERESTS OF THE CORPORATION, INCLUD-  
25 ING BENEFITS THAT MAY ACCRUE TO THE CORPORATION FROM ITS LONG-TERM  
26 PLANS.

27 (2) THE CONSIDERATION OF INTERESTS AND FACTORS IN THE MANNER REQUIRED  
28 BY PARAGRAPH ONE OF THIS PARAGRAPH:

29 (A) SHALL NOT CONSTITUTE A VIOLATION OF THE PROVISIONS OF SECTION  
30 SEVEN HUNDRED FIFTEEN OR SEVEN HUNDRED SEVENTEEN OF THE BUSINESS CORPO-  
31 RATION LAW; AND

32 (B) IS IN ADDITION TO THE ABILITY OF DIRECTORS TO CONSIDER INTERESTS  
33 AND FACTORS AS PROVIDED IN SECTION SEVEN HUNDRED SEVENTEEN OF THE BUSI-  
34 NESS CORPORATION LAW.

35 (F) A SALE, LEASE, CONVEYANCE, EXCHANGE, TRANSFER, OR OTHER DISPOSI-  
36 TION OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION SHALL  
37 NOT BE EFFECTIVE UNLESS THE TRANSACTION IS APPROVED BY THE COMMISSIONER.

38 (G) NO LATER THAN TWO YEARS AFTER THE ESTABLISHMENT OF A BUSINESS  
39 CORPORATION UNDER THIS SUBDIVISION, THE COMMISSIONER SHALL PROVIDE THE  
40 GOVERNOR, THE MAJORITY LEADER OF THE SENATE AND THE SPEAKER OF THE  
41 ASSEMBLY WITH A WRITTEN EVALUATION OF THE PILOT PROGRAM. SUCH EVALUATION  
42 SHALL ADDRESS THE OVERALL EFFECTIVENESS OF THE PROGRAM IN ALLOWING FOR  
43 ACCESS TO CAPITAL INVESTMENT IN HEALTH CARE FACILITIES AND THE IMPACT  
44 SUCH ACCESS MAY HAVE ON THE QUALITY OF CARE PROVIDED BY HOSPITALS OPER-  
45 ATED BY BUSINESS CORPORATIONS ESTABLISHED UNDER THIS SUBDIVISION.

46 S 13. Paragraph (b) of subdivision 2 of section 1676 of the public  
47 authorities law is amended by adding a new undesignated paragraph to  
48 read as follows:

49 SUCH BUSINESS CORPORATIONS AS ARE ESTABLISHED PURSUANT TO SUBDIVISION  
50 SEVENTEEN OF SECTION TWENTY-EIGHT HUNDRED ONE-A OF THE PUBLIC HEALTH LAW  
51 FOR THE ACQUISITION, CONSTRUCTION, RECONSTRUCTION, REHABILITATION AND  
52 IMPROVEMENT, OR OTHERWISE PROVIDING, FURNISHING AND EQUIPPING OF A  
53 HOSPITAL OR HOSPITALS.

54 S 14. Subdivision 1 of section 1680 of the public authorities law is  
55 amended by adding a new undesignated paragraph to read as follows:

1 SUCH BUSINESS CORPORATIONS AS ARE ESTABLISHED PURSUANT TO SUBDIVISION  
2 SEVENTEEN OF SECTION TWENTY-EIGHT HUNDRED ONE-A OF THE PUBLIC HEALTH LAW  
3 FOR THE ACQUISITION, CONSTRUCTION, RECONSTRUCTION, REHABILITATION AND  
4 IMPROVEMENT, OR OTHERWISE PROVIDING, FURNISHING AND EQUIPPING OF A  
5 HOSPITAL OR HOSPITALS.

6 S 15. Subdivisions 1, 2 and 3 of section 2802 of the public health  
7 law, subdivisions 1 and 2 as amended by section 58 of part A of chapter  
8 58 of the laws of 2010, subdivision 3 as amended by chapter 609 of the  
9 laws of 1982 and paragraph (e) of subdivision 3 as amended by chapter  
10 731 of the laws of 1993, are amended to read as follows:

11 1. An application for such construction shall be filed with the  
12 department, together with such other forms and information as shall be  
13 prescribed by, or acceptable to, the department. Thereafter the depart-  
14 ment shall forward a copy of the application and accompanying documents  
15 to the public health and health planning council, and the health systems  
16 agency, if any, having geographical jurisdiction of the area where the  
17 hospital is located.

18 2. The commissioner shall not act upon an application for construction  
19 of a hospital until the public health and health planning council and  
20 the health systems agency have had a reasonable time to submit their  
21 recommendations, and unless (a) the applicant has obtained all approvals  
22 and consents required by law for its incorporation or establishment  
23 (including the approval of the public health and health planning council  
24 pursuant to the provisions of this article) provided, however, that the  
25 commissioner may act upon an application for construction by an appli-  
26 cant possessing a valid operating certificate when the application qual-  
27 ifies for review without the recommendation of the council pursuant to  
28 regulations adopted by the council and approved by the commissioner; and  
29 (b) the commissioner is satisfied as to the public need for the  
30 construction, at the time and place and under the circumstances  
31 proposed, provided however that[,] in the case of an application by a  
32 hospital established or operated by an organization defined in subdivi-  
33 sion one of section four hundred eighty-two-b of the social services  
34 law, the needs of the members of the religious denomination concerned,  
35 for care or treatment in accordance with their religious or ethical  
36 convictions, shall be deemed to be public need[.]; AND FURTHER PROVIDED  
37 THAT: (I) AN APPLICATION BY A GENERAL HOSPITAL OR DIAGNOSTIC AND TREAT-  
38 MENT CENTER, ESTABLISHED UNDER THIS ARTICLE, TO CONSTRUCT A FACILITY TO  
39 PROVIDE PRIMARY CARE SERVICES, AS DEFINED IN REGULATION, MAY BE APPROVED  
40 WITHOUT REGARD FOR PUBLIC NEED; OR (II) AN APPLICATION BY A GENERAL  
41 HOSPITAL OR A DIAGNOSTIC AND TREATMENT CENTER, ESTABLISHED UNDER THIS  
42 ARTICLE, TO UNDERTAKE CONSTRUCTION THAT DOES NOT INVOLVE A CHANGE IN  
43 CAPACITY, THE TYPES OF SERVICES PROVIDED, MAJOR MEDICAL EQUIPMENT,  
44 FACILITY REPLACEMENT, OR THE GEOGRAPHIC LOCATION OF SERVICES, MAY BE  
45 APPROVED WITHOUT REGARD FOR PUBLIC NEED.

46 3. Subject to the provisions of paragraph (b) of subdivision two OF  
47 THIS SECTION, the commissioner in approving the construction of a hospi-  
48 tal shall take into consideration and be empowered to request informa-  
49 tion and advice as to (a) the availability of facilities or services  
50 such as preadmission, ambulatory or home care services which may serve  
51 as alternatives or substitutes for the whole or any part of the proposed  
52 hospital construction;

53 (b) the need for special equipment in view of existing utilization of  
54 comparable equipment at the time and place and under the circumstances  
55 proposed;



(c) the possible economies and improvements in service to be anticipated from the operation of joint central services including, but not limited to laboratory, research, radiology, pharmacy, laundry and purchasing;

(d) the adequacy of financial resources and sources of future revenue, PROVIDED THAT THE COMMISSIONER MAY, BUT IS NOT REQUIRED TO, CONSIDER THE ADEQUACY OF FINANCIAL RESOURCES AND SOURCES OF FUTURE REVENUE IN RELATION TO APPLICATIONS UNDER SUBPARAGRAPHS (I) AND (II) OF PARAGRAPH (B) OF SUBDIVISION TWO OF THIS SECTION; and

(e) whether the facility is currently in substantial compliance with all applicable codes, rules and regulations, provided, however, that the commissioner shall not disapprove an application solely on the basis that the facility is not currently in substantial compliance, if the application is specifically:

(i) to correct life safety code or patient care deficiencies;

(ii) to correct deficiencies which are necessary to protect the life, health, safety and welfare of facility patients, residents or staff;

(iii) for replacement of equipment that no longer meets the generally accepted operational standards existing for such equipment at the time it was acquired; and

(iv) for decertification of beds and services.

S 16. Subdivisions 1, 2 and 3 of section 2807-z of the public health law, as amended by chapter 400 of the laws of 2012, are amended to read as follows:

1. Notwithstanding any provision of this chapter or regulations or any other state law or regulation, for any eligible capital project as defined in subdivision six of this section, the department shall have thirty days [of] AFTER receipt of the certificate of need OR CONSTRUCTION application, PURSUANT TO SECTION TWENTY-EIGHT HUNDRED TWO OF THIS ARTICLE, for a limited or administrative review to deem such application complete. If the department determines the application is incomplete or that more information is required, the department shall notify the applicant in writing within thirty days of the date of the application's submission, and the applicant shall have twenty business days to provide additional information or otherwise correct the deficiency in the application.

2. For an eligible capital project requiring a limited or administrative review, within ninety days of the department deeming the application complete, the department shall make a decision to approve or disapprove the certificate of need OR CONSTRUCTION application for such project. If the department determines to disapprove the project, the basis for such disapproval shall be provided in writing; however, disapproval shall not be based on the incompleteness of the application. If the department fails to take action to approve or disapprove the application within ninety days of the certificate of need application being deemed complete, the application will be deemed approved.

3. For an eligible capital project requiring full review by the council, the certificate of need OR CONSTRUCTION application shall be placed on the next council agenda following the department deeming the application complete.

S 17. Section 2801-a of the public health law is amended by adding a new subdivision 3-b to read as follows:

3-B. NOTWITHSTANDING ANY OTHER PROVISIONS OF THIS CHAPTER TO THE CONTRARY, THE PUBLIC HEALTH AND HEALTH PLANNING COUNCIL MAY APPROVE THE ESTABLISHMENT OF DIAGNOSTIC OR TREATMENT CENTERS TO BE ISSUED OPERATING CERTIFICATES FOR THE PURPOSE OF PROVIDING PRIMARY CARE, AS DEFINED BY

1 THE COMMISSIONER IN REGULATIONS, WITHOUT REGARD TO THE REQUIREMENTS OF  
2 PUBLIC NEED AND FINANCIAL RESOURCES AS SET FORTH IN SUBDIVISION THREE OF  
3 THIS SECTION.

4 S 18. Subdivision 3 of section 2801-a of the public health law, as  
5 amended by section 57 of part A of chapter 58 of the laws of 2010, is  
6 amended to read as follows:

7 3. The public health and health planning council shall not approve a  
8 certificate of incorporation, articles of organization or application  
9 for establishment unless it is satisfied, insofar as applicable, as to  
10 (a) the public need for the existence of the institution at the time and  
11 place and under the circumstances proposed, provided, however, that in  
12 the case of an institution proposed to be established or operated by an  
13 organization defined in subdivision one of section one hundred seventy-  
14 two-a of the executive law, the needs of the members of the religious  
15 denomination concerned, for care or treatment in accordance with their  
16 religious or ethical convictions, shall be deemed to be public need; (b)  
17 the character, competence, and standing in the community, of the  
18 proposed incorporators, directors, sponsors, MEMBERS, PRINCIPAL MEMBERS,  
19 stockholders, [members] PRINCIPAL STOCKHOLDERS or operators; with  
20 respect to any proposed incorporator, director, sponsor, MEMBER, PRINCI-  
21 PAL MEMBER, stockholder, [member] PRINCIPAL STOCKHOLDER or operator who  
22 is already or within the past [ten] SEVEN years has been an incorpora-  
23 tor, director, sponsor, member, principal stockholder, principal member,  
24 or operator of any hospital, private proprietary home for adults, resi-  
25 dence for adults, or non-profit home for the aged or blind which has  
26 been issued an operating certificate by the state department of social  
27 services, or a halfway house, hostel or other residential facility or  
28 institution for the care, custody or treatment of the mentally disabled  
29 which is subject to approval by the department of mental hygiene, no  
30 approval shall be granted unless the public health and health planning  
31 council, having afforded an adequate opportunity to members of health  
32 systems agencies, if any, having geographical jurisdiction of the area  
33 where the institution is to be located to be heard, shall affirmatively  
34 find by substantial evidence as to each such incorporator, director,  
35 sponsor, MEMBER, PRINCIPAL MEMBER, principal stockholder or operator  
36 that a substantially consistent high level of care is being or was being  
37 rendered in each such hospital, home, residence, halfway house, hostel,  
38 or other residential facility or institution with which such person is  
39 or was affiliated; for the purposes of this paragraph, the public health  
40 and health planning council shall adopt rules and regulations, subject  
41 to the approval of the commissioner, to establish the criteria to be  
42 used to determine whether a substantially consistent high level of care  
43 has been rendered, provided, however, that there shall not be a finding  
44 that a substantially consistent high level of care has been rendered  
45 where there have been violations of the state hospital code, or other  
46 applicable rules and regulations, that (i) threatened to directly affect  
47 the health, safety or welfare of any patient or resident, and (ii) were  
48 recurrent or were not promptly corrected, UNLESS THE PROPOSED INCORPORA-  
49 TOR, DIRECTOR, SPONSOR, MEMBER, PRINCIPAL MEMBER, STOCKHOLDER, PRINCIPAL  
50 STOCKHOLDER, OR OPERATOR DEMONSTRATES, AND THE PUBLIC HEALTH AND HEALTH  
51 PLANNING COUNCIL FINDS, THAT THE VIOLATIONS CANNOT BE ATTRIBUTED TO THE  
52 ACTION OR INACTION OF SUCH PROPOSED INCORPORATOR, DIRECTOR, SPONSOR,  
53 MEMBER, PRINCIPAL MEMBER, STOCKHOLDER, PRINCIPAL STOCKHOLDER, OR OPERA-  
54 TOR DUE TO THE TIMING, EXTENT OR MANNER OF THE AFFILIATION; (c) the  
55 financial resources of the proposed institution and its sources of  
56 future revenues; and (d) such other matters as it shall deem pertinent.

1 S 19. Paragraphs (b) and (c) of subdivision 4 of section 2801-a of the  
2 public health law, as amended by section 57 of part A of chapter 58 of  
3 the laws of 2010, are amended to read as follows:

4 (b) [(i)] Any transfer, assignment or other disposition of ten percent  
5 or more of [an] DIRECT OR INDIRECT interest or voting rights in [a part-  
6 nership or limited liability company, which is the] AN operator of a  
7 hospital to a new STOCKHOLDER, partner or member, OR ANY TRANSFER,  
8 ASSIGNMENT OR OTHER DISPOSITION OF A DIRECT OR INDIRECT INTEREST OR  
9 VOTING RIGHTS OF SUCH AN OPERATOR WHICH RESULTS IN THE OWNERSHIP OR  
10 CONTROL OF MORE THAN TEN PERCENT OF THE INTEREST OR VOTING RIGHTS OF  
11 SUCH OPERATOR BY ANY PERSON NOT PREVIOUSLY APPROVED BY THE PUBLIC HEALTH  
12 AND HEALTH PLANNING COUNCIL, OR ITS PREDECESSOR, FOR THAT OPERATOR shall  
13 be approved by the public health and health planning council, in accord-  
14 ance with the provisions of subdivisions two and three of this section,  
15 except that: (A) any such change shall be subject to the approval by the  
16 public health and health planning council in accordance with paragraph  
17 (b) of subdivision three of this section only with respect to the new  
18 STOCKHOLDER, partner or member, and any remaining STOCKHOLDERS, partners  
19 or members who have not been previously approved for that facility in  
20 accordance with such paragraph, and (B) such change shall not be subject  
21 to paragraph (a) of subdivision three of this section. IN THE ABSENCE OF  
22 SUCH APPROVAL, THE OPERATING CERTIFICATE OF SUCH HOSPITAL SHALL BE  
23 SUBJECT TO REVOCATION OR SUSPENSION.

24 [(ii)] (C) (I) With respect to a transfer, assignment or disposition  
25 involving less than ten percent of [an] A DIRECT OR INDIRECT interest or  
26 voting rights in [such partnership or limited liability company] AN  
27 OPERATOR OF A HOSPITAL to a new STOCKHOLDER, partner or member, no prior  
28 approval of the public health and health planning council shall be  
29 required. However, no such transaction shall be effective unless at  
30 least ninety days prior to the intended effective date thereof, the  
31 [partnership or limited liability company] OPERATOR fully completes and  
32 files with the public health and health planning council notice on a  
33 form, to be developed by the public health and health planning council,  
34 which shall disclose such information as may reasonably be necessary for  
35 the public health and health planning council to determine whether it  
36 should bar the transaction for any of the reasons set forth in item (A),  
37 (B), (C) or (D) below. Within ninety days from the date of receipt of  
38 such notice, the public health and health planning council may bar any  
39 transaction under this subparagraph: (A) if the equity position of the  
40 [partnership or limited liability company,] OPERATOR, determined in  
41 accordance with generally accepted accounting principles, would be  
42 reduced as a result of the transfer, assignment or disposition; (B) if  
43 the transaction would result in the ownership of a [partnership or  
44 membership] DIRECT OR INDIRECT interest OR VOTING RIGHTS by any persons  
45 who have been convicted of a felony described in subdivision five of  
46 section twenty-eight hundred six of this article; (C) if there are  
47 reasonable grounds to believe that the proposed transaction does not  
48 satisfy the character and competence criteria set forth in subdivision  
49 three of this section; or (D) UPON THE RECOMMENDATION OF THE COMMISSION-  
50 ER, if the transaction, together with all transactions under this  
51 subparagraph for the [partnership] OPERATOR, or successor, during any  
52 five year period would, in the aggregate, involve twenty-five percent or  
53 more of the interest in the [partnership] OPERATOR. The public health  
54 and health planning council shall state specific reasons for barring any  
55 transaction under this subparagraph and shall so notify each party to  
56 the proposed transaction.

1 [(iii) With respect to a transfer, assignment or disposition of an  
2 interest or voting rights in such partnership or limited liability  
3 company to any remaining partner or member, which transaction involves  
4 the withdrawal of the transferor from the partnership or limited liabil-  
5 ity company, no prior approval of the public health and health planning  
6 council shall be required. However, no such transaction shall be effec-  
7 tive unless at least ninety days prior to the intended effective date  
8 thereof, the partnership or limited liability company fully completes  
9 and files with the public health and health planning council notice on a  
10 form, to be developed by the public health and health planning council,  
11 which shall disclose such information as may reasonably be necessary for  
12 the public health and health planning council to determine whether it  
13 should bar the transaction for the reason set forth below. Within ninety  
14 days from the date of receipt of such notice, the public health and  
15 health planning council may bar any transaction under this subparagraph  
16 if the equity position of the partnership or limited liability company,  
17 determined in accordance with generally accepted accounting principles,  
18 would be reduced as a result of the transfer, assignment or disposition.  
19 The public health and health planning council shall state specific  
20 reasons for barring any transaction under this subparagraph and shall so  
21 notify each party to the proposed transaction.

22 (c) Any transfer, assignment or other disposition of ten percent or  
23 more of the stock or voting rights thereunder of a corporation which is  
24 the operator of a hospital or which is a member of a limited liability  
25 company which is the operator of a hospital to a new stockholder, or any  
26 transfer, assignment or other disposition of the stock or voting rights  
27 thereunder of such a corporation which results in the ownership or  
28 control of more than ten percent of the stock or voting rights there-  
29 under of such corporation by any person not previously approved by the  
30 public health and health planning council, or its predecessor, for that  
31 corporation shall be subject to approval by the public health and health  
32 planning council, in accordance with the provisions of subdivisions two  
33 and three of this section and rules and regulations pursuant thereto;  
34 except that: any such transaction shall be subject to the approval by  
35 the public health and health planning council in accordance with para-  
36 graph (b) of subdivision three of this section only with respect to a  
37 new stockholder or a new principal stockholder; and shall not be subject  
38 to paragraph (a) of subdivision three of this section. In the absence of  
39 such approval, the operating certificate of such hospital shall be  
40 subject to revocation or suspension.] (II) No prior approval of the  
41 public health and health planning council shall be required with respect  
42 to a transfer, assignment or disposition of ten percent or more of [the  
43 stock] A DIRECT OR INDIRECT INTEREST or voting rights [thereunder of a  
44 corporation which is the] IN AN operator of a hospital [or which is a  
45 member of a limited liability company which is the owner of a hospital]  
46 to any person previously approved by the public health and health plan-  
47 ning council, or its predecessor, for that [corporation] OPERATOR.  
48 However, no such transaction shall be effective unless at least ninety  
49 days prior to the intended effective date thereof, the [stockholder]  
50 OPERATOR FULLY completes and files with the public health and health  
51 planning council notice on forms to be developed by the public health  
52 and health planning council, which shall disclose such information as  
53 may reasonably be necessary for the public health and health planning  
54 council to determine whether it should bar the transaction. Such trans-  
55 action will be final as of the intended effective date unless, prior  
56 thereto, the public health and health planning council shall state

specific reasons for barring such transactions under this paragraph and shall notify each party to the proposed transaction. Nothing in this paragraph shall be construed as permitting a person not previously approved by the public health and health planning council for that [corporation] OPERATOR to become the owner of ten percent or more of the [stock of a corporation which is] INTEREST OR VOTING RIGHTS, DIRECTLY OR INDIRECTLY, IN the operator of a hospital [or which is a member of a limited liability company which is the owner of a hospital] without first obtaining the approval of the public health and health planning council.

S 20. Subdivision 1 of section 3611-a of the public health law, as amended by section 67 of part A of chapter 58 of the laws of 2010, is amended to read as follows:

1. Any change in the person who, or any transfer, assignment, or other disposition of an interest or voting rights of ten percent or more, or any transfer, assignment or other disposition which results in the ownership or control of an interest or voting rights of ten percent or more, in a limited liability company or a partnership which is the operator of a licensed home care services agency or a certified home health agency shall be approved by the public health and health planning council, in accordance with the provisions of subdivision four of section thirty-six hundred five of this article relative to licensure or subdivision two of section thirty-six hundred six of this article relative to certificate of approval, except that:

(a) Public health and health planning council approval shall be required only with respect to the person, or the member or partner that is acquiring the interest or voting rights; and

(b) With respect to certified home health agencies, such change shall not be subject to the public need assessment described in paragraph (a) of subdivision two of section thirty-six hundred six of this article.

(c) IN THE ABSENCE OF SUCH APPROVAL, THE LICENSE OR CERTIFICATE OF APPROVAL SHALL BE SUBJECT TO REVOCATION OR SUSPENSION.

(D) (I) No prior approval of the public health and health planning council shall be required with respect to a transfer, assignment or disposition of:

[(i)] (A) an interest or voting rights to any person previously approved by the public health and health planning council, or its predecessor, for that operator; or

[(ii)] (B) an interest or voting rights of less than ten percent in the operator. [However, no]

(II) NO such transaction UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH shall be effective unless at least ninety days prior to the intended effective date thereof, the [partner or member] OPERATOR completes and files with the public health and health planning council notice on forms to be developed by the public health council, which shall disclose such information as may reasonably be necessary for the public health and health planning council to determine whether it should bar the transaction. Such transaction will be final as of the intended effective date unless, prior thereto, the public health and health planning council shall state specific reasons for barring such transactions under this paragraph and shall notify each party to the proposed transaction.

S 21. Section 2801-a of the public health law is amended by adding a new subdivision 17 to read as follows:

17. (A) DIAGNOSTIC OR TREATMENT CENTERS ESTABLISHED TO PROVIDE HEALTH CARE SERVICES WITHIN THE SPACE OF A RETAIL BUSINESS OPERATION, SUCH AS A PHARMACY, A STORE OPEN TO THE GENERAL PUBLIC OR A SHOPPING MALL, OR

1 WITHIN SPACE USED BY AN EMPLOYER FOR PROVIDING HEALTH CARE SERVICES TO  
2 ITS EMPLOYEES, MAY BE OPERATED BY LEGAL ENTITIES FORMED UNDER THE LAWS  
3 OF NEW YORK WHOSE STOCKHOLDERS OR MEMBERS, AS APPLICABLE, ARE NOT  
4 NATURAL PERSONS AND WHOSE PRINCIPAL STOCKHOLDERS AND MEMBERS, AS APPLI-  
5 CABLE, AND CONTROLLING PERSONS COMPLY WITH ALL APPLICABLE REQUIREMENTS  
6 OF THIS SECTION AND DEMONSTRATE, TO THE SATISFACTION OF THE PUBLIC  
7 HEALTH AND HEALTH PLANNING COUNCIL, SUFFICIENT EXPERIENCE AND EXPERTISE  
8 IN DELIVERING HIGH QUALITY HEALTH CARE SERVICES. SUCH DIAGNOSTIC AND  
9 TREATMENT CENTERS SHALL BE REFERRED TO IN THIS SECTION AS "LIMITED  
10 SERVICES CLINICS". FOR PURPOSES OF THIS SUBDIVISION, THE PUBLIC HEALTH  
11 AND HEALTH PLANNING COUNCIL SHALL ADOPT AND AMEND RULES AND REGULATIONS,  
12 NOTWITHSTANDING ANY INCONSISTENT PROVISION OF THIS SECTION, TO ADDRESS  
13 ANY MATTER IT DEEMS PERTINENT TO THE ESTABLISHMENT OF LIMITED SERVICES  
14 CLINICS; PROVIDED THAT SUCH RULES AND REGULATIONS SHALL INCLUDE, BUT NOT  
15 BE LIMITED TO, PROVISIONS GOVERNING OR RELATING TO: (I) ANY DIRECT OR  
16 INDIRECT CHANGES OR TRANSFERS OF OWNERSHIP INTERESTS OR VOTING RIGHTS IN  
17 SUCH ENTITIES OR THEIR STOCKHOLDERS OR MEMBERS, AS APPLICABLE, AND  
18 PROVIDE FOR PUBLIC HEALTH AND HEALTH PLANNING COUNCIL APPROVAL OF ANY  
19 CHANGE IN CONTROLLING INTERESTS, PRINCIPAL STOCKHOLDERS, CONTROLLING  
20 PERSONS, PARENT COMPANY OR SPONSORS; (II) OVERSIGHT OF THE OPERATOR AND  
21 ITS SHAREHOLDERS OR MEMBERS, AS APPLICABLE, INCLUDING LOCAL GOVERNANCE  
22 OF THE LIMITED SERVICES CLINICS; AND (III) RELATING TO THE CHARACTER AND  
23 COMPETENCE AND QUALIFICATIONS OF, AND CHANGES RELATING TO, THE DIRECTORS  
24 AND OFFICERS OF THE OPERATOR AND ITS PRINCIPAL STOCKHOLDERS, CONTROLLING  
25 PERSONS, PARENT COMPANY OR SPONSORS.

26 (B) THE FOLLOWING PROVISIONS OF THIS SECTION SHALL NOT APPLY TO LIMIT-  
27 ED SERVICES CLINICS OPERATED PURSUANT TO THIS SUBDIVISION: (I) PARAGRAPH  
28 (A) OF SUBDIVISION THREE OF THIS SECTION; (II) PARAGRAPH (B) OF SUBDIVI-  
29 SION THREE OF THIS SECTION, RELATING TO STOCKHOLDERS AND MEMBERS OTHER  
30 THAN PRINCIPAL STOCKHOLDERS AND PRINCIPAL MEMBERS; (III) PARAGRAPH (C)  
31 OF SUBDIVISION FOUR OF THIS SECTION, RELATING TO THE DISPOSITION OF  
32 STOCK OR VOTING RIGHTS; AND (IV) PARAGRAPH (E) OF SUBDIVISION FOUR OF  
33 THIS SECTION, RELATING TO THE OWNERSHIP OF STOCK OR MEMBERSHIP.

34 (C) A LIMITED SERVICES CLINIC SHALL BE DEEMED TO BE A "HEALTH CARE  
35 PROVIDER" FOR THE PURPOSES OF TITLE TWO-D OF ARTICLE TWO OF THIS CHAP-  
36 TER. A PRESCRIBER PRACTICING IN A LIMITED SERVICES CLINIC SHALL NOT BE  
37 DEEMED TO BE IN THE EMPLOY OF A PHARMACY OR PRACTICING IN A HOSPITAL FOR  
38 PURPOSES OF SUBDIVISION TWO OF SECTION SIXTY-EIGHT HUNDRED SEVEN OF THE  
39 EDUCATION LAW.

40 (D) THE COMMISSIONER SHALL PROMULGATE REGULATIONS SETTING FORTH OPERA-  
41 TIONAL AND PHYSICAL PLANT STANDARDS FOR LIMITED SERVICES CLINICS, WHICH  
42 MAY BE DIFFERENT FROM THE REGULATIONS OTHERWISE APPLICABLE TO DIAGNOSTIC  
43 OR TREATMENT CENTERS, INCLUDING, BUT NOT LIMITED TO: REQUIRING ACCREDI-  
44 TATION; DESIGNATING OR LIMITING THE TREATMENTS AND SERVICES THAT MAY BE  
45 PROVIDED; PROHIBITING THE PROVISION OF SERVICES TO PATIENTS TWENTY-FOUR  
46 MONTHS OF AGE OR YOUNGER; THE PROVISION OF SPECIFIC IMMUNIZATIONS TO  
47 PATIENTS YOUNGER THAN EIGHTEEN YEARS OF AGE; AND REQUIREMENTS OR GUIDE-  
48 LINES FOR ADVERTISING AND SIGNAGE, DISCLOSURE OF OWNERSHIP INTERESTS,  
49 INFORMED CONSENT, RECORD KEEPING, REFERRAL FOR TREATMENT AND CONTINUITY  
50 OF CARE, CASE REPORTING TO THE PATIENT'S PRIMARY CARE OR OTHER HEALTH  
51 CARE PROVIDERS, DESIGN, CONSTRUCTION, FIXTURES, AND EQUIPMENT. SUCH  
52 REGULATIONS ALSO SHALL PROMOTE AND STRENGTHEN PRIMARY CARE THROUGH: (I)  
53 THE INTEGRATION OF SERVICES PROVIDED BY LIMITED SERVICES CLINICS WITH  
54 THE SERVICES PROVIDED BY THE PATIENT'S OTHER HEALTH CARE PROVIDERS; AND  
55 (II) THE REFERRAL OF PATIENTS TO APPROPRIATE HEALTH CARE PROVIDERS,  
56 INCLUDING APPROPRIATE TRANSMISSION OF PATIENT HEALTH RECORDS.

1 S 22. The public health law is amended by adding a new section 230-e  
2 to read as follows:

3 S 230-E. URGENT CARE. 1. DEFINITIONS. AS USED IN THIS SECTION:

4 (A) "ACCREDITED STATUS" MEANS THE FULL ACCREDITATION BY SUCH NATIONAL-  
5 LY-RECOGNIZED ACCREDITING AGENCIES AS DETERMINED BY THE COMMISSIONER.

6 (B) "EMERGENCY MEDICAL CARE" SHALL MEAN THE PROVISION OF TREATMENT FOR  
7 LIFE-THREATENING OR POTENTIALLY DISABLING TRAUMA, BURNS, RESPIRATORY,  
8 CIRCULATORY OR OBSTETRICAL CONDITIONS.

9 (C) "LICENSEE" SHALL MEAN AN INDIVIDUAL LICENSED OR OTHERWISE AUTHOR-  
10 IZED UNDER ARTICLES ONE HUNDRED THIRTY-ONE OR ONE HUNDRED THIRTY-ONE-B  
11 OF THE EDUCATION LAW.

12 (D) "URGENT CARE" SHALL MEAN THE PROVISION OF TREATMENT ON AN UNSCHED-  
13 ULED BASIS TO PATIENTS FOR ACUTE EPISODIC ILLNESS OR MINOR TRAUMAS THAT  
14 ARE NOT LIFE-THREATENING OR POTENTIALLY DISABLING OR FOR MONITORING OR  
15 TREATMENT OVER PROLONGED PERIODS.

16 (E) "URGENT CARE PROVIDER" SHALL MEAN A LICENSEE PRACTICE THAT ADVER-  
17 TISES OR HOLDS ITSELF OUT AS A PROVIDER OF URGENT CARE.

18 2. NO LICENSEE PRACTICE SHALL, WITHIN THIS STATE, DISPLAY SIGNAGE,  
19 ADVERTISE OR HOLD ITSELF OUT AS A PROVIDER OF URGENT CARE THROUGH THE  
20 USE OF THE TERM URGENT CARE, OR THROUGH ANY OTHER TERM OR SYMBOL THAT  
21 IMPLIES THAT IT IS A PROVIDER OF URGENT CARE, UNLESS IT OBTAINS AND  
22 MAINTAINS FULL ACCREDITED STATUS AND OTHERWISE COMPLIES WITH THE  
23 PROVISIONS OF THIS SECTION AND REGULATIONS PROMULGATED HEREUNDER.

24 3. NO LICENSEE PRACTICE SHALL, WITHIN THIS STATE, DISPLAY SIGNAGE,  
25 ADVERTISE OR HOLD ITSELF OUT AS A PROVIDER OF EMERGENCY MEDICAL CARE  
26 THROUGH THE USE OF THE TERM EMERGENCY, OR THROUGH ANY OTHER TERM OR  
27 SYMBOL THAT IMPLIES THAT IT IS A PROVIDER OF EMERGENCY MEDICAL CARE,  
28 REGARDLESS OF WHETHER IT IS AN URGENT CARE PROVIDER ACCREDITED UNDER  
29 THIS SECTION.

30 4. NOTHING IN THIS SECTION SHALL BE CONSTRUED TO PROHIBIT A HOSPITAL  
31 ESTABLISHED UNDER ARTICLE TWENTY-EIGHT OF THIS CHAPTER FROM PROVIDING  
32 URGENT CARE OR EMERGENCY MEDICAL CARE OR FROM DISPLAYING SIGNAGE, ADVER-  
33 TISING OR HOLDING ITSELF OUT AS A PROVIDER OF URGENT OR EMERGENCY CARE  
34 PURSUANT TO REGULATIONS PROMULGATED UNDER THAT ARTICLE.

35 5. THE PUBLIC HEALTH AND HEALTH PLANNING COUNCIL, BY A MAJORITY VOTE  
36 OF ITS MEMBERS, SHALL ADOPT AND AMEND RULES AND REGULATIONS, SUBJECT TO  
37 THE APPROVAL OF THE COMMISSIONER, TO EFFECTUATE THE PURPOSES AND  
38 PROVISIONS OF THIS SECTION, INCLUDING, BUT NOT LIMITED TO DEFINING THE  
39 SCOPE OF SERVICES TO BE PROVIDED BY URGENT CARE PROVIDERS; REQUIRING  
40 URGENT CARE PROVIDERS TO DISCLOSE TO PATIENTS THE SCOPE OF SERVICES  
41 PROVIDED; AND ESTABLISHING STANDARDS FOR APPROPRIATE REFERRAL AND CONTI-  
42 NUITY OF CARE, STAFFING, EQUIPMENT, AND MAINTENANCE AND TRANSMISSION OF  
43 PATIENT RECORDS. SUCH REGULATIONS ALSO SHALL PROMOTE AND STRENGTHEN  
44 PRIMARY CARE THROUGH: (I) THE INTEGRATION OF SERVICES PROVIDED BY URGENT  
45 CARE PROVIDERS WITH THE SERVICES PROVIDED BY THE PATIENT'S OTHER HEALTH  
46 CARE PROVIDERS; AND (II) THE REFERRAL OF PATIENTS TO APPROPRIATE HEALTH  
47 CARE PROVIDERS, INCLUDING APPROPRIATE TRANSMISSION OF PATIENT HEALTH  
48 RECORDS. THE COMMISSIONER SHALL ENFORCE SUCH RULES AND REGULATIONS AS  
49 HE OR SHE MAY DEEM APPROPRIATE, TO EFFECTUATE THE PURPOSES OF THIS  
50 SECTION.

51 S 23. Section 230-d of the public health law, as added by chapter 365  
52 of the laws of 2007, paragraph (i) of subdivision 1 as amended by chap-  
53 ter 438 of the laws of 2012, and subdivision 4 as amended by chapter 477  
54 of the laws of 2008, is amended to read as follows:

1 S 230-d. Office-based surgery AND OFFICE-BASED ANESTHESIA. 1. The  
2 following words or phrases, as used in this section shall have the  
3 following meanings:

4 (a) "Accredited status" means the full accreditation by nationally-re-  
5 cognized accrediting agency(ies) determined by the commissioner.

6 (b) "Adverse event" means (i) patient death within thirty days; (ii)  
7 unplanned transfer to a hospital OR EMERGENCY DEPARTMENT VISIT WITHIN  
8 SEVENTY-TWO HOURS OF OFFICE-BASED SURGERY; (iii) unscheduled hospital  
9 admission OR ASSIGNMENT TO OBSERVATION SERVICES, within seventy-two  
10 hours of the office-based surgery, for longer than twenty-four hours; or  
11 (iv) any other serious or life-threatening event.

12 (c) "Deep sedation" means a drug-induced depression of consciousness  
13 during which (i) the patient cannot be easily aroused but responds  
14 purposefully following repeated painful stimulation; (ii) the patient's  
15 ability to maintain independent ventilatory function may be impaired;  
16 (iii) the patient may require assistance in maintaining a patent airway  
17 and spontaneous ventilation may be inadequate; and (iv) the patient's  
18 cardiovascular function is usually maintained without assistance.

19 (d) "General anesthesia" means a drug-induced depression of conscious-  
20 ness during which (i) the patient is not arousable, even by painful  
21 stimulation; (ii) the patient's ability to maintain independent ventila-  
22 tory function is often impaired; (iii) the patient, in many cases, often  
23 requires assistance in maintaining a patent airway and positive pressure  
24 ventilation may be required because of depressed spontaneous ventilation  
25 or drug-induced depression of neuromuscular function; and (iv) the  
26 patient's cardiovascular function may be impaired.

27 (e) "Moderate sedation" means a drug-induced depression of conscious-  
28 ness during which (i) the patient responds purposefully to verbal  
29 commands, either alone or accompanied by light tactile stimulation; (ii)  
30 no interventions are required to maintain a patent airway; (iii) sponta-  
31 neous ventilation is adequate; and (iv) the patient's cardiovascular  
32 function is usually maintained without assistance.

33 (f) "Minimal sedation" means a drug-induced state during which (i)  
34 patients respond normally to verbal commands; (ii) cognitive function  
35 and coordination may be impaired; and (iii) ventilatory and cardiovascu-  
36 lar functions are unaffected.

37 (g) "Minor procedures" means (i) procedures that can be performed  
38 safely with a minimum of discomfort where the likelihood of compli-  
39 cations requiring hospitalization is minimal; (ii) procedures performed  
40 with local or topical anesthesia; or (iii) liposuction with removal of  
41 less than 500 cc of fat under unsupplemented local anesthesia.

42 (h) "Office-based surgery" means any surgical or other invasive proce-  
43 dure, requiring general anesthesia, NEURAXIAL ANESTHESIA, MAJOR UPPER OR  
44 LOWER EXTREMITY REGIONAL NERVE BLOCKS, moderate sedation, or deep  
45 sedation, and any liposuction procedure, where such surgical or other  
46 invasive procedure or liposuction is performed by a licensee in a  
47 location other than a hospital, as such term is defined in article twen-  
48 ty-eight of this chapter, excluding minor procedures and procedures  
49 requiring minimal sedation.

50 (i) "Licensee" shall mean an individual licensed or otherwise author-  
51 ized under article one hundred thirty-one, one hundred thirty-one-B[,  
52 individuals who have obtained an issuance of a privilege to perform  
53 podiatric standard or advanced ankle surgery pursuant to subdivisions  
54 one and two of section seven thousand nine] OR ONE HUNDRED FORTY-ONE of  
55 the education law.



(J) "MAJOR UPPER OR LOWER EXTREMITY REGIONAL NERVE BLOCKS" MEANS TYPES OF REGIONAL ANESTHESIA IN WHICH PAIN SENSATION IS MODIFIED OR BLOCKED TO A LARGE AREA OF THE EXTREMITY BY ADMINISTRATION OF MEDICATION AROUND THE NERVES SUPPLYING THAT REGION OF THE EXTREMITY.

(K) "NEURAXIAL ANESTHESIA" MEANS A FORM OF REGIONAL ANESTHESIA IN WHICH PAIN SENSATION IS MODIFIED OR BLOCKED BY ADMINISTRATION OF MEDICATION INTO THE EPIDURAL SPACE OR SPINAL CANAL.

(L) "OFFICE-BASED ANESTHESIA" MEANS GENERAL ANESTHESIA, NEURAXIAL ANESTHESIA, MAJOR UPPER OR LOWER EXTREMITY REGIONAL NERVE BLOCKS, MODERATE SEDATION OR DEEP SEDATION WHERE SUCH ANESTHESIA IS ADMINISTERED BY A LICENSEE IN A LOCATION OTHER THAN A HOSPITAL, AS SUCH TERM IS DEFINED IN ARTICLE TWENTY-EIGHT OF THIS CHAPTER.

2. Licensee practices in which office-based surgery OR OFFICE-BASED ANESTHESIA is performed shall obtain and maintain full accredited status AND REGISTER WITH THE DEPARTMENT.

3. A licensee may only perform office-based surgery OR OFFICE-BASED ANESTHESIA in a setting that has obtained and maintains full accredited status AND IS REGISTERED WITH THE DEPARTMENT.

4. Licensees shall report adverse events to the department's patient safety center within [one] THREE business [day] DAYS of the occurrence of such adverse event. Licensees shall also report any suspected health care disease transmission originating in their practices to the patient safety center within [one] THREE business [day] DAYS of becoming aware of such suspected transmission. For purposes of this section, health care disease transmission shall mean the transmission of a reportable communicable disease that is blood borne from a health care professional to a patient or between patients as a result of improper infection control practices by the health care professional. LICENSEES SHALL REPORT TO THE DEPARTMENT DATA AS DEFINED BY THE DEPARTMENT. The reported data shall be subject to all confidentiality provisions provided by section twenty-nine hundred ninety-eight-e of this chapter.

4-A. OFFICE-BASED SURGERY OR OFFICE-BASED ANESTHESIA SHALL BE LIMITED TO OPERATIONS AND PROCEDURES WITH AN EXPECTED DURATION OF NO MORE THAN SIX HOURS AND EXPECTED APPROPRIATE AND SAFE DISCHARGE WITHIN SIX HOURS.

5. The commissioner shall make, adopt, promulgate and enforce such rules and regulations, as he or she may deem appropriate, to effectuate the purposes of this section. Where any rule or regulation under this section would affect the scope of practice of a health care practitioner licensed, registered or certified under title eight of the education law other than those licensed under articles one hundred thirty-one or one hundred thirty-one-B of the education law, the rule or regulation shall be made with the concurrence of the commissioner of education.

S 24. Subdivision 1 of section 2998-e of the public health law, as added by chapter 365 of the laws of 2007, is amended to read as follows:

1. The commissioner shall enter into agreements with accrediting agencies pursuant to which the accrediting agencies shall UTILIZE AMERICAN BOARD OF MEDICAL SPECIALTIES (ABMS) CERTIFICATION, HOSPITAL PRIVILEGING OR OTHER EQUIVALENT METHODS TO DETERMINE COMPETENCY OF PRACTITIONERS TO PERFORM OFFICE-BASED SURGERY AND OFFICE-BASED ANESTHESIA, CARRY OUT SURVEYS OR COMPLAINT/INCIDENT INVESTIGATIONS UPON DEPARTMENT REQUEST AND SHALL report, at a minimum, [aggregate data on adverse events] FINDINGS OF SURVEYS AND COMPLAINT/INCIDENT INVESTIGATIONS, AND DATA for all office-based surgical AND OFFICE-BASED ANESTHESIA practices accredited by the accrediting agencies to the department. The department may disclose reports of aggregate data to the public.

1 S 25. Subdivision 4 of section 2951 of the public health law is  
2 REPEALED.

3 S 26. Section 2956 of the public health law is REPEALED.

4 S 27. Section 4310 of the public health law, as amended by chapter 639  
5 of the laws of 2006, the section heading as separately amended by chap-  
6 ter 640 of the laws of 2006, subdivisions 1 and 3 as amended by chapter  
7 158 of the laws of 2012, subdivision 2 as separately amended by chapters  
8 158 and 465 of the laws of 2012, is amended to read as follows:

9 S 4310. New York state donate life registry for organ, EYE and tissue  
10 donations. 1. The department shall establish an organ, EYE, and tissue  
11 donor registry, which shall be called and be referred to as the "donate  
12 life registry", WHICH SHALL PROVIDE A MEANS TO MAKE AND REGISTER A GIFT  
13 OF ORGANS, EYES AND TISSUES TO TAKE PLACE AFTER DEATH PURSUANT TO  
14 SECTION FORTY-THREE HUNDRED ONE OF THIS CHAPTER AND OTHER APPLICABLE  
15 PROVISIONS OF THIS ARTICLE. [Such] THE DONATE LIFE registry shall  
16 contain a listing of all donors who have declared their consent to make  
17 an anatomical gift.

18 2. NOTWITHSTANDING ANY INCONSISTENT PROVISIONS OF SECTIONS ONE HUNDRED  
19 TWELVE OR ONE HUNDRED SIXTY-THREE OF THE STATE FINANCE LAW, THE COMMIS-  
20 SIONER MAY ENTER INTO A CONTRACT FOR THE OPERATION AND PROMOTION OF THE  
21 DONATE LIFE REGISTRY SUBJECT TO SUCH TERMS AND CONDITIONS AS MAY BE  
22 CONTAINED WITHIN SUCH CONTRACT WITH A NOT-FOR-PROFIT ORGANIZATION THAT  
23 HAS EXPERIENCE WORKING WITH ORGAN, EYE AND TISSUE PROCUREMENT ORGANIZA-  
24 TIONS, HAS EXPERTISE IN CONDUCTING ORGAN, EYE AND TISSUE DONOR PROMO-  
25 TIONAL CAMPAIGNS, AND IS AFFILIATED WITH THE ORGAN, EYE AND TISSUE  
26 DONATION COMMUNITY THROUGHOUT THE STATE. THE CONTRACTOR MAY SUBCONTRACT  
27 AS NEEDED FOR THE EFFECTIVE PERFORMANCE OF THE CONTRACT. ALL SUCH  
28 SUBCONTRACTORS AND THE TERMS OF SUCH SUBCONTRACTS SHALL BE SUBJECT TO  
29 APPROVAL BY THE COMMISSIONER. ANY APPLICABLE STATE AGENCY SHALL COOPER-  
30 ATE IN THE COLLECTION AND TRANSFER OF REGISTRANT DATA TO THE DONATE LIFE  
31 REGISTRY.

32 3. THE DUTIES OF THE CONTRACTOR SHALL INCLUDE, BUT NOT BE LIMITED TO,  
33 THE FOLLOWING:

34 (A) THE DEVELOPMENT, IMPLEMENTATION AND MAINTENANCE OF THE DONATE LIFE  
35 REGISTRY THAT INCLUDES ONLINE, MAILED AND OTHER FORMS OF ORGAN, EYE AND  
36 TISSUE DONOR REGISTRATION, VERIFICATION, AMENDMENT AND REVOCATION;

37 (B) PREPARATION AND SUBMISSION OF A PLAN TO ENCOURAGE ORGAN DONATION  
38 THROUGH EDUCATION AND MARKETING EFFORTS AND OTHER RECOMMENDATIONS THAT  
39 WOULD STREAMLINE AND ENHANCE THE COST-EFFECTIVE OPERATION OF THE DONATE  
40 LIFE REGISTRY; AND

41 (C) PROVISION OF WRITTEN OR ELECTRONIC NOTIFICATION OF REGISTRATION IN  
42 THE DONATE LIFE REGISTRY TO AN INDIVIDUAL ENROLLING IN THE DONATE LIFE  
43 REGISTRY; AND

44 (D) PREPARATION AND SUBMISSION OF AN ANNUAL WRITTEN REPORT TO THE  
45 DEPARTMENT. SUCH REPORT SHALL INCLUDE:

46 (I) A PERFORMANCE MATRIX INCLUDING THE NUMBER OF REGISTRANTS ON THE  
47 DONATE LIFE REGISTRY AND AN ANALYSIS OF THE REGISTRATION RATES, INCLUD-  
48 ING BUT NOT LIMITED TO, LOCATION, METHOD OF REGISTRATION, DEMOGRAPHIC,  
49 AND STATE COMPARISONS;

50 (II) THE CHARACTERISTICS OF REGISTRANTS AS DETERMINED FROM THE DONATE  
51 LIFE REGISTRY INFORMATION;

52 (III) THE ANNUAL DOLLAR AMOUNT OF VOLUNTARY CONTRIBUTIONS RECEIVED BY  
53 THE CONTRACTOR FOR THE PURPOSES OF MAINTAINING THE DONATE LIFE REGISTRY  
54 AND/OR EDUCATIONAL AND PROMOTIONAL CAMPAIGNS AND INITIATIVES;

55 (IV) A DESCRIPTION OF THE PROMOTIONAL CAMPAIGNS AND INITIATIVES IMPL-  
56 MENTED DURING THE YEAR; AND

1 (V) ACCOUNTING STATEMENTS OF EXPENDITURES FOR THE PURPOSES OF MAIN-  
2 TAINING THE DONATE LIFE REGISTRY AND PROMOTIONAL CAMPAIGNS AND INITI-  
3 ATIVES.

4 4. PAYMENTS TO THE CONTRACTOR FOR THE OPERATION OF THE DONATE LIFE  
5 REGISTRY SHALL BE PAID BY THE DEPARTMENT FROM FUNDS AVAILABLE FOR THESE  
6 PURPOSES, INCLUDING, BUT NOT LIMITED TO, THE FUNDS DEPOSITED INTO THE  
7 LIFE PASS IT ON TRUST FUND PURSUANT TO SECTION NINETY-FIVE-D OF THE  
8 STATE FINANCE LAW, AS ADDED BY CHAPTER FOUR HUNDRED FIFTEEN OF THE LAWS  
9 OF TWO THOUSAND THREE, WHICH ARE DESIGNATED FOR MAINTAINING AND OPERAT-  
10 ING THE DONATE LIFE REGISTRY AS DEEMED APPROPRIATE BY THE COMMISSIONER.  
11 IN ADDITION, THE CONTRACTOR MAY RECEIVE AND USE VOLUNTARY CONTRIBUTIONS.

12 5. (A) Such ORGAN, EYE AND TISSUE registration [of consent to make an  
13 anatomical gift] can be made through [(a)]: (I) indication made on the  
14 application or renewal form of a DRIVER'S license, [(b)] (II) indication  
15 made on a non-driver identification card application or renewal form,  
16 [(c) enrolling in the registry website maintained by the department,  
17 which may include using an electronic signature subject to article three  
18 of the state technology law, (d)] (III) indication made on a voter  
19 registration form pursuant to subdivision five of section 5-210 of the  
20 election law, (IV) ENROLLMENT THROUGH THE DONATE LIFE REGISTRY WEBSITE,  
21 (V) PAPER ENROLLMENT SUBMITTED TO THE DONATE LIFE REGISTRY, or [(e)]  
22 (VI) through any other method identified by the commissioner. Where  
23 required by law for consent forms described in [paragraphs (a) and (b)]  
24 SUBPARAGRAPHS (I) AND (II) of this [subdivision] PARAGRAPH, the commis-  
25 sioner shall ensure that space is provided on any consent form so that  
26 the applicant shall register or decline registration in the donate life  
27 registry for organ, EYE and tissue donations under this section and that  
28 the following is stated on the form in clear and conspicuous type:

29 "You must fill out the following section: Would you like to be added  
30 to the Donate Life Registry? Check box for 'yes' or 'skip this ques-  
31 tion'."

32 The commissioner shall not maintain records of any person who checks  
33 "skip this question". Failure to check a box shall not impair the valid-  
34 ity of an application, and failure to check "yes" or checking "skip this  
35 question" shall not be construed to imply a wish not to donate. In the  
36 case of an applicant under eighteen years of age, checking "yes" shall  
37 not constitute consent to make an anatomical gift or registration in the  
38 donate life registry. Where an applicant has previously consented to  
39 make an anatomical gift or registered in the donate life registry,  
40 checking "skip this question" or failing to check a box shall not impair  
41 that consent or registration. ENROLLMENT THROUGH THE DONATE LIFE REGIS-  
42 TRY WEBSITE THROUGH ANY OF THE MEANS LISTED ABOVE MAY BE SIGNED BY ELEC-  
43 TRONIC SIGNATURE, IN ACCORDANCE WITH THE PROVISIONS OF ARTICLE THREE OF  
44 THE STATE TECHNOLOGY LAW, SUPPORTED BY THE USE OF SUITABLE MECHANISMS TO  
45 PROVIDE CONFIDENCE IN THE IDENTITY OF THE PERSON PROVIDING THE ELECTRON-  
46 IC SIGNATURE. The registration shall take effect upon the provision of  
47 written or electronic notice of the registration to the [person] INDI-  
48 VIDUAL enrolling in the DONATE LIFE registry.

49 [3. (a) Information contained in the registry shall be accessible to  
50 (i) federally designated organ procurement organizations, (ii) eye and  
51 tissue banks licensed by the department pursuant to article  
52 forty-three-B of this chapter, and (iii) any other entity formally  
53 approved by the commissioner.

54 (b) The information contained in the registry shall not be released to  
55 any person except as expressly authorized by this section solely for the

1 purpose of identifying potential organ and tissue donors at or near the  
2 time of death.

3 4. If the department had an established registry prior to the effec-  
4 tive date of this section, it shall be deemed to meet the requirements  
5 of this section.

6 5. The registry shall provide persons enrolled the opportunity to  
7 specify which organs and tissues they want to donate and if the donation  
8 can be used for transplantation, research, or both.] (B) AMENDMENTS OR  
9 REVOCATIONS FROM THE DONATE LIFE REGISTRY MAY BE MADE BY THE FOLLOWING,  
10 SUBJECT TO THE REQUIREMENTS OF THE COMMISSIONER:

11 (I) REGISTRANTS SUBMITTING A REQUEST IN WRITING TO THE DONATE LIFE  
12 REGISTRY; OR

13 (II) REGISTRANTS SUBMITTING A REQUEST ELECTRONICALLY THROUGH THE  
14 DONATE LIFE REGISTRY WEBSITE.

15 (C) REMOVAL FROM THE DONATE LIFE REGISTRY SHALL NOT BE DEEMED A  
16 REFUSAL OF ANY OTHER OR FUTURE ANATOMICAL GIFT.

17 (D) THE DONATE LIFE REGISTRY SHALL PROVIDE INDIVIDUALS ENROLLED THE  
18 OPPORTUNITY TO SPECIFY WHICH ORGANS AND TISSUES THEY WANT TO DONATE AND  
19 IF THE DONATION MAY BE USED FOR TRANSPLANTATION, RESEARCH, OR BOTH.

20 6. [A person] AN INDIVIDUAL registered in the [organ and tissue]  
21 DONATE LIFE registry before the effective date of this subdivision shall  
22 be deemed to have expressed intent to donate, until and unless he or she  
23 files an amendment to his or her registration or a new registration  
24 expressing consent to donate.

25 7. [The commissioner shall contact each person registered before the  
26 effective date of this subdivision in the organ and tissue registry in  
27 writing to inform him or her that at the time he or she registered, the  
28 registry was that of intent and that the registry is now one of consent,  
29 to explain in clear and understandable terms the difference between  
30 intent and consent, and to provide opportunity for the person to change  
31 his or her registration to provide consent by amending his or her  
32 current registration or executing a new registration.] (A) THE DONATE  
33 LIFE REGISTRY SHALL BE MAINTAINED IN A MANNER THAT ALLOWS IMMEDIATE  
34 ACCESS TO ORGAN, EYE AND TISSUE DONATION RECORDS TWENTY-FOUR HOURS A  
35 DAY, SEVEN DAYS A WEEK TO THE CONTRACTOR, THE DEPARTMENT, FEDERALLY  
36 DESIGNATED ORGAN PROCUREMENT ORGANIZATIONS, LICENSED EYE AND TISSUE  
37 BANKS, AND SUCH OTHER ENTITIES WHICH MAY BE APPROVED BY THE DEPARTMENT  
38 FOR ACCESS. ACCESS SHALL BE AVAILABLE, TO THE EXTENT PRACTICABLE, TO  
39 REGISTRANTS TO CONFIRM THE ACCURACY AND VALIDITY OF THEIR REGISTRATION  
40 AND TO AMEND OR REVOKE THEIR REGISTRATION, SUBJECT TO REASONABLE PROCE-  
41 DURES TO VERIFY IDENTITY.

42 (B) ACCESS TO THE DONATE LIFE REGISTRY SHALL HAVE SECURITY MEASURES  
43 SET FORTH IN THE CONTRACT TO PROTECT THE INTEGRITY OF THE IDENTIFIABLE  
44 DATA IN THE DONATE LIFE REGISTRY, WHICH MAY ONLY BE ACCESSED BY THE  
45 PARTIES DESCRIBED IN PARAGRAPH (A) OF THIS SUBDIVISION AND ONLY FOR THE  
46 PURPOSES OF DETERMINING DONOR STATUS AT OR NEAR THE TIME OF DEATH OF AN  
47 INDIVIDUAL, BY THE DEPARTMENT FOR ANY PURPOSE, BY THE CONTRACTOR ONLY  
48 FOR PURPOSES OF QUALITY ASSESSMENT AND IMPROVEMENT, TECHNICAL SUPPORT  
49 AND DONOR SERVICES, OR BY INDIVIDUAL REGISTRANTS FOR THE PURPOSES OF  
50 CONFIRMING THE ACCURACY AND VALIDITY OF THEIR REGISTRATION OR MAKING,  
51 AMENDING OR REVOKING THEIR REGISTRATION.

52 (C) DE-IDENTIFIED INFORMATION MAY BE ACCESSED BY THE ENTITIES LISTED  
53 IN PARAGRAPH (A) OF THIS SUBDIVISION OR THEIR DESIGNEES FOR PURPOSES OF  
54 ANALYSIS, PROMOTION, EDUCATION, QUALITY IMPROVEMENT AND TECHNICAL  
55 SUPPORT.

1 8. The commissioner is authorized to promulgate rules and regulations  
2 necessary to implement the provisions of this section.

3 9. NOTWITHSTANDING ANY OTHER PROVISION OF LAW, THE COMMISSIONER, THE  
4 DEPARTMENT, AND ITS EMPLOYEES OR AGENTS, OTHER THAN THOSE OF THE  
5 CONTRACTOR, SHALL NOT BE SUBJECT TO ANY LIABILITY WHATSOEVER FOR ANY  
6 DAMAGES OR OTHER HARM ARISING FROM THE ACTIONS OR INACTION OF THE  
7 CONTRACTOR.

8 S 28. Section 6 of chapter 465 of the laws of 2012, amending the  
9 public health law and the vehicle and traffic law relating to establish-  
10 ing Lauren's law, is amended to read as follows:

11 S 6. This act shall take effect one year after it shall have become a  
12 law; provided that the commissioners of health and motor vehicles may  
13 implement sections two, four and five of this act within their respec-  
14 tive jurisdictions before that date[; and provided, further, that the  
15 provisions of this act shall expire and be deemed repealed three years  
16 after such effective date].

17 S 29. Subdivision 3 of section 95-d of the state finance law, as added  
18 by chapter 415 of the laws of 2003, is amended to read as follows:

19 3. Monies of the fund shall be expended [only for organ transplant  
20 research and education projects approved by the commissioner of health,  
21 or to provide grants to not-for-profit corporations in this state which  
22 are incorporated for the purpose of increasing and promoting organ and  
23 tissue donation awareness] TO SUPPORT THE MAINTENANCE AND OPERATION OF  
24 THE DONATE LIFE REGISTRY, IN ACCORDANCE WITH THE PROVISIONS OF SECTION  
25 FORTY-THREE HUNDRED TEN OF THE PUBLIC HEALTH LAW.

26 S 30. Section 461-b of the social services law is amended by adding  
27 two new subdivisions 9 and 10 to read as follows:

28 9. (A) THE PRIOR WRITTEN APPROVAL OF THE DEPARTMENT IS REQUIRED FOR:  
29 (I) ANY TRANSFER, ASSIGNMENT OR OTHER DISPOSITION OF TEN PERCENT OR MORE  
30 OF AN INTEREST OR VOTING RIGHTS IN A PARTNERSHIP, BUSINESS CORPORATION  
31 OR LIMITED LIABILITY COMPANY WHICH IS THE OPERATOR OF AN ADULT CARE  
32 FACILITY TO A NEW PARTNER, SHAREHOLDER OR MEMBER; OR (II) ANY TRANSFER,  
33 ASSIGNMENT OR OTHER DISPOSITION OF INTEREST OR VOTING RIGHTS IN A PART-  
34 NERSHIP, BUSINESS CORPORATION OR LIMITED LIABILITY COMPANY WHICH IS THE  
35 OPERATOR OF AN ADULT CARE FACILITY WHICH RESULTS IN THE OWNERSHIP OR  
36 CONTROL OF MORE THAN TEN PERCENT OF THE INTEREST OR VOTING RIGHTS THERE-  
37 UNDER BY ANY PERSON WHO HAS NOT BEEN PREVIOUSLY APPROVED BY THE DEPART-  
38 MENT FOR THAT OPERATOR.

39 (B) WITH RESPECT TO A TRANSFER, ASSIGNMENT OR DISPOSITION INVOLVING  
40 LESS THAN TEN PERCENT OF AN INTEREST OR VOTING RIGHTS IN SUCH PARTNER-  
41 SHIP, BUSINESS CORPORATION OR LIMITED LIABILITY COMPANY TO A NEW PART-  
42 NER, SHAREHOLDER OR MEMBER, NO PRIOR APPROVAL OF THE DEPARTMENT SHALL BE  
43 REQUIRED. HOWEVER, NO SUCH TRANSACTION SHALL BE EFFECTIVE UNLESS AT  
44 LEAST NINETY DAYS PRIOR TO THE INTENDED EFFECTIVE DATE THEREOF, THE  
45 PARTNERSHIP, BUSINESS CORPORATION OR LIMITED LIABILITY COMPANY FULLY  
46 COMPLETES AND FILES WITH THE DEPARTMENT NOTICE ON A FORM, TO BE DEVEL-  
47 OPED BY THE DEPARTMENT, WHICH SHALL DISCLOSE SUCH INFORMATION AS MAY  
48 REASONABLY BE NECESSARY FOR THE DEPARTMENT TO DETERMINE WHETHER IT  
49 SHOULD PROHIBIT THE TRANSACTION. WITHIN NINETY DAYS FROM THE DATE OF  
50 RECEIPT OF SUCH NOTICE, THE DEPARTMENT MAY PROHIBIT ANY SUCH TRANSACTION  
51 UNDER THIS SUBPARAGRAPH IF IT FINDS: (I) THERE ARE REASONABLE GROUNDS  
52 TO BELIEVE THE PROPOSED TRANSACTION DOES NOT SATISFY THE CHARACTER AND  
53 COMPETENCE REVIEW, AS MAY BE APPROPRIATE; OR (II) IF THE TRANSACTION,  
54 TOGETHER WITH ALL OTHER SUCH TRANSACTIONS DURING ANY FIVE YEAR PERIOD,  
55 WOULD IN THE AGGREGATE, INVOLVE TWENTY-FIVE PERCENT OR MORE OF THE  
56 INTEREST IN THE ENTITY THAT CONSTITUTES THE OPERATOR. THE DEPARTMENT

1 SHALL STATE THE SPECIFIC REASONS FOR PROHIBITING ANY TRANSACTION UNDER  
2 THIS SUBPARAGRAPH AND SHALL SO NOTIFY EACH PARTY TO THE PROPOSED TRANS-  
3 ACTION.

4 (C) WITH RESPECT TO A TRANSFER, ASSIGNMENT OR DISPOSITION OF AN INTER-  
5 EST OR VOTING RIGHTS IN A PARTNERSHIP, BUSINESS CORPORATION OR LIMITED  
6 LIABILITY COMPANY TO ANY EXISTING PARTNER, SHAREHOLDER OR MEMBER, NO  
7 PRIOR APPROVAL OF THE DEPARTMENT SHALL BE REQUIRED. HOWEVER, IF THE  
8 TRANSACTION INVOLVES THE WITHDRAWAL OF THE TRANSFEROR FROM THE PARTNER-  
9 SHIP, BUSINESS CORPORATION OR LIMITED LIABILITY COMPANY, NO SUCH TRANS-  
10 ACTION SHALL BE EFFECTIVE UNLESS AT LEAST NINETY DAYS PRIOR TO THE  
11 INTENDED EFFECTIVE DATE THEREOF, THE PARTNERSHIP, BUSINESS CORPORATION  
12 OR LIMITED LIABILITY COMPANY FULLY COMPLETES AND FILES WITH THE DEPART-  
13 MENT NOTICE OF SUCH TRANSACTION. WITHIN NINETY DAYS FROM THE DATE OF  
14 RECEIPT OF SUCH NOTICE, THE DEPARTMENT MAY PROHIBIT ANY SUCH TRANSACTION  
15 UNDER THIS PARAGRAPH IF THE EQUITY POSITION OF THE PARTNERSHIP, BUSINESS  
16 CORPORATION OR LIMITED LIABILITY COMPANY, DETERMINED IN ACCORDANCE WITH  
17 GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, WOULD BE REDUCED AS A RESULT  
18 OF THE TRANSFER, ASSIGNMENT OR DISPOSITION. THE DEPARTMENT SHALL STATE  
19 THE SPECIFIC REASON FOR PROHIBITING ANY TRANSACTION UNDER THIS PARAGRAPH  
20 AND SHALL SO NOTIFY EACH PARTY TO THE PROPOSED TRANSACTION.

21 10. NOTWITHSTANDING ANY PROVISION OF LAW TO THE CONTRARY, THE DEPART-  
22 MENT IS AUTHORIZED TO APPROVE A CERTIFICATE OF INCORPORATION OR ARTICLES  
23 OF ORGANIZATION FOR ESTABLISHMENT OF AN ADULT CARE FACILITY ON AN EXPE-  
24 DITED BASIS WHERE: (A) THE CERTIFICATE OF INCORPORATION OR ARTICLES OF  
25 ORGANIZATION REFLECTS SOLELY A CHANGE IN THE FORM OF THE BUSINESS ORGAN-  
26 IZATION OF AN EXISTING ENTITY WHICH HAD BEEN APPROVED BY THE DEPARTMENT  
27 TO OPERATE AN ADULT CARE FACILITY; (B) EVERY INCORPORATOR, STOCKHOLDER,  
28 MEMBER AND DIRECTOR OF THE NEW ENTITY SHALL HAVE BEEN AN OWNER, PARTNER,  
29 INCORPORATOR, STOCKHOLDER, MEMBER OR DIRECTOR OF THE EXISTING ENTITY;  
30 (C) THE DISTRIBUTION OF OWNERSHIP INTERESTS AND VOTING RIGHTS IN THE NEW  
31 ENTITY SHALL BE THE SAME AS IN THE EXISTING ENTITY; AND (D) THERE SHALL  
32 BE NO CHANGE IN THE OPERATOR OF THE ADULT CARE FACILITY OTHER THAN THE  
33 FORM OF ITS BUSINESS ORGANIZATION, AS A RESULT OF THE APPROVAL OF SUCH  
34 CERTIFICATE OF INCORPORATION OR ARTICLES OF ORGANIZATION. UPON  
35 SUBMISSION, IF THE DEPARTMENT DOES NOT OBJECT TO THE PROPOSAL WITHIN  
36 NINETY DAYS OF THE RECEIPT OF A COMPLETE APPLICATION, THE PROPOSAL WILL  
37 BE DEEMED ACCEPTABLE TO THE DEPARTMENT AND AN AMENDED OPERATING CERTIF-  
38 ICATE SHALL BE ISSUED.

39 S 31. Subdivisions 1 and 2 of section 461-k of the social services  
40 law, as added by chapter 779 of the laws of 1986, are amended to read as  
41 follows:

42 1. (a) "Services for non-residents in adult homes, residences for  
43 adults and enriched housing programs" shall mean an organized program of  
44 services which the facility is authorized to provide to residents of  
45 such facility but which are provided to non-residents for the purpose of  
46 restoring, maintaining or developing the capacity of aged or disabled  
47 persons to remain in or return to the community. Such services may  
48 include but shall not be limited to day programs and temporary residen-  
49 tial care as defined herein. A person participating in a program of  
50 services for non-residents in an adult care facility shall be considered  
51 a resident of the facility and shall be afforded all the rights and  
52 protections afforded residents of the facility under this chapter except  
53 that the provisions of sections four hundred sixty-one-g and four  
54 hundred sixty-one-h of this title relating to termination of admission  
55 agreements shall not apply and that persons receiving services pursuant  
56 to this section shall not be considered to be receiving residential care

1 as defined in section two hundred nine of this chapter for purposes of  
2 determining eligibility for and the amount of supplemental security  
3 income benefits and additional state payments.

4 (b) "Day programs" shall mean an organized program for non-residents  
5 which shall include personal care, supervision and other adult services  
6 which the facility is authorized to provide to residents of such facility  
7 which may include but are not limited to, activities, meals, information  
8 and referral, and transportation services, provided in an adult  
9 home, residence for adults or enriched housing program.

10 (c) "Temporary residential care" shall mean the provision of temporary  
11 residential care of frail or disabled adults on behalf of or in the  
12 absence of the caregiver for up to [six weeks] ONE HUNDRED TWENTY DAYS  
13 in any twelve month period, provided in an adult home, residence for  
14 adults or enriched housing program.

15 2. A program to provide services for non-residents in an adult care  
16 facility may be established and operated in an adult home, residence for  
17 adults or enriched housing program provided that such facility has a  
18 current operating certificate issued in accordance with section four  
19 hundred sixty-one-b of this title. No operator may establish and operate  
20 a DAY program to provide services for non-residents, AS DEFINED IN  
21 SUBPARAGRAPH (B) OF SUBDIVISION ONE OF THIS SECTION, unless the operator  
22 has received the prior written approval of the department. The department  
23 shall grant such approval TO OPERATE A DAY PROGRAM only to those  
24 operators that are operating in compliance with applicable law and regulations.  
25 NO OPERATOR MAY PROVIDE TEMPORARY RESIDENTIAL CARE AS DEFINED  
26 IN SUBPARAGRAPH (C) OF SUBDIVISION ONE OF THIS SECTION, UNLESS THE OPER-  
27 ATOR HAS NOTIFIED THE DEPARTMENT OF ITS INTENT TO DO SO.

28 S 32. Paragraph (a) of subdivision 3 of section 461-b of the social  
29 services law, as amended by chapter 591 of the laws of 1999, is amended  
30 to read as follows:

31 (a) The department shall not approve an application for establishment  
32 of an adult care facility unless it is satisfied insofar as applicable,  
33 as to (i) the character, competence and standing in the community, of  
34 the applicant; provided, however, with respect to any such applicant who  
35 is already or within the past [ten] SEVEN years has been an incorporator,  
36 director, sponsor, stockholder, operator, administrator, member or  
37 owner of any adult care facility which has been issued an operating  
38 certificate by the board or the department, or of a halfway house,  
39 hostel or other residential facility or of a program or facility  
40 licensed or operated by a health, mental hygiene, social services or  
41 education agency or department of this or any state, or a program serving  
42 persons with mental disabilities, or other persons with disabilities  
43 as defined in subdivision twenty-one of section two hundred ninety-two  
44 of the executive law, the aged, children or other persons receiving  
45 health, mental hygiene, residential, social or educational services, no  
46 approval of such application shall be granted unless the department  
47 shall affirmatively find by substantial evidence as to each such applicant  
48 that a substantially consistent high level of care is being or was  
49 being rendered in each such facility or institution with which such  
50 person is or was affiliated; for the purposes of this paragraph, there  
51 may be a finding that a substantially consistent high level of care has  
52 been rendered where there have been violations of applicable rules and  
53 regulations, that (1) did not threaten to directly affect the health,  
54 safety or welfare of any patient or resident, and (2) were promptly  
55 corrected and not recurrent; (ii) the financial resources of the

1 proposed facility and its sources of future revenue; and (iii) such  
2 other matters as it shall deem pertinent.

3 S 33. Subdivision 4 of section 4656 of the public health law, as added  
4 by chapter 2 of the laws of 2004, is amended to read as follows:

5 4. The department shall develop an expedited review and approval proc-  
6 ess FOR APPLICATIONS FOR UP TO NINE ADDITIONAL BEDS TO AN EXISTING  
7 ENHANCED OR SPECIAL NEEDS ASSISTED LIVING CERTIFICATE.

8 S 34. Paragraph (b) of subdivision 5 of section 3610 of the public  
9 health law is REPEALED.

10 S 35. Subdivision 2 of section 3610 of the public health law, as  
11 amended by section 65 of part A of chapter 58 of the laws of 2010, is  
12 amended to read as follows:

13 2. A hospital, residential health care facility, or certified home  
14 health agency seeking authorization to provide a long term home health  
15 care program shall transmit to the commissioner an application setting  
16 forth the scope of the proposed program. Such application shall be in a  
17 format and shall be submitted in a quantity determined by the commis-  
18 sioner. The commissioner shall transmit the application to the public  
19 health and health planning council and to the health systems agency, if  
20 any, having geographic jurisdiction of the area where the proposed  
21 program is to be located. The application shall include a detailed  
22 description of the proposed program including, but not limited to, the  
23 following:

- 24 (a) an outline of the institution's or agency's plans for the program;
- 25 (b) the need for the proposed program;
- 26 (c) the number and types of personnel to be employed;
- 27 (d) the ability of the agency, hospital, or facility to provide the  
28 program;
- 29 (e) the estimated number of visits to be provided;
- 30 (f) the geographic area in which the proposed programs will be  
31 provided;
- 32 (g) any special or unusual services, programs, or equipment to be  
33 provided;
- 34 (h) a demonstration that the proposed program is feasible and adequate  
35 in terms of both short range and long range goals;
- 36 (i) such other information as the commissioner may require.

37 The health systems agency and the public health and health planning  
38 council shall review the application and submit their recommendations to  
39 the commissioner. At the time members of the public health and health  
40 planning council are notified that an application is scheduled for  
41 consideration, the applicant and the health systems agency shall be so  
42 notified in writing. The health systems agency or the public health and  
43 health planning council shall not recommend approval of the application  
44 unless it is satisfied as to:

- 45 (a) the public need for the program at the time and place and under  
46 the circumstances proposed;
- 47 (b) the financial resources of the provider of the proposed program  
48 and its sources of future revenues;
- 49 (c) the ability of the proposed program to meet those standards estab-  
50 lished for participation as a home health agency under title XVIII of  
51 the federal Social Security Act; and
- 52 (d) such other matters as it shall deem pertinent.

53 After receiving and considering the recommendations of the public  
54 health and health planning council and the health systems agency, the  
55 commissioner shall make his or her determination. The commissioner shall  
56 act upon an application after the public health and health planning



council and the health systems agency have had a reasonable time to submit their recommendations. The commissioner shall not take any action contrary to the advice of either until he or she affords to either an opportunity to request a public hearing and, if so requested, a public hearing shall be held. The commissioner shall not approve the application unless he or she is satisfied as to the detailed description of the proposed program and

(a) the public need for the existence of the program at the time and place and under the circumstances proposed;

(b) the financial resources of the provider of the proposed program and its sources of future revenues;

(c) the ability of the proposed program to meet those standards established for participation as a home health agency under title XVIII of the federal Social Security Act; and

(d) such other matters as he or she shall deem pertinent.

If the application is approved, the applicant shall be so notified in writing. The commissioner's written approval of the application shall constitute authorization to provide a long term home health care program. [In making his or her authorization, the commissioner shall stipulate the maximum number of persons which a provider of a long term home health care program may serve.] If the commissioner proposes to disapprove the application, he or she shall notify the applicant in writing, stating his or her reasons for disapproval, and afford the applicant an opportunity for a public hearing.

S 36. Subdivision 9 of section 2803 of the public health law is REPEALED.

S 37. Section 32 of part A of chapter 58 of the laws of 2008, amending the elder law and other laws relating to reimbursement to particular provider pharmacies and prescription drug coverage, as amended by section 26 of part A of chapter 59 of the laws of 2011, is amended to read as follows:

S 32. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2008; provided however, that sections one, six-a, nineteen, twenty, twenty-four, and twenty-five of this act shall take effect July 1, 2008; provided however that sections sixteen, seventeen and eighteen of this act shall expire April 1, [2014] 2017; provided, however, that the amendments made by section twenty-eight of this act shall take effect on the same date as section 1 of chapter 281 of the laws of 2007 takes effect; provided further, that sections twenty-nine, thirty, and thirty-one of this act shall take effect October 1, 2008; provided further, that section twenty-seven of this act shall take effect January 1, 2009; and provided further, that section twenty-seven of this act shall expire and be deemed repealed March 31, 2014; and provided, further, however, that the amendments to subdivision 1 of section 241 of the education law made by section twenty-nine of this act shall not affect the expiration of such subdivision and shall be deemed to expire therewith and provided that the amendments to section 272 of the public health law made by section thirty of this act shall not affect the repeal of such section and shall be deemed repealed therewith.

S 38. This act shall take effect immediately; provided, however, that:

(a) section one of this act shall take effect July 1, 2014;

(b) section twenty-two of this act shall take effect July 1, 2014; provided, however, that subdivisions 2 and 3 of section 230-e of the public health law, as added by section twenty-two of this act, shall take effect January 1, 2016;

(c) sections twenty-three and twenty-four of this act shall take effect one year after it shall have become a law; provided, however, that if chapter 438 of the laws of 2012 shall not have taken effect on or before such date then the amendments to paragraph (i) of subdivision 1 of section 230-d of the public health law made by section twenty-three of this act shall take effect on the same date and in the same manner as such chapter of the laws of 2012 takes effect; and

(d) the amendments to subdivisions 1 and 2 of section 461-k of the social services law made by section thirty-one of this act shall not affect the expiration of such section and shall be deemed to expire therewith.

## PART B

Section 1. Subdivision 5 of section 168 of chapter 639 of the laws of 1996, constituting the New York Health Care Reform Act of 1996, as amended by section 1 of part C of chapter 59 of the laws of 2011, is amended to read as follows:

5. sections 2807-c, 2807-j, 2807-s and 2807-t of the public health law, as amended or as added by this act, shall expire on December 31, [2014] 2017, and shall be thereafter effective only in respect to any act done on or before such date or action or proceeding arising out of such act including continued collections of funds from assessments and allowances and surcharges established pursuant to sections 2807-c, 2807-j, 2807-s and 2807-t of the public health law, and administration and distributions of funds from pools established pursuant to sections 2807-c, 2807-j, 2807-k, 2807-l, 2807-m, 2807-s and 2807-t of the public health law related to patient services provided before December 31, [2014] 2017, and continued expenditure of funds authorized for programs and grants until the exhaustion of funds therefor;

S 2. Subdivision 1 of section 138 of chapter 1 of the laws of 1999, constituting the New York Health Care Reform Act of 2000, as amended by section 2 of part C of chapter 59 of the laws of 2011, is amended to read as follows:

1. sections 2807-c, 2807-j, 2807-s, and 2807-t of the public health law, as amended by this act, shall expire on December 31, [2014] 2017, and shall be thereafter effective only in respect to any act done before such date or action or proceeding arising out of such act including continued collections of funds from assessments and allowances and surcharges established pursuant to sections 2807-c, 2807-j, 2807-s and 2807-t of the public health law, and administration and distributions of funds from pools established pursuant to sections 2807-c, 2807-j, 2807-k, 2807-l, 2807-m, 2807-s, 2807-t, 2807-v and 2807-w of the public health law, as amended or added by this act, related to patient services provided before December 31, [2014] 2017, and continued expenditure of funds authorized for programs and grants until the exhaustion of funds therefor;

S 3. The opening paragraph, subparagraph (xiv) and (xv) of paragraph (a), subparagraph (v) of paragraph (c) and paragraph (e) of subdivision 6 of section 2807-s of the public health law, the opening paragraph as amended by section 4 of part A3 of chapter 62 of the laws of 2003, subparagraphs (xiv) and (xv) of paragraph (a) as amended by section 5 of part C of chapter 59 of the laws of 2011, subparagraph (v) of paragraph (c) as amended by section 5-a of part C of chapter 59 of the laws of 2011 and paragraph (e) as amended by section 6 of part A3 of chapter 62 of the laws of 2003, subparagraphs (i) and (ii) of paragraph (e) as

1 amended by section 5-b of part C of chapter 59 of the laws of 2011, are  
2 amended to read as follows:

3 The amount allocated to each region for purposes of calculating the  
4 regional allowance percentage pursuant to this section for each year  
5 during the period January first, nineteen hundred ninety-seven through  
6 December thirty-first, nineteen hundred ninety-nine and the regional  
7 assessments pursuant to section twenty-eight hundred seven-t of this  
8 article for each year during the period January first, nineteen hundred  
9 ninety-seven through December thirty-first, nineteen hundred ninety-nine  
10 and for each year on and after January first, two thousand, shall be the  
11 sum of the factors computed in paragraphs (b), (d) and (f) of this  
12 subdivision, IF SUCH FACTORS ARE APPLICABLE TO A GIVEN YEAR, as follows:

13 (xiv) A gross annual statewide amount for the period January first,  
14 two thousand nine through December thirty-first, two thousand [thirteen]  
15 FOURTEEN, shall be nine hundred forty-four million dollars.

16 (xv) A gross ANNUAL statewide amount for the period January first, two  
17 thousand [fourteen] FIFTEEN through [March] DECEMBER thirty-first, two  
18 thousand [fourteen] SEVENTEEN, shall be [two hundred thirty-six] ONE  
19 BILLION FORTY-FIVE million dollars.

20 (v) A further gross ANNUAL statewide amount for the period January  
21 first, two thousand fourteen through [March] DECEMBER thirty-first, two  
22 thousand fourteen, shall be [twenty-two] EIGHTY-NINE million [two  
23 hundred fifty thousand] dollars.

24 (e) [(i)] A further gross annual statewide amount shall be twelve  
25 million dollars for each period prior to January first, two thousand  
26 [fourteen] FIFTEEN.

27 [(ii) A further gross statewide amount for the period January first,  
28 two thousand fourteen through March thirty-first, two thousand fourteen  
29 shall be three million dollars.]

30 S 4. Subparagraph (xiii) of paragraph (a) of subdivision 7 of section  
31 2807-s of the public health law, as added by section 30 of part H of  
32 chapter 59 of the laws of 2011, is amended to read as follows:

33 (xiii) twenty-three million eight hundred thirty-six thousand dollars  
34 each state fiscal year for the period April first, two thousand twelve  
35 through March thirty-first, two thousand [fourteen] SEVENTEEN;

36 S 5. Subparagraphs (iv) and (v) of paragraph (a) of subdivision 9 of  
37 section 2807-j of the public health law, as amended by section 3 of part  
38 C of chapter 59 of the laws of 2011, are amended to read as follows:

39 (iv) seven hundred sixty-five million dollars annually of the funds  
40 accumulated for the periods January first, two thousand through December  
41 thirty-first, two thousand [thirteen] SIXTEEN, and

42 (v) one hundred ninety-one million two hundred fifty thousand dollars  
43 of the funds accumulated for the period January first, two thousand  
44 [fourteen] SEVENTEEN through March thirty-first, two thousand [fourteen]  
45 SEVENTEEN.

46 S 6. Section 34 of part A3 of chapter 62 of the laws of 2003 amending  
47 the general business law and other laws relating to enacting major  
48 components necessary to implement the state fiscal plan for the 2003-04  
49 state fiscal year, as amended by section 4 of part C of chapter 59 of  
50 the laws of 2011, is amended to read as follows:

51 S 34. (1) Notwithstanding any inconsistent provision of law, rule or  
52 regulation and effective April 1, 2008 through March 31, [2014] 2017,  
53 the commissioner of health is authorized to transfer and the state comp-  
54 troller is authorized and directed to receive for deposit to the credit  
55 of the department of health's special revenue fund - other, health care  
56 reform act (HCRA) resources fund - 061, provider collection monitoring

1 account, within amounts appropriated each year, those funds collected  
2 and accumulated pursuant to section 2807-v of the public health law,  
3 including income from invested funds, for the purpose of payment for  
4 administrative costs of the department of health related to adminis-  
5 tration of statutory duties for the collections and distributions  
6 authorized by section 2807-v of the public health law.

7 (2) Notwithstanding any inconsistent provision of law, rule or regu-  
8 lation and effective April 1, 2008 through March 31, [2014] 2017, the  
9 commissioner of health is authorized to transfer and the state comp-  
10 troller is authorized and directed to receive for deposit to the credit  
11 of the department of health's special revenue fund - other, health care  
12 reform act (HCRA) resources fund - 061, provider collection monitoring  
13 account, within amounts appropriated each year, those funds collected  
14 and accumulated and interest earned through surcharges on payments for  
15 health care services pursuant to section 2807-s of the public health law  
16 and from assessments pursuant to section 2807-t of the public health law  
17 for the purpose of payment for administrative costs of the department of  
18 health related to administration of statutory duties for the collections  
19 and distributions authorized by sections 2807-s, 2807-t, and 2807-m of  
20 the public health law.

21 (3) Notwithstanding any inconsistent provision of law, rule or regu-  
22 lation and effective April 1, 2008 through March 31, [2014] 2017, the  
23 commissioner of health is authorized to transfer and the comptroller is  
24 authorized to deposit, within amounts appropriated each year, those  
25 funds authorized for distribution in accordance with the provisions of  
26 paragraph (a) of subdivision 1 of section 2807-l of the public health  
27 law for the purposes of payment for administrative costs of the depart-  
28 ment of health related to the child health insurance plan program  
29 authorized pursuant to title 1-A of article 25 of the public health law  
30 into the special revenue funds - other, health care reform act (HCRA)  
31 resources fund - 061, child health insurance account, established within  
32 the department of health.

33 (4) Notwithstanding any inconsistent provision of law, rule or regu-  
34 lation and effective April 1, 2008 through March 31, [2014] 2017, the  
35 commissioner of health is authorized to transfer and the comptroller is  
36 authorized to deposit, within amounts appropriated each year, those  
37 funds authorized for distribution in accordance with the provisions of  
38 paragraph (e) of subdivision 1 of section 2807-l of the public health  
39 law for the purpose of payment for administrative costs of the depart-  
40 ment of health related to the health occupation development and work-  
41 place demonstration program established pursuant to section 2807-h and  
42 the health workforce retraining program established pursuant to section  
43 2807-g of the public health law into the special revenue funds - other,  
44 health care reform act (HCRA) resources fund - 061, health occupation  
45 development and workplace demonstration program account, established  
46 within the department of health.

47 (5) Notwithstanding any inconsistent provision of law, rule or regu-  
48 lation and effective April 1, 2008 through March 31, [2014] 2017, the  
49 commissioner of health is authorized to transfer and the comptroller is  
50 authorized to deposit, within amounts appropriated each year, those  
51 funds allocated pursuant to paragraph (j) of subdivision 1 of section  
52 2807-v of the public health law for the purpose of payment for adminis-  
53 trative costs of the department of health related to administration of  
54 the state's tobacco control programs and cancer services provided pursu-  
55 ant to sections 2807-r and 1399-ii of the public health law into such  
56 accounts established within the department of health for such purposes.

1 (6) Notwithstanding any inconsistent provision of law, rule or regu-  
2 lation and effective April 1, 2008 through March 31, [2014] 2017, the  
3 commissioner of health is authorized to transfer and the comptroller is  
4 authorized to deposit, within amounts appropriated each year, the funds  
5 authorized for distribution in accordance with the provisions of section  
6 2807-1 of the public health law for the purposes of payment for adminis-  
7 trative costs of the department of health related to the programs funded  
8 pursuant to section 2807-1 of the public health law into the special  
9 revenue funds - other, health care reform act (HCRA) resources fund -  
10 061, pilot health insurance account, established within the department  
11 of health.

12 (7) Notwithstanding any inconsistent provision of law, rule or regu-  
13 lation and effective April 1, 2008 through March 31, [2014] 2017, the  
14 commissioner of health is authorized to transfer and the comptroller is  
15 authorized to deposit, within amounts appropriated each year, those  
16 funds authorized for distribution in accordance with the provisions of  
17 subparagraph (ii) of paragraph (f) of subdivision 19 of section 2807-c  
18 of the public health law from monies accumulated and interest earned in  
19 the bad debt and charity care and capital statewide pools through an  
20 assessment charged to general hospitals pursuant to the provisions of  
21 subdivision 18 of section 2807-c of the public health law and those  
22 funds authorized for distribution in accordance with the provisions of  
23 section 2807-1 of the public health law for the purposes of payment for  
24 administrative costs of the department of health related to programs  
25 funded under section 2807-1 of the public health law into the special  
26 revenue funds - other, health care reform act (HCRA) resources fund -  
27 061, primary care initiatives account, established within the department  
28 of health.

29 (8) Notwithstanding any inconsistent provision of law, rule or regu-  
30 lation and effective April 1, 2008 through March 31, [2014] 2017, the  
31 commissioner of health is authorized to transfer and the comptroller is  
32 authorized to deposit, within amounts appropriated each year, those  
33 funds authorized for distribution in accordance with section 2807-1 of  
34 the public health law for the purposes of payment for administrative  
35 costs of the department of health related to programs funded under  
36 section 2807-1 of the public health law into the special revenue funds -  
37 other, health care reform act (HCRA) resources fund - 061, health care  
38 delivery administration account, established within the department of  
39 health.

40 (9) Notwithstanding any inconsistent provision of law, rule or regu-  
41 lation and effective April 1, 2008 through March 31, [2014] 2017, the  
42 commissioner of health is authorized to transfer and the comptroller is  
43 authorized to deposit, within amounts appropriated each year, those  
44 funds authorized pursuant to sections 2807-d, 3614-a and 3614-b of the  
45 public health law and section 367-i of the social services law and for  
46 distribution in accordance with the provisions of subdivision 9 of  
47 section 2807-j of the public health law for the purpose of payment for  
48 administration of statutory duties for the collections and distributions  
49 authorized by sections 2807-c, 2807-d, 2807-j, 2807-k, 2807-l, 3614-a  
50 and 3614-b of the public health law and section 367-i of the social  
51 services law into the special revenue funds - other, health care reform  
52 act (HCRA) resources fund - 061, provider collection monitoring account,  
53 established within the department of health.

54 S 7. Section 2807-1 of the public health law, as amended by section 7  
55 of part C of chapter 59 of the laws of 2011, is amended to read as  
56 follows:

1 S 2807-1. Health care initiatives pool distributions. 1. Funds accumu-  
2 lated in the health care initiatives pools pursuant to paragraph (b) of  
3 subdivision nine of section twenty-eight hundred seven-j of this arti-  
4 cle, or the health care reform act (HCRA) resources fund established  
5 pursuant to section ninety-two-dd of the state finance law, whichever is  
6 applicable, including income from invested funds, shall be distributed  
7 or retained by the commissioner or by the state comptroller, as applica-  
8 ble, in accordance with the following.

9 (a) Funds shall be reserved and accumulated from year to year and  
10 shall be available, including income from invested funds, for purposes  
11 of distributions to programs to provide health care coverage for unin-  
12 sured or underinsured children pursuant to sections twenty-five hundred  
13 ten and twenty-five hundred eleven of this chapter from the respective  
14 health care initiatives pools established for the following periods in  
15 the following amounts:

16 (i) from the pool for the period January first, nineteen hundred nine-  
17 ty-seven through December thirty-first, nineteen hundred ninety-seven,  
18 up to one hundred twenty million six hundred thousand dollars;

19 (ii) from the pool for the period January first, nineteen hundred  
20 ninety-eight through December thirty-first, nineteen hundred ninety-  
21 eight, up to one hundred sixty-four million five hundred thousand  
22 dollars;

23 (iii) from the pool for the period January first, nineteen hundred  
24 ninety-nine through December thirty-first, nineteen hundred ninety-nine,  
25 up to one hundred eighty-one million dollars;

26 (iv) from the pool for the period January first, two thousand through  
27 December thirty-first, two thousand, two hundred seven million dollars;

28 (v) from the pool for the period January first, two thousand one  
29 through December thirty-first, two thousand one, two hundred thirty-five  
30 million dollars;

31 (vi) from the pool for the period January first, two thousand two  
32 through December thirty-first, two thousand two, three hundred twenty-  
33 four million dollars;

34 (vii) from the pool for the period January first, two thousand three  
35 through December thirty-first, two thousand three, up to four hundred  
36 fifty million three hundred thousand dollars;

37 (viii) from the pool for the period January first, two thousand four  
38 through December thirty-first, two thousand four, up to four hundred  
39 sixty million nine hundred thousand dollars;

40 (ix) from the pool or the health care reform act (HCRA) resources  
41 fund, whichever is applicable, for the period January first, two thou-  
42 sand five through December thirty-first, two thousand five, up to one  
43 hundred fifty-three million eight hundred thousand dollars;

44 (x) from the health care reform act (HCRA) resources fund for the  
45 period January first, two thousand six through December thirty-first,  
46 two thousand six, up to three hundred twenty-five million four hundred  
47 thousand dollars;

48 (xi) from the health care reform act (HCRA) resources fund for the  
49 period January first, two thousand seven through December thirty-first,  
50 two thousand seven, up to four hundred twenty-eight million fifty-nine  
51 thousand dollars;

52 (xii) from the health care reform act (HCRA) resources fund for the  
53 period January first, two thousand eight through December thirty-first,  
54 two thousand ten, up to four hundred fifty-three million six hundred  
55 seventy-four thousand dollars annually;

(xiii) from the health care reform act (HCRA) resources fund for the period January first, two thousand eleven, through March thirty-first, two thousand eleven, up to one hundred thirteen million four hundred eighteen thousand dollars;

(xiv) from the health care reform act (HCRA) resources fund for the period April first, two thousand eleven, through March thirty-first, two thousand twelve, up to three hundred twenty-four million seven hundred forty-four thousand dollars;

(xv) from the health care reform act (HCRA) resources fund for the period April first, two thousand twelve, through March thirty-first, two thousand thirteen, up to three hundred forty-six million four hundred forty-four thousand dollars; [and]

(xvi) from the health care reform act (HCRA) resources fund for the period April first, two thousand thirteen, through March thirty-first, two thousand fourteen, up to three hundred seventy million six hundred ninety-five thousand dollars[.]; AND

(XVII) FROM THE HEALTH CARE REFORM ACT (HCRA) RESOURCES FUND FOR EACH STATE FISCAL YEAR FOR PERIODS ON AND AFTER APRIL FIRST, TWO THOUSAND FOURTEEN, WITHIN AMOUNTS APPROPRIATED.

(b) Funds shall be reserved and accumulated from year to year and shall be available, including income from invested funds, for purposes of distributions for health insurance programs under the individual subsidy programs established pursuant to the expanded health care coverage act of nineteen hundred eighty-eight as amended, and for evaluation of such programs from the respective health care initiatives pools or the health care reform act (HCRA) resources fund, whichever is applicable, established for the following periods in the following amounts:

(i) (A) an amount not to exceed six million dollars on an annualized basis for the periods January first, nineteen hundred ninety-seven through December thirty-first, nineteen hundred ninety-nine; up to six million dollars for the period January first, two thousand through December thirty-first, two thousand; up to five million dollars for the period January first, two thousand one through December thirty-first, two thousand one; up to four million dollars for the period January first, two thousand two through December thirty-first, two thousand two; up to two million six hundred thousand dollars for the period January first, two thousand three through December thirty-first, two thousand three; up to one million three hundred thousand dollars for the period January first, two thousand four through December thirty-first, two thousand four; up to six hundred seventy thousand dollars for the period January first, two thousand five through June thirtieth, two thousand five; up to one million three hundred thousand dollars for the period April first, two thousand six through March thirty-first, two thousand seven; and up to one million three hundred thousand dollars annually for the period April first, two thousand seven through March thirty-first, two thousand nine, shall be allocated to individual subsidy programs; and

(B) an amount not to exceed seven million dollars on an annualized basis for the periods during the period January first, nineteen hundred ninety-seven through December thirty-first, nineteen hundred ninety-nine and four million dollars annually for the periods January first, two thousand through December thirty-first, two thousand two, and three million dollars for the period January first, two thousand three through December thirty-first, two thousand three, and two million dollars for the period January first, two thousand four through December thirty-first, two thousand four, and two million dollars for the period January

1 first, two thousand five through June thirtieth, two thousand five shall  
2 be allocated to the catastrophic health care expense program.

3 (ii) Notwithstanding any law to the contrary, the characterizations of  
4 the New York state small business health insurance partnership program  
5 as in effect prior to June thirtieth, two thousand three, voucher  
6 program as in effect prior to December thirty-first, two thousand one,  
7 individual subsidy program as in effect prior to June thirtieth, two  
8 thousand five, and catastrophic health care expense program, as in  
9 effect prior to June thirtieth, two thousand five, may, for the purposes  
10 of identifying matching funds for the community health care conversion  
11 demonstration project described in a waiver of the provisions of title  
12 XIX of the federal social security act granted to the state of New York  
13 and dated July fifteenth, nineteen hundred ninety-seven, may continue to  
14 be used to characterize the insurance programs in sections four thousand  
15 three hundred twenty-one-a, four thousand three hundred twenty-two-a,  
16 four thousand three hundred twenty-six and four thousand three hundred  
17 twenty-seven of the insurance law, which are successor programs to these  
18 programs.

19 (c) Up to seventy-eight million dollars shall be reserved and accumu-  
20 lated from year to year from the pool for the period January first,  
21 nineteen hundred ninety-seven through December thirty-first, nineteen  
22 hundred ninety-seven, for purposes of public health programs, up to  
23 seventy-six million dollars shall be reserved and accumulated from year  
24 to year from the pools for the periods January first, nineteen hundred  
25 ninety-eight through December thirty-first, nineteen hundred ninety-  
26 eight and January first, nineteen hundred ninety-nine through December  
27 thirty-first, nineteen hundred ninety-nine, up to eighty-four million  
28 dollars shall be reserved and accumulated from year to year from the  
29 pools for the period January first, two thousand through December thir-  
30 ty-first, two thousand, up to eighty-five million dollars shall be  
31 reserved and accumulated from year to year from the pools for the period  
32 January first, two thousand one through December thirty-first, two thou-  
33 sand one, up to eighty-six million dollars shall be reserved and accumu-  
34 lated from year to year from the pools for the period January first, two  
35 thousand two through December thirty-first, two thousand two, up to  
36 eighty-six million one hundred fifty thousand dollars shall be reserved  
37 and accumulated from year to year from the pools for the period January  
38 first, two thousand three through December thirty-first, two thousand  
39 three, up to fifty-eight million seven hundred eighty thousand dollars  
40 shall be reserved and accumulated from year to year from the pools for  
41 the period January first, two thousand four through December thirty-  
42 first, two thousand four, up to sixty-eight million seven hundred thirty  
43 thousand dollars shall be reserved and accumulated from year to year  
44 from the pools or the health care reform act (HCRA) resources fund,  
45 whichever is applicable, for the period January first, two thousand five  
46 through December thirty-first, two thousand five, up to ninety-four  
47 million three hundred fifty thousand dollars shall be reserved and accu-  
48 mulated from year to year from the health care reform act (HCRA)  
49 resources fund for the period January first, two thousand six through  
50 December thirty-first, two thousand six, up to seventy million nine  
51 hundred thirty-nine thousand dollars shall be reserved and accumulated  
52 from year to year from the health care reform act (HCRA) resources fund  
53 for the period January first, two thousand seven through December thir-  
54 ty-first, two thousand seven, up to fifty-five million six hundred  
55 eighty-nine thousand dollars annually shall be reserved and accumulated  
56 from year to year from the health care reform act (HCRA) resources fund



1 for the period January first, two thousand eight through December thir-  
2 ty-first, two thousand ten, up to thirteen million nine hundred twenty-  
3 two thousand dollars shall be reserved and accumulated from year to year  
4 from the health care reform act (HCRA) resources fund for the period  
5 January first, two thousand eleven through March thirty-first, two thou-  
6 sand eleven, and for periods on and after April first, two thousand  
7 eleven [through March thirty-first, two thousand fourteen], up to fund-  
8 ing amounts specified below and shall be available, including income  
9 from invested funds, for:

10 (i) deposit by the commissioner, within amounts appropriated, and the  
11 state comptroller is hereby authorized and directed to receive for  
12 deposit to, to the credit of the department of health's special revenue  
13 fund - other, hospital based grants program account or the health care  
14 reform act (HCRA) resources fund, whichever is applicable, for purposes  
15 of services and expenses related to general hospital based grant  
16 programs, up to twenty-two million dollars annually from the nineteen  
17 hundred ninety-seven pool, nineteen hundred ninety-eight pool, nineteen  
18 hundred ninety-nine pool, two thousand pool, two thousand one pool and  
19 two thousand two pool, respectively, up to twenty-two million dollars  
20 from the two thousand three pool, up to ten million dollars for the  
21 period January first, two thousand four through December thirty-first,  
22 two thousand four, up to eleven million dollars for the period January  
23 first, two thousand five through December thirty-first, two thousand  
24 five, up to twenty-two million dollars for the period January first, two  
25 thousand six through December thirty-first, two thousand six, up to  
26 twenty-two million ninety-seven thousand dollars annually for the period  
27 January first, two thousand seven through December thirty-first, two  
28 thousand ten, up to five million five hundred twenty-four thousand  
29 dollars for the period January first, two thousand eleven through March  
30 thirty-first, two thousand eleven, up to thirteen million four hundred  
31 forty-five thousand dollars for the period April first, two thousand  
32 eleven through March thirty-first, two thousand twelve, and up to thir-  
33 teen million three hundred seventy-five thousand dollars each state  
34 fiscal year for the period April first, two thousand twelve through  
35 March thirty-first, two thousand fourteen;

36 (ii) deposit by the commissioner, within amounts appropriated, and the  
37 state comptroller is hereby authorized and directed to receive for  
38 deposit to, to the credit of the emergency medical services training  
39 account established in section ninety-seven-q of the state finance law  
40 or the health care reform act (HCRA) resources fund, whichever is appli-  
41 cable, up to sixteen million dollars on an annualized basis for the  
42 periods January first, nineteen hundred ninety-seven through December  
43 thirty-first, nineteen hundred ninety-nine, up to twenty million dollars  
44 for the period January first, two thousand through December thirty-  
45 first, two thousand, up to twenty-one million dollars for the period  
46 January first, two thousand one through December thirty-first, two thou-  
47 sand one, up to twenty-two million dollars for the period January first,  
48 two thousand two through December thirty-first, two thousand two, up to  
49 twenty-two million five hundred fifty thousand dollars for the period  
50 January first, two thousand three through December thirty-first, two  
51 thousand three, up to nine million six hundred eighty thousand dollars  
52 for the period January first, two thousand four through December thir-  
53 ty-first, two thousand four, up to twelve million one hundred thirty  
54 thousand dollars for the period January first, two thousand five through  
55 December thirty-first, two thousand five, up to twenty-four million two  
56 hundred fifty thousand dollars for the period January first, two thou-

1 sand six through December thirty-first, two thousand six, up to twenty  
2 million four hundred ninety-two thousand dollars annually for the period  
3 January first, two thousand seven through December thirty-first, two  
4 thousand ten, up to five million one hundred twenty-three thousand  
5 dollars for the period January first, two thousand eleven through March  
6 thirty-first, two thousand eleven, up to eighteen million three hundred  
7 fifty thousand dollars for the period April first, two thousand eleven  
8 through March thirty-first, two thousand twelve, up to eighteen million  
9 nine hundred fifty thousand dollars for the period April first, two  
10 thousand twelve through March thirty-first, two thousand thirteen, [and]  
11 up to nineteen million four hundred nineteen thousand dollars for the  
12 period April first, two thousand thirteen through March thirty-first,  
13 two thousand fourteen, AND WITHIN AMOUNTS APPROPRIATED EACH STATE FISCAL  
14 YEAR FOR PERIODS ON AND AFTER APRIL FIRST, TWO THOUSAND FOURTEEN;

15 (iii) priority distributions by the commissioner up to thirty-two  
16 million dollars on an annualized basis for the period January first, two  
17 thousand through December thirty-first, two thousand four, up to thir-  
18 ty-eight million dollars on an annualized basis for the period January  
19 first, two thousand five through December thirty-first, two thousand  
20 six, up to eighteen million two hundred fifty thousand dollars for the  
21 period January first, two thousand seven through December thirty-first,  
22 two thousand seven, up to three million dollars annually for the period  
23 January first, two thousand eight through December thirty-first, two  
24 thousand ten, up to seven hundred fifty thousand dollars for the period  
25 January first, two thousand eleven through March thirty-first, two thou-  
26 sand eleven, [and] up to two million nine hundred thousand dollars each  
27 state fiscal year for the period April first, two thousand eleven  
28 through March thirty-first, two thousand fourteen, AND WITHIN AMOUNTS  
29 APPROPRIATED EACH STATE FISCAL YEAR FOR PERIODS ON AND AFTER APRIL  
30 FIRST, TWO THOUSAND FOURTEEN to be allocated (A) for the purposes estab-  
31 lished pursuant to subparagraph (ii) of paragraph (f) of subdivision  
32 nineteen of section twenty-eight hundred seven-c of this article as in  
33 effect on December thirty-first, nineteen hundred ninety-six and as may  
34 thereafter be amended, up to fifteen million dollars annually for the  
35 periods January first, two thousand through December thirty-first, two  
36 thousand four, up to twenty-one million dollars annually for the period  
37 January first, two thousand five through December thirty-first, two  
38 thousand six, and up to seven million five hundred thousand dollars for  
39 the period January first, two thousand seven through March thirty-first,  
40 two thousand seven;

41 (B) pursuant to a memorandum of understanding entered into by the  
42 commissioner, the majority leader of the senate and the speaker of the  
43 assembly, for the purposes outlined in such memorandum upon the recom-  
44 mendation of the majority leader of the senate, up to eight million  
45 five hundred thousand dollars annually for the period January first, two  
46 thousand through December thirty-first, two thousand six, and up to four  
47 million two hundred fifty thousand dollars for the period January first,  
48 two thousand seven through June thirtieth, two thousand seven, and for  
49 the purposes outlined in such memorandum upon the recommendation of the  
50 speaker of the assembly, up to eight million five hundred thousand  
51 dollars annually for the periods January first, two thousand through  
52 December thirty-first, two thousand six, and up to four million two  
53 hundred fifty thousand dollars for the period January first, two thou-  
54 sand seven through June thirtieth, two thousand seven; and

55 (C) for services and expenses, including grants, related to emergency  
56 assistance distributions as designated by the commissioner. Notwith-

1 standing section one hundred twelve or one hundred sixty-three of the  
2 state finance law or any other contrary provision of law, such distrib-  
3 utions shall be limited to providers or programs where, as determined by  
4 the commissioner, emergency assistance is vital to protect the life or  
5 safety of patients, to ensure the retention of facility caregivers or  
6 other staff, or in instances where health facility operations are jeop-  
7 ardized, or where the public health is jeopardized or other emergency  
8 situations exist, up to three million dollars annually for the period  
9 April first, two thousand seven through March thirty-first, two thousand  
10 eleven, [and] up to two million nine hundred thousand dollars each state  
11 fiscal year for the period April first, two thousand eleven through  
12 March thirty-first, two thousand fourteen, AND WITHIN AMOUNTS APPROPRI-  
13 ATED EACH STATE FISCAL YEAR FOR PERIODS ON AND AFTER APRIL FIRST, TWO  
14 THOUSAND FOURTEEN. Upon any distribution of such funds, the commission-  
15 er shall immediately notify the chair and ranking minority member of the  
16 senate finance committee, the assembly ways and means committee, the  
17 senate committee on health, and the assembly committee on health;

18 (iv) distributions by the commissioner related to poison control  
19 centers pursuant to subdivision seven of section twenty-five hundred-d  
20 of this chapter, up to five million dollars for the period January  
21 first, nineteen hundred ninety-seven through December thirty-first,  
22 nineteen hundred ninety-seven, up to three million dollars on an annual-  
23 ized basis for the periods during the period January first, nineteen  
24 hundred ninety-eight through December thirty-first, nineteen hundred  
25 ninety-nine, up to five million dollars annually for the periods January  
26 first, two thousand through December thirty-first, two thousand two, up  
27 to four million six hundred thousand dollars annually for the periods  
28 January first, two thousand three through December thirty-first, two  
29 thousand four, up to five million one hundred thousand dollars for the  
30 period January first, two thousand five through December thirty-first,  
31 two thousand six annually, up to five million one hundred thousand  
32 dollars annually for the period January first, two thousand seven  
33 through December thirty-first, two thousand nine, up to three million  
34 six hundred thousand dollars for the period January first, two thousand  
35 ten through December thirty-first, two thousand ten, up to seven hundred  
36 seventy-five thousand dollars for the period January first, two thousand  
37 eleven through March thirty-first, two thousand eleven, [and] up to two  
38 million five hundred thousand dollars each state fiscal year for the  
39 period April first, two thousand eleven through March thirty-first, two  
40 thousand fourteen, AND WITHIN AMOUNTS APPROPRIATED EACH STATE FISCAL  
41 YEAR FOR PERIODS ON AND AFTER APRIL FIRST, TWO THOUSAND FOURTEEN; and

42 (v) deposit by the commissioner, within amounts appropriated, and the  
43 state comptroller is hereby authorized and directed to receive for  
44 deposit to, to the credit of the department of health's special revenue  
45 fund - other, miscellaneous special revenue fund - 339 maternal and  
46 child HIV services account or the health care reform act (HCRA)  
47 resources fund, whichever is applicable, for purposes of a special  
48 program for HIV services for women and children, including adolescents  
49 pursuant to section twenty-five hundred-f-one of [the public health law]  
50 THIS CHAPTER, up to five million dollars annually for the periods Janu-  
51 ary first, two thousand through December thirty-first, two thousand two,  
52 up to five million dollars for the period January first, two thousand  
53 three through December thirty-first, two thousand three, up to two  
54 million five hundred thousand dollars for the period January first, two  
55 thousand four through December thirty-first, two thousand four, up to  
56 two million five hundred thousand dollars for the period January first,

1 two thousand five through December thirty-first, two thousand five, up  
2 to five million dollars for the period January first, two thousand six  
3 through December thirty-first, two thousand six, up to five million  
4 dollars annually for the period January first, two thousand seven  
5 through December thirty-first, two thousand ten, up to one million two  
6 hundred fifty thousand dollars for the period January first, two thou-  
7 sand eleven through March thirty-first, two thousand eleven, and up to  
8 five million dollars each state fiscal year for the period April first,  
9 two thousand eleven through March thirty-first, two thousand fourteen;

10 (d) (i) An amount of up to twenty million dollars annually for the  
11 period January first, two thousand through December thirty-first, two  
12 thousand six, up to ten million dollars for the period January first,  
13 two thousand seven through June thirtieth, two thousand seven, up to  
14 twenty million dollars annually for the period January first, two thou-  
15 sand eight through December thirty-first, two thousand ten, up to five  
16 million dollars for the period January first, two thousand eleven  
17 through March thirty-first, two thousand eleven, [and] up to nineteen  
18 million six hundred thousand dollars each state fiscal year for the  
19 period April first, two thousand eleven through March thirty-first, two  
20 thousand fourteen, AND WITHIN AMOUNTS APPROPRIATED EACH STATE FISCAL  
21 YEAR FOR PERIODS ON AND AFTER APRIL FIRST, TWO THOUSAND FOURTEEN, shall  
22 be transferred to the health facility restructuring pool established  
23 pursuant to section twenty-eight hundred fifteen of this article;

24 (ii) provided, however, amounts transferred pursuant to subparagraph  
25 (i) of this paragraph may be reduced in an amount to be approved by the  
26 director of the budget to reflect the amount received from the federal  
27 government under the state's 1115 waiver which is directed under its  
28 terms and conditions to the health facility restructuring program.

29 (e) Funds shall be reserved and accumulated from year to year and  
30 shall be available, including income from invested funds, for purposes  
31 of distributions to organizations to support the health workforce  
32 retraining program established pursuant to section twenty-eight hundred  
33 seven-g of this article from the respective health care initiatives  
34 pools established for the following periods in the following amounts  
35 from the pools or the health care reform act (HCRA) resources fund,  
36 whichever is applicable, during the period January first, nineteen  
37 hundred ninety-seven through December thirty-first, nineteen hundred  
38 ninety-nine, up to fifty million dollars on an annualized basis, up to  
39 thirty million dollars for the period January first, two thousand  
40 through December thirty-first, two thousand, up to forty million dollars  
41 for the period January first, two thousand one through December thirty-  
42 first, two thousand one, up to fifty million dollars for the period  
43 January first, two thousand two through December thirty-first, two thou-  
44 sand two, up to forty-one million one hundred fifty thousand dollars for  
45 the period January first, two thousand three through December thirty-  
46 first, two thousand three, up to forty-one million one hundred fifty  
47 thousand dollars for the period January first, two thousand four through  
48 December thirty-first, two thousand four, up to fifty-eight million  
49 three hundred sixty thousand dollars for the period January first, two  
50 thousand five through December thirty-first, two thousand five, up to  
51 fifty-two million three hundred sixty thousand dollars for the period  
52 January first, two thousand six through December thirty-first, two thou-  
53 sand six, up to thirty-five million four hundred thousand dollars annu-  
54 ally for the period January first, two thousand seven through December  
55 thirty-first, two thousand ten, up to eight million eight hundred fifty  
56 thousand dollars for the period January first, two thousand eleven

1 through March thirty-first, two thousand eleven, [and] up to twenty-  
2 eight million four hundred thousand dollars each state fiscal year for  
3 the period April first, two thousand eleven through March thirty-first,  
4 two thousand fourteen, AND UP TO TWENTY-SIX MILLION EIGHT HUNDRED SEVEN-  
5 TEEN THOUSAND DOLLARS EACH STATE FISCAL YEAR FOR THE PERIOD APRIL FIRST,  
6 TWO THOUSAND FOURTEEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND SEVEN-  
7 TEEN, less the amount of funds available for allocations for rate  
8 adjustments for workforce training programs for payments by state  
9 governmental agencies for inpatient hospital services.

10 (f) Funds shall be accumulated and transferred from as follows:

11 (i) from the pool for the period January first, nineteen hundred nine-  
12 ty-seven through December thirty-first, nineteen hundred ninety-seven,  
13 (A) thirty-four million six hundred thousand dollars shall be trans-  
14 ferred to funds reserved and accumulated pursuant to paragraph (b) of  
15 subdivision nineteen of section twenty-eight hundred seven-c of this  
16 article, and (B) eighty-two million dollars shall be transferred and  
17 deposited and credited to the credit of the state general fund medical  
18 assistance local assistance account;

19 (ii) from the pool for the period January first, nineteen hundred  
20 ninety-eight through December thirty-first, nineteen hundred ninety-  
21 eight, eighty-two million dollars shall be transferred and deposited and  
22 credited to the credit of the state general fund medical assistance  
23 local assistance account;

24 (iii) from the pool for the period January first, nineteen hundred  
25 ninety-nine through December thirty-first, nineteen hundred ninety-nine,  
26 eighty-two million dollars shall be transferred and deposited and cred-  
27 ited to the credit of the state general fund medical assistance local  
28 assistance account;

29 (iv) from the pool or the health care reform act (HCRA) resources  
30 fund, whichever is applicable, for the period January first, two thou-  
31 sand through December thirty-first, two thousand four, eighty-two  
32 million dollars annually, and for the period January first, two thousand  
33 five through December thirty-first, two thousand five, eighty-two  
34 million dollars, and for the period January first, two thousand six  
35 through December thirty-first, two thousand six, eighty-two million  
36 dollars, and for the period January first, two thousand seven through  
37 December thirty-first, two thousand seven, eighty-two million dollars,  
38 and for the period January first, two thousand eight through December  
39 thirty-first, two thousand eight, ninety million seven hundred thousand  
40 dollars shall be deposited by the commissioner, and the state comp-  
41 troller is hereby authorized and directed to receive for deposit to the  
42 credit of the state special revenue fund - other, HCRA transfer fund,  
43 medical assistance account;

44 (v) from the health care reform act (HCRA) resources fund for the  
45 period January first, two thousand nine through December thirty-first,  
46 two thousand nine, one hundred eight million nine hundred seventy-five  
47 thousand dollars, and for the period January first, two thousand ten  
48 through December thirty-first, two thousand ten, one hundred twenty-six  
49 million one hundred thousand dollars, for the period January first, two  
50 thousand eleven through March thirty-first, two thousand eleven, twenty  
51 million five hundred thousand dollars, and for each state fiscal year  
52 for the period April first, two thousand eleven through March thirty-  
53 first, two thousand fourteen, one hundred forty-six million four hundred  
54 thousand dollars, shall be deposited by the commissioner, and the state  
55 comptroller is hereby authorized and directed to receive for deposit, to

1 the credit of the state special revenue fund - other, HCRA transfer  
2 fund, medical assistance account.

3 (g) Funds shall be transferred to primary health care services pools  
4 created by the commissioner, and shall be available, including income  
5 from invested funds, for distributions in accordance with former section  
6 twenty-eight hundred seven-bb of this article from the respective health  
7 care initiatives pools for the following periods in the following  
8 percentage amounts of funds remaining after allocations in accordance  
9 with paragraphs (a) through (f) of this subdivision:

10 (i) from the pool for the period January first, nineteen hundred nine-  
11 ty-seven through December thirty-first, nineteen hundred ninety-seven,  
12 fifteen and eighty-seven-hundredths percent;

13 (ii) from the pool for the period January first, nineteen hundred  
14 ninety-eight through December thirty-first, nineteen hundred ninety-  
15 eight, fifteen and eighty-seven-hundredths percent; and

16 (iii) from the pool for the period January first, nineteen hundred  
17 ninety-nine through December thirty-first, nineteen hundred ninety-nine,  
18 sixteen and thirteen-hundredths percent.

19 (h) Funds shall be reserved and accumulated from year to year by the  
20 commissioner and shall be available, including income from invested  
21 funds, for purposes of primary care education and training pursuant to  
22 article nine of this chapter from the respective health care initiatives  
23 pools established for the following periods in the following percentage  
24 amounts of funds remaining after allocations in accordance with para-  
25 graphs (a) through (f) of this subdivision and shall be available for  
26 distributions as follows:

27 (i) funds shall be reserved and accumulated:

28 (A) from the pool for the period January first, nineteen hundred nine-  
29 ty-seven through December thirty-first, nineteen hundred ninety-seven,  
30 six and thirty-five-hundredths percent;

31 (B) from the pool for the period January first, nineteen hundred nine-  
32 ty-eight through December thirty-first, nineteen hundred ninety-eight,  
33 six and thirty-five-hundredths percent; and

34 (C) from the pool for the period January first, nineteen hundred nine-  
35 ty-nine through December thirty-first, nineteen hundred ninety-nine, six  
36 and forty-five-hundredths percent;

37 (ii) funds shall be available for distributions including income from  
38 invested funds as follows:

39 (A) for purposes of the primary care physician loan repayment program  
40 in accordance with section nine hundred three of this chapter, up to  
41 five million dollars on an annualized basis;

42 (B) for purposes of the primary care practitioner scholarship program  
43 in accordance with section nine hundred four of this chapter, up to two  
44 million dollars on an annualized basis;

45 (C) for purposes of minority participation in medical education grants  
46 in accordance with section nine hundred six of this chapter, up to one  
47 million dollars on an annualized basis; and

48 (D) provided, however, that the commissioner may reallocate any funds  
49 remaining or unallocated for distributions for the primary care practi-  
50 tioner scholarship program in accordance with section nine hundred four  
51 of this chapter.

52 (i) Funds shall be reserved and accumulated from year to year and  
53 shall be available, including income from invested funds, for distrib-  
54 utions in accordance with section twenty-nine hundred fifty-two and  
55 section twenty-nine hundred fifty-eight of this chapter for rural health  
56 care delivery development and rural health care access development,

1 respectively, from the respective health care initiatives pools or the  
2 health care reform act (HCRA) resources fund, whichever is applicable,  
3 for the following periods in the following percentage amounts of funds  
4 remaining after allocations in accordance with paragraphs (a) through  
5 (f) of this subdivision, and for periods on and after January first, two  
6 thousand, in the following amounts:

7 (i) from the pool for the period January first, nineteen hundred nine-  
8 ty-seven through December thirty-first, nineteen hundred ninety-seven,  
9 thirteen and forty-nine-hundredths percent;

10 (ii) from the pool for the period January first, nineteen hundred  
11 ninety-eight through December thirty-first, nineteen hundred ninety-  
12 eight, thirteen and forty-nine-hundredths percent;

13 (iii) from the pool for the period January first, nineteen hundred  
14 ninety-nine through December thirty-first, nineteen hundred ninety-nine,  
15 thirteen and seventy-one-hundredths percent;

16 (iv) from the pool for the periods January first, two thousand through  
17 December thirty-first, two thousand two, seventeen million dollars annu-  
18 ally, and for the period January first, two thousand three through  
19 December thirty-first, two thousand three, up to fifteen million eight  
20 hundred fifty thousand dollars;

21 (v) from the pool or the health care reform act (HCRA) resources fund,  
22 whichever is applicable, for the period January first, two thousand four  
23 through December thirty-first, two thousand four, up to fifteen million  
24 eight hundred fifty thousand dollars, [and] for the period January  
25 first, two thousand five through December thirty-first, two thousand  
26 five, up to nineteen million two hundred thousand dollars, [and] for the  
27 period January first, two thousand six through December thirty-first,  
28 two thousand six, up to nineteen million two hundred thousand dollars,  
29 for the period January first, two thousand seven through December thir-  
30 ty-first, two thousand ten, up to eighteen million one hundred fifty  
31 thousand dollars annually, for the period January first, two thousand  
32 eleven through March thirty-first, two thousand eleven, up to four  
33 million five hundred thirty-eight thousand dollars, [and] for each state  
34 fiscal year for the period April first, two thousand eleven through  
35 March thirty-first, two thousand fourteen, up to sixteen million two  
36 hundred thousand dollars, AND EACH STATE FISCAL YEAR FOR PERIODS ON AND  
37 AFTER APRIL FIRST, TWO THOUSAND FOURTEEN, WITHIN AMOUNTS APPROPRIATED.

38 (j) Funds shall be reserved and accumulated from year to year and  
39 shall be available, including income from invested funds, for purposes  
40 of distributions related to health information and health care quality  
41 improvement pursuant to former section twenty-eight hundred seven-n of  
42 this article from the respective health care initiatives pools estab-  
43 lished for the following periods in the following percentage amounts of  
44 funds remaining after allocations in accordance with paragraphs (a)  
45 through (f) of this subdivision:

46 (i) from the pool for the period January first, nineteen hundred nine-  
47 ty-seven through December thirty-first, nineteen hundred ninety-seven,  
48 six and thirty-five-hundredths percent;

49 (ii) from the pool for the period January first, nineteen hundred  
50 ninety-eight through December thirty-first, nineteen hundred ninety-  
51 eight, six and thirty-five-hundredths percent; and

52 (iii) from the pool for the period January first, nineteen hundred  
53 ninety-nine through December thirty-first, nineteen hundred ninety-nine,  
54 six and forty-five-hundredths percent.

55 (k) Funds shall be reserved and accumulated from year to year and  
56 shall be available, including income from invested funds, for allo-

1 cations and distributions in accordance with section twenty-eight  
2 hundred seven-p of this article for diagnostic and treatment center  
3 uncompensated care from the respective health care initiatives pools or  
4 the health care reform act (HCRA) resources fund, whichever is applica-  
5 ble, for the following periods in the following percentage amounts of  
6 funds remaining after allocations in accordance with paragraphs (a)  
7 through (f) of this subdivision, and for periods on and after January  
8 first, two thousand, in the following amounts:

9 (i) from the pool for the period January first, nineteen hundred nine-  
10 ty-seven through December thirty-first, nineteen hundred ninety-seven,  
11 thirty-eight and one-tenth percent;

12 (ii) from the pool for the period January first, nineteen hundred  
13 ninety-eight through December thirty-first, nineteen hundred ninety-  
14 eight, thirty-eight and one-tenth percent;

15 (iii) from the pool for the period January first, nineteen hundred  
16 ninety-nine through December thirty-first, nineteen hundred ninety-nine,  
17 thirty-eight and seventy-one-hundredths percent;

18 (iv) from the pool for the periods January first, two thousand through  
19 December thirty-first, two thousand two, forty-eight million dollars  
20 annually, and for the period January first, two thousand three through  
21 June thirtieth, two thousand three, twenty-four million dollars;

22 (v) (A) from the pool or the health care reform act (HCRA) resources  
23 fund, whichever is applicable, for the period July first, two thousand  
24 three through December thirty-first, two thousand three, up to six  
25 million dollars, for the period January first, two thousand four through  
26 December thirty-first, two thousand six, up to twelve million dollars  
27 annually, for the period January first, two thousand seven through  
28 December thirty-first, two thousand thirteen, up to forty-eight million  
29 dollars annually, [and] for the period January first, two thousand four-  
30 teen through March thirty-first, two thousand fourteen, up to twelve  
31 million dollars AND FOR THE PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN  
32 THROUGH MARCH THIRTY-FIRST, TWO THOUSAND SEVENTEEN, UP TO FORTY-EIGHT  
33 MILLION DOLLARS ANNUALLY;

34 (B) from the health care reform act (HCRA) resources fund for the  
35 period January first, two thousand six through December thirty-first,  
36 two thousand six, an additional seven million five hundred thousand  
37 dollars, for the period January first, two thousand seven through Decem-  
38 ber thirty-first, two thousand thirteen, an additional seven million  
39 five hundred thousand dollars annually, [and] for the period January  
40 first, two thousand fourteen through March thirty-first, two thousand  
41 fourteen, an additional one million eight hundred seventy-five thousand  
42 dollars, AND FOR THE PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN THROUGH  
43 MARCH THIRTY-FIRST, TWO THOUSAND SEVENTEEN, AN ADDITIONAL SEVEN MILLION  
44 FIVE HUNDRED THOUSAND DOLLARS ANNUALLY for voluntary non-profit diagnos-  
45 tic and treatment center uncompensated care in accordance with subdivi-  
46 sion four-c of section twenty-eight hundred seven-p of this article; and

47 (vi) funds reserved and accumulated pursuant to this paragraph for  
48 periods on and after July first, two thousand three, shall be deposited  
49 by the commissioner, within amounts appropriated, and the state comp-  
50 troller is hereby authorized and directed to receive for deposit to the  
51 credit of the state special revenue funds - other, HCRA transfer fund,  
52 medical assistance account, for purposes of funding the state share of  
53 rate adjustments made pursuant to section twenty-eight hundred seven-p  
54 of this article, provided, however, that in the event federal financial  
55 participation is not available for rate adjustments made pursuant to  
56 paragraph (b) of subdivision one of section twenty-eight hundred seven-p



1 of this article, funds shall be distributed pursuant to paragraph (a) of  
2 subdivision one of section twenty-eight hundred seven-p of this article  
3 from the respective health care initiatives pools or the health care  
4 reform act (HCRA) resources fund, whichever is applicable.

5 (l) Funds shall be reserved and accumulated from year to year by the  
6 commissioner and shall be available, including income from invested  
7 funds, for transfer to and allocation for services and expenses for the  
8 payment of benefits to recipients of drugs under the AIDS drug assist-  
9 ance program (ADAP) - HIV uninsured care program as administered by  
10 Health Research Incorporated from the respective health care initi-  
11 atives pools or the health care reform act (HCRA) resources fund, which-  
12 ever is applicable, established for the following periods in the follow-  
13 ing percentage amounts of funds remaining after allocations in  
14 accordance with paragraphs (a) through (f) of this subdivision, and for  
15 periods on and after January first, two thousand, in the following  
16 amounts:

17 (i) from the pool for the period January first, nineteen hundred nine-  
18 ty-seven through December thirty-first, nineteen hundred ninety-seven,  
19 nine and fifty-two-hundredths percent;

20 (ii) from the pool for the period January first, nineteen hundred  
21 ninety-eight through December thirty-first, nineteen hundred ninety-  
22 eight, nine and fifty-two-hundredths percent;

23 (iii) from the pool for the period January first, nineteen hundred  
24 ninety-nine and December thirty-first, nineteen hundred ninety-nine,  
25 nine and sixty-eight-hundredths percent;

26 (iv) from the pool for the periods January first, two thousand through  
27 December thirty-first, two thousand two, up to twelve million dollars  
28 annually, and for the period January first, two thousand three through  
29 December thirty-first, two thousand three, up to forty million dollars;  
30 and

31 (v) from the pool or the health care reform act (HCRA) resources fund,  
32 whichever is applicable, for the periods January first, two thousand  
33 four through December thirty-first, two thousand four, up to fifty-six  
34 million dollars, for the period January first, two thousand five through  
35 December thirty-first, two thousand six, up to sixty million dollars  
36 annually, for the period January first, two thousand seven through  
37 December thirty-first, two thousand ten, up to sixty million dollars  
38 annually, for the period January first, two thousand eleven through  
39 March thirty-first, two thousand eleven, up to fifteen million dollars,  
40 [and] each state fiscal year for the period April first, two thousand  
41 eleven through March thirty-first, two thousand fourteen, up to forty-  
42 two million three hundred thousand dollars AND EACH STATE FISCAL YEAR  
43 FOR PERIODS ON AND AFTER APRIL FIRST, TWO THOUSAND FOURTEEN, WITHIN  
44 AMOUNTS APPROPRIATED.

45 (m) Funds shall be reserved and accumulated from year to year and  
46 shall be available, including income from invested funds, for purposes  
47 of distributions pursuant to section twenty-eight hundred seven-r of  
48 this article for cancer related services from the respective health care  
49 initiatives pools or the health care reform act (HCRA) resources fund,  
50 whichever is applicable, established for the following periods in the  
51 following percentage amounts of funds remaining after allocations in  
52 accordance with paragraphs (a) through (f) of this subdivision, and for  
53 periods on and after January first, two thousand, in the following  
54 amounts:

1 (i) from the pool for the period January first, nineteen hundred nine-  
2 ty-seven through December thirty-first, nineteen hundred ninety-seven,  
3 seven and ninety-four-hundredths percent;

4 (ii) from the pool for the period January first, nineteen hundred  
5 ninety-eight through December thirty-first, nineteen hundred ninety-  
6 eight, seven and ninety-four-hundredths percent;

7 (iii) from the pool for the period January first, nineteen hundred  
8 ninety-nine and December thirty-first, nineteen hundred ninety-nine, six  
9 and forty-five-hundredths percent;

10 (iv) from the pool for the period January first, two thousand through  
11 December thirty-first, two thousand two, up to ten million dollars on an  
12 annual basis;

13 (v) from the pool for the period January first, two thousand three  
14 through December thirty-first, two thousand four, up to eight million  
15 nine hundred fifty thousand dollars on an annual basis;

16 (vi) from the pool or the health care reform act (HCRA) resources  
17 fund, whichever is applicable, for the period January first, two thou-  
18 sand five through December thirty-first, two thousand six, up to ten  
19 million fifty thousand dollars on an annual basis, for the period Janu-  
20 ary first, two thousand seven through December thirty-first, two thou-  
21 sand ten, up to nineteen million dollars annually, and for the period  
22 January first, two thousand eleven through March thirty-first, two thou-  
23 sand eleven, up to four million seven hundred fifty thousand dollars.

24 (n) Funds shall be accumulated and transferred from the health care  
25 reform act (HCRA) resources fund as follows: for the period April first,  
26 two thousand seven through March thirty-first, two thousand eight, and  
27 on an annual basis for the periods April first, two thousand eight  
28 through November thirtieth, two thousand nine, funds within amounts  
29 appropriated shall be transferred and deposited and credited to the  
30 credit of the state special revenue funds - other, HCRA transfer fund,  
31 medical assistance account, for purposes of funding the state share of  
32 rate adjustments made to public and voluntary hospitals in accordance  
33 with paragraphs (i) and (j) of subdivision one of section twenty-eight  
34 hundred seven-c of this article.

35 2. Notwithstanding any inconsistent provision of law, rule or regu-  
36 lation, any funds accumulated in the health care initiatives pools  
37 pursuant to paragraph (b) of subdivision nine of section twenty-eight  
38 hundred seven-j of this article, as a result of surcharges, assessments  
39 or other obligations during the periods January first, nineteen hundred  
40 ninety-seven through December thirty-first, nineteen hundred ninety-  
41 nine, which are unused or uncommitted for distributions pursuant to this  
42 section shall be reserved and accumulated from year to year by the  
43 commissioner and, within amounts appropriated, transferred and deposited  
44 into the special revenue funds - other, miscellaneous special revenue  
45 fund - 339, child health insurance account or any successor fund or  
46 account, for purposes of distributions to implement the child health  
47 insurance program established pursuant to sections twenty-five hundred  
48 ten and twenty-five hundred eleven of this chapter for periods on and  
49 after January first, two thousand one; provided, however, funds reserved  
50 and accumulated for priority distributions pursuant to subparagraph  
51 (iii) of paragraph (c) of subdivision one of this section shall not be  
52 transferred and deposited into such account pursuant to this subdivi-  
53 sion; and provided further, however, that any unused or uncommitted pool  
54 funds accumulated and allocated pursuant to paragraph (j) of subdivision  
55 one of this section shall be distributed for purposes of the health  
56 information and quality improvement act of 2000.

1 3. Revenue from distributions pursuant to this section shall not be  
2 included in gross revenue received for purposes of the assessments  
3 pursuant to subdivision eighteen of section twenty-eight hundred seven-c  
4 of this article, subject to the provisions of paragraph (e) of subdivi-  
5 sion eighteen of section twenty-eight hundred seven-c of this article,  
6 and shall not be included in gross revenue received for purposes of the  
7 assessments pursuant to section twenty-eight hundred seven-d of this  
8 article, subject to the provisions of subdivision twelve of section  
9 twenty-eight hundred seven-d of this article.

10 S 8. Section 2807-v of the public health law, as amended by section 5  
11 of part B of chapter 58 of the laws of 2008, subdivision 1 as amended by  
12 section 8 of part C of chapter 59 of the laws of 2011, clause (K) of  
13 subparagraph (i) of paragraph (bb) of subdivision 1 as amended by  
14 section 35-a, subparagraph (xi) of paragraph (cc) of subdivision 1 as  
15 amended by section 35-b and subparagraph (vii) of paragraph (ccc) of  
16 subdivision 1 as amended by section 35-c of part D of chapter 56 of the  
17 laws of 2012, paragraph (fff) of subdivision 1 as separately amended by  
18 section 16 of part A of chapter 59 of the laws of 2011, and paragraph  
19 (iii) of subdivision 1 as added by section 52-b of part H of chapter 59  
20 of the laws of 2011, is amended to read as follows:

21 S 2807-v. Tobacco control and insurance initiatives pool distrib-  
22 utions. 1. Funds accumulated in the tobacco control and insurance  
23 initiatives pool or in the health care reform act (HCRA) resources fund  
24 established pursuant to section ninety-two-dd of the state finance law,  
25 whichever is applicable, including income from invested funds, shall be  
26 distributed or retained by the commissioner or by the state comptroller,  
27 as applicable, in accordance with the following:

28 (a) Funds shall be deposited by the commissioner, within amounts  
29 appropriated, and the state comptroller is hereby authorized and  
30 directed to receive for deposit to the credit of the state special  
31 revenue funds - other, HCRA transfer fund, medicaid fraud hotline and  
32 medicaid administration account, or any successor fund or account, for  
33 purposes of services and expenses related to the toll-free medicaid  
34 fraud hotline established pursuant to section one hundred eight of chap-  
35 ter one of the laws of nineteen hundred ninety-nine from the tobacco  
36 control and insurance initiatives pool established for the following  
37 periods in the following amounts: four hundred thousand dollars annually  
38 for the periods January first, two thousand through December thirty-  
39 first, two thousand two, up to four hundred thousand dollars for the  
40 period January first, two thousand three through December thirty-first,  
41 two thousand three, up to four hundred thousand dollars for the period  
42 January first, two thousand four through December thirty-first, two  
43 thousand four, up to four hundred thousand dollars for the period Janu-  
44 ary first, two thousand five through December thirty-first, two thousand  
45 five, up to four hundred thousand dollars for the period January first,  
46 two thousand six through December thirty-first, two thousand six, up to  
47 four hundred thousand dollars for the period January first, two thousand  
48 seven through December thirty-first, two thousand seven, up to four  
49 hundred thousand dollars for the period January first, two thousand  
50 eight through December thirty-first, two thousand eight, up to four  
51 hundred thousand dollars for the period January first, two thousand nine  
52 through December thirty-first, two thousand nine, up to four hundred  
53 thousand dollars for the period January first, two thousand ten through  
54 December thirty-first, two thousand ten, up to one hundred thousand  
55 dollars for the period January first, two thousand eleven through March

thirty-first, two thousand eleven and within amounts appropriated on and after April first, two thousand eleven.

(b) Funds shall be reserved and accumulated from year to year and shall be available, including income from invested funds, for purposes of payment of audits or audit contracts necessary to determine payor and provider compliance with requirements set forth in sections twenty-eight hundred seven-j, twenty-eight hundred seven-s and twenty-eight hundred seven-t of this article from the tobacco control and insurance initiatives pool established for the following periods in the following amounts: five million six hundred thousand dollars annually for the periods January first, two thousand through December thirty-first, two thousand two, up to five million dollars for the period January first, two thousand three through December thirty-first, two thousand three, up to five million dollars for the period January first, two thousand four through December thirty-first, two thousand four, up to five million dollars for the period January first, two thousand five through December thirty first, two thousand five, up to five million dollars for the period January first, two thousand six through December thirty-first, two thousand six, up to seven million eight hundred thousand dollars for the period January first, two thousand seven through December thirty-first, two thousand seven, and up to eight million three hundred twenty-five thousand dollars for the period January first, two thousand eight through December thirty-first, two thousand eight, up to eight million five hundred thousand dollars for the period January first, two thousand nine through December thirty-first, two thousand nine, up to eight million five hundred thousand dollars for the period January first, two thousand ten through December thirty-first, two thousand ten, up to two million one hundred twenty-five thousand dollars for the period January first, two thousand eleven through March thirty-first, two thousand eleven, [and] up to fourteen million seven hundred thousand dollars each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen, AND WITHIN AMOUNTS APPROPRIATED EACH STATE FISCAL YEAR FOR PERIODS ON AND AFTER APRIL FIRST, TWO THOUSAND FOURTEEN.

(c) Funds shall be deposited by the commissioner, within amounts appropriated, and the state comptroller is hereby authorized and directed to receive for deposit to the credit of the state special revenue funds - other, HCRA transfer fund, enhanced community services account, or any successor fund or account, for mental health services programs for case management services for adults and children; supported housing; home and community based waiver services; family based treatment; family support services; mobile mental health teams; transitional housing; and community oversight, established pursuant to articles seven and forty-one of the mental hygiene law and subdivision nine of section three hundred sixty-six of the social services law; and for comprehensive care centers for eating disorders pursuant to the former section twenty-seven hundred ninety-nine-l of this chapter, provided however that, for such centers, funds in the amount of five hundred thousand dollars on an annualized basis shall be transferred from the enhanced community services account, or any successor fund or account, and deposited into the fund established by section ninety-five-e of the state finance law; from the tobacco control and insurance initiatives pool established for the following periods in the following amounts:

(i) forty-eight million dollars to be reserved, to be retained or for distribution pursuant to a chapter of the laws of two thousand, for the

1 period January first, two thousand through December thirty-first, two  
2 thousand;

3 (ii) eighty-seven million dollars to be reserved, to be retained or  
4 for distribution pursuant to a chapter of the laws of two thousand one,  
5 for the period January first, two thousand one through December thirty-  
6 first, two thousand one;

7 (iii) eighty-seven million dollars to be reserved, to be retained or  
8 for distribution pursuant to a chapter of the laws of two thousand two,  
9 for the period January first, two thousand two through December thirty-  
10 first, two thousand two;

11 (iv) eighty-eight million dollars to be reserved, to be retained or  
12 for distribution pursuant to a chapter of the laws of two thousand  
13 three, for the period January first, two thousand three through December  
14 thirty-first, two thousand three;

15 (v) eighty-eight million dollars, plus five hundred thousand dollars,  
16 to be reserved, to be retained or for distribution pursuant to a chapter  
17 of the laws of two thousand four, and pursuant to the former section  
18 twenty-seven hundred ninety-nine-1 of this chapter, for the period Janu-  
19 ary first, two thousand four through December thirty-first, two thousand  
20 four;

21 (vi) eighty-eight million dollars, plus five hundred thousand dollars,  
22 to be reserved, to be retained or for distribution pursuant to a chapter  
23 of the laws of two thousand five, and pursuant to the former section  
24 twenty-seven hundred ninety-nine-1 of this chapter, for the period Janu-  
25 ary first, two thousand five through December thirty-first, two thousand  
26 five;

27 (vii) eighty-eight million dollars, plus five hundred thousand  
28 dollars, to be reserved, to be retained or for distribution pursuant to  
29 a chapter of the laws of two thousand six, and pursuant to FORMER  
30 section twenty-seven hundred ninety-nine-1 of this chapter, for the  
31 period January first, two thousand six through December thirty-first,  
32 two thousand six;

33 (viii) eighty-six million four hundred thousand dollars, plus five  
34 hundred thousand dollars, to be reserved, to be retained or for distrib-  
35 ution pursuant to a chapter of the laws of two thousand seven and pursu-  
36 ant to the former section twenty-seven hundred ninety-nine-1 of this  
37 chapter, for the period January first, two thousand seven through Decem-  
38 ber thirty-first, two thousand seven; and

39 (ix) twenty-two million nine hundred thirteen thousand dollars, plus  
40 one hundred twenty-five thousand dollars, to be reserved, to be retained  
41 or for distribution pursuant to a chapter of the laws of two thousand  
42 eight and pursuant to the former section twenty-seven hundred ninety-  
43 nine-1 of this chapter, for the period January first, two thousand eight  
44 through March thirty-first, two thousand eight.

45 (d) Funds shall be deposited by the commissioner, within amounts  
46 appropriated, and the state comptroller is hereby authorized and  
47 directed to receive for deposit to the credit of the state special  
48 revenue funds - other, HCRA transfer fund, medical assistance account,  
49 or any successor fund or account, for purposes of funding the state  
50 share of services and expenses related to the family health plus program  
51 including up to two and one-half million dollars annually for the period  
52 January first, two thousand through December thirty-first, two thousand  
53 two, for administration and marketing costs associated with such program  
54 established pursuant to clause (A) of subparagraph (v) of paragraph (a)  
55 of subdivision two of section three hundred sixty-nine-ee of the social

1 services law from the tobacco control and insurance initiatives pool  
2 established for the following periods in the following amounts:

3 (i) three million five hundred thousand dollars for the period January  
4 first, two thousand through December thirty-first, two thousand;

5 (ii) twenty-seven million dollars for the period January first, two  
6 thousand one through December thirty-first, two thousand one; and

7 (iii) fifty-seven million dollars for the period January first, two  
8 thousand two through December thirty-first, two thousand two.

9 (e) Funds shall be deposited by the commissioner, within amounts  
10 appropriated, and the state comptroller is hereby authorized and  
11 directed to receive for deposit to the credit of the state special  
12 revenue funds - other, HCRA transfer fund, medical assistance account,  
13 or any successor fund or account, for purposes of funding the state  
14 share of services and expenses related to the family health plus program  
15 including up to two and one-half million dollars annually for the period  
16 January first, two thousand through December thirty-first, two thousand  
17 two for administration and marketing costs associated with such program  
18 established pursuant to clause (B) of subparagraph (v) of paragraph (a)  
19 of subdivision two of section three hundred sixty-nine-ee of the social  
20 services law from the tobacco control and insurance initiatives pool  
21 established for the following periods in the following amounts:

22 (i) two million five hundred thousand dollars for the period January  
23 first, two thousand through December thirty-first, two thousand;

24 (ii) thirty million five hundred thousand dollars for the period Janu-  
25 ary first, two thousand one through December thirty-first, two thousand  
26 one; and

27 (iii) sixty-six million dollars for the period January first, two  
28 thousand two through December thirty-first, two thousand two.

29 (f) Funds shall be deposited by the commissioner, within amounts  
30 appropriated, and the state comptroller is hereby authorized and  
31 directed to receive for deposit to the credit of the state special  
32 revenue funds - other, HCRA transfer fund, medicaid fraud hotline and  
33 medicaid administration account, or any successor fund or account, for  
34 purposes of payment of administrative expenses of the department related  
35 to the family health plus program established pursuant to section three  
36 hundred sixty-nine-ee of the social services law from the tobacco  
37 control and insurance initiatives pool established for the following  
38 periods in the following amounts: five hundred thousand dollars on an  
39 annual basis for the periods January first, two thousand through Decem-  
40 ber thirty-first, two thousand six, five hundred thousand dollars for  
41 the period January first, two thousand seven through December thirty-  
42 first, two thousand seven, and five hundred thousand dollars for the  
43 period January first, two thousand eight through December thirty-first,  
44 two thousand eight, five hundred thousand dollars for the period January  
45 first, two thousand nine through December thirty-first, two thousand  
46 nine, five hundred thousand dollars for the period January first, two  
47 thousand ten through December thirty-first, two thousand ten, one  
48 hundred twenty-five thousand dollars for the period January first, two  
49 thousand eleven through March thirty-first, two thousand eleven and  
50 within amounts appropriated on and after April first, two thousand elev-  
51 en.

52 (g) Funds shall be reserved and accumulated from year to year and  
53 shall be available, including income from invested funds, for purposes  
54 of services and expenses related to the health maintenance organization  
55 direct pay market program established pursuant to sections forty-three  
56 hundred twenty-one-a and forty-three hundred twenty-two-a of the insur-

1   ance law from the tobacco control and insurance initiatives pool estab-  
2   lished for the following periods in the following amounts:

3    (i) up to thirty-five million dollars for the period January first,  
4   two thousand through December thirty-first, two thousand of which fifty  
5   percentum shall be allocated to the program pursuant to section four  
6   thousand three hundred twenty-one-a of the insurance law and fifty  
7   percentum to the program pursuant to section four thousand three hundred  
8   twenty-two-a of the insurance law;

9    (ii) up to thirty-six million dollars for the period January first,  
10  two thousand one through December thirty-first, two thousand one of  
11  which fifty percentum shall be allocated to the program pursuant to  
12  section four thousand three hundred twenty-one-a of the insurance law  
13  and fifty percentum to the program pursuant to section four thousand  
14  three hundred twenty-two-a of the insurance law;

15  (iii) up to thirty-nine million dollars for the period January first,  
16  two thousand two through December thirty-first, two thousand two of  
17  which fifty percentum shall be allocated to the program pursuant to  
18  section four thousand three hundred twenty-one-a of the insurance law  
19  and fifty percentum to the program pursuant to section four thousand  
20  three hundred twenty-two-a of the insurance law;

21  (iv) up to forty million dollars for the period January first, two  
22  thousand three through December thirty-first, two thousand three of  
23  which fifty percentum shall be allocated to the program pursuant to  
24  section four thousand three hundred twenty-one-a of the insurance law  
25  and fifty percentum to the program pursuant to section four thousand  
26  three hundred twenty-two-a of the insurance law;

27  (v) up to forty million dollars for the period January first, two  
28  thousand four through December thirty-first, two thousand four of which  
29  fifty percentum shall be allocated to the program pursuant to section  
30  four thousand three hundred twenty-one-a of the insurance law and fifty  
31  percentum to the program pursuant to section four thousand three hundred  
32  twenty-two-a of the insurance law;

33  (vi) up to forty million dollars for the period January first, two  
34  thousand five through December thirty-first, two thousand five of which  
35  fifty percentum shall be allocated to the program pursuant to section  
36  four thousand three hundred twenty-one-a of the insurance law and fifty  
37  percentum to the program pursuant to section four thousand three hundred  
38  twenty-two-a of the insurance law;

39  (vii) up to forty million dollars for the period January first, two  
40  thousand six through December thirty-first, two thousand six of which  
41  fifty percentum shall be allocated to the program pursuant to section  
42  four thousand three hundred twenty-one-a of the insurance law and fifty  
43  percentum shall be allocated to the program pursuant to section four  
44  thousand three hundred twenty-two-a of the insurance law;

45  (viii) up to forty million dollars for the period January first, two  
46  thousand seven through December thirty-first, two thousand seven of  
47  which fifty percentum shall be allocated to the program pursuant to  
48  section four thousand three hundred twenty-one-a of the insurance law  
49  and fifty percentum shall be allocated to the program pursuant to  
50  section four thousand three hundred twenty-two-a of the insurance law;  
51  and

52  (ix) up to forty million dollars for the period January first, two  
53  thousand eight through December thirty-first, two thousand eight of  
54  which fifty per centum shall be allocated to the program pursuant to  
55  section four thousand three hundred twenty-one-a of the insurance law

1 and fifty per centum shall be allocated to the program pursuant to  
2 section four thousand three hundred twenty-two-a of the insurance law.

3 (h) Funds shall be reserved and accumulated from year to year and  
4 shall be available, including income from invested funds, for purposes  
5 of services and expenses related to the healthy New York individual  
6 program established pursuant to sections four thousand three hundred  
7 twenty-six and four thousand three hundred twenty-seven of the insurance  
8 law from the tobacco control and insurance initiatives pool established  
9 for the following periods in the following amounts:

10 (i) up to six million dollars for the period January first, two thou-  
11 sand one through December thirty-first, two thousand one;

12 (ii) up to twenty-nine million dollars for the period January first,  
13 two thousand two through December thirty-first, two thousand two;

14 (iii) up to five million one hundred thousand dollars for the period  
15 January first, two thousand three through December thirty-first, two  
16 thousand three;

17 (iv) up to twenty-four million six hundred thousand dollars for the  
18 period January first, two thousand four through December thirty-first,  
19 two thousand four;

20 (v) up to thirty-four million six hundred thousand dollars for the  
21 period January first, two thousand five through December thirty-first,  
22 two thousand five;

23 (vi) up to fifty-four million eight hundred thousand dollars for the  
24 period January first, two thousand six through December thirty-first,  
25 two thousand six;

26 (vii) up to sixty-one million seven hundred thousand dollars for the  
27 period January first, two thousand seven through December thirty-first,  
28 two thousand seven; and

29 (viii) up to one hundred three million seven hundred fifty thousand  
30 dollars for the period January first, two thousand eight through Decem-  
31 ber thirty-first, two thousand eight.

32 (i) Funds shall be reserved and accumulated from year to year and  
33 shall be available, including income from invested funds, for purposes  
34 of services and expenses related to the healthy New York group program  
35 established pursuant to sections four thousand three hundred twenty-six  
36 and four thousand three hundred twenty-seven of the insurance law from  
37 the tobacco control and insurance initiatives pool established for the  
38 following periods in the following amounts:

39 (i) up to thirty-four million dollars for the period January first,  
40 two thousand one through December thirty-first, two thousand one;

41 (ii) up to seventy-seven million dollars for the period January first,  
42 two thousand two through December thirty-first, two thousand two;

43 (iii) up to ten million five hundred thousand dollars for the period  
44 January first, two thousand three through December thirty-first, two  
45 thousand three;

46 (iv) up to twenty-four million six hundred thousand dollars for the  
47 period January first, two thousand four through December thirty-first,  
48 two thousand four;

49 (v) up to thirty-four million six hundred thousand dollars for the  
50 period January first, two thousand five through December thirty-first,  
51 two thousand five;

52 (vi) up to fifty-four million eight hundred thousand dollars for the  
53 period January first, two thousand six through December thirty-first,  
54 two thousand six;



(vii) up to sixty-one million seven hundred thousand dollars for the period January first, two thousand seven through December thirty-first, two thousand seven; and

(viii) up to one hundred three million seven hundred fifty thousand dollars for the period January first, two thousand eight through December thirty-first, two thousand eight.

(i-1) Notwithstanding the provisions of paragraphs (h) and (i) of this subdivision, the commissioner shall reserve and accumulate up to two million five hundred thousand dollars annually for the periods January first, two thousand four through December thirty-first, two thousand six, one million four hundred thousand dollars for the period January first, two thousand seven through December thirty-first, two thousand seven, two million dollars for the period January first, two thousand eight through December thirty-first, two thousand eight, from funds otherwise available for distribution under such paragraphs for the services and expenses related to the pilot program for entertainment industry employees included in subsection (b) of section one thousand one hundred twenty-two of the insurance law, and an additional seven hundred thousand dollars annually for the periods January first, two thousand four through December thirty-first, two thousand six, an additional three hundred thousand dollars for the period January first, two thousand seven through June thirtieth, two thousand seven for services and expenses related to the pilot program for displaced workers included in subsection (c) of section one thousand one hundred twenty-two of the insurance law.

(j) Funds shall be reserved and accumulated from year to year and shall be available, including income from invested funds, for purposes of services and expenses related to the tobacco use prevention and control program established pursuant to sections thirteen hundred ninety-nine-ii and thirteen hundred ninety-nine-jj of this chapter, from the tobacco control and insurance initiatives pool established for the following periods in the following amounts:

(i) up to thirty million dollars for the period January first, two thousand through December thirty-first, two thousand;

(ii) up to forty million dollars for the period January first, two thousand one through December thirty-first, two thousand one;

(iii) up to forty million dollars for the period January first, two thousand two through December thirty-first, two thousand two;

(iv) up to thirty-six million nine hundred fifty thousand dollars for the period January first, two thousand three through December thirty-first, two thousand three;

(v) up to thirty-six million nine hundred fifty thousand dollars for the period January first, two thousand four through December thirty-first, two thousand four;

(vi) up to forty million six hundred thousand dollars for the period January first, two thousand five through December thirty-first, two thousand five;

(vii) up to eighty-one million nine hundred thousand dollars for the period January first, two thousand six through December thirty-first, two thousand six, provided, however, that within amounts appropriated, a portion of such funds may be transferred to the Roswell Park Cancer Institute Corporation to support costs associated with cancer research;

(viii) up to ninety-four million one hundred fifty thousand dollars for the period January first, two thousand seven through December thirty-first, two thousand seven, provided, however, that within amounts appropriated, a portion of such funds may be transferred to the Roswell

1 Park Cancer Institute Corporation to support costs associated with  
2 cancer research;

3 (ix) up to ninety-four million one hundred fifty thousand dollars for  
4 the period January first, two thousand eight through December thirty-  
5 first, two thousand eight;

6 (x) up to ninety-four million one hundred fifty thousand dollars for  
7 the period January first, two thousand nine through December thirty-  
8 first, two thousand nine;

9 (xi) up to eighty-seven million seven hundred seventy-five thousand  
10 dollars for the period January first, two thousand ten through December  
11 thirty-first, two thousand ten;

12 (xii) up to twenty-one million four hundred twelve thousand dollars  
13 for the period January first, two thousand eleven through March thirty-  
14 first, two thousand eleven; [and]

15 (xiii) up to fifty-two million one hundred thousand dollars each state  
16 fiscal year for the period April first, two thousand eleven through  
17 March thirty-first, two thousand fourteen; AND

18 (XIV) WITHIN AMOUNTS APPROPRIATED EACH STATE FISCAL YEAR FOR PERIODS  
19 ON AND AFTER APRIL FIRST, TWO THOUSAND FOURTEEN.

20 (k) Funds shall be deposited by the commissioner, within amounts  
21 appropriated, and the state comptroller is hereby authorized and  
22 directed to receive for deposit to the credit of the state special  
23 revenue fund - other, HCRA transfer fund, health care services account,  
24 or any successor fund or account, for purposes of services and expenses  
25 related to public health programs, including comprehensive care centers  
26 for eating disorders pursuant to the former section twenty-seven hundred  
27 ninety-nine-1 of this chapter, provided however that, for such centers,  
28 funds in the amount of five hundred thousand dollars on an annualized  
29 basis shall be transferred from the health care services account, or any  
30 successor fund or account, and deposited into the fund established by  
31 section ninety-five-e of the state finance law for periods prior to  
32 March thirty-first, two thousand eleven, from the tobacco control and  
33 insurance initiatives pool established for the following periods in the  
34 following amounts:

35 (i) up to thirty-one million dollars for the period January first, two  
36 thousand through December thirty-first, two thousand;

37 (ii) up to forty-one million dollars for the period January first, two  
38 thousand one through December thirty-first, two thousand one;

39 (iii) up to eighty-one million dollars for the period January first,  
40 two thousand two through December thirty-first, two thousand two;

41 (iv) one hundred twenty-two million five hundred thousand dollars for  
42 the period January first, two thousand three through December thirty-  
43 first, two thousand three;

44 (v) one hundred eight million five hundred seventy-five thousand  
45 dollars, plus an additional five hundred thousand dollars, for the peri-  
46 od January first, two thousand four through December thirty-first, two  
47 thousand four;

48 (vi) ninety-one million eight hundred thousand dollars, plus an addi-  
49 tional five hundred thousand dollars, for the period January first, two  
50 thousand five through December thirty-first, two thousand five;

51 (vii) one hundred fifty-six million six hundred thousand dollars, plus  
52 an additional five hundred thousand dollars, for the period January  
53 first, two thousand six through December thirty-first, two thousand six;

54 (viii) one hundred fifty-one million four hundred thousand dollars,  
55 plus an additional five hundred thousand dollars, for the period January

1 first, two thousand seven through December thirty-first, two thousand  
2 seven;

3 (ix) one hundred sixteen million nine hundred forty-nine thousand  
4 dollars, plus an additional five hundred thousand dollars, for the peri-  
5 od January first, two thousand eight through December thirty-first, two  
6 thousand eight;

7 (x) one hundred sixteen million nine hundred forty-nine thousand  
8 dollars, plus an additional five hundred thousand dollars, for the peri-  
9 od January first, two thousand nine through December thirty-first, two  
10 thousand nine;

11 (xi) one hundred sixteen million nine hundred forty-nine thousand  
12 dollars, plus an additional five hundred thousand dollars, for the peri-  
13 od January first, two thousand ten through December thirty-first, two  
14 thousand ten;

15 (xii) twenty-nine million two hundred thirty-seven thousand two  
16 hundred fifty dollars, plus an additional one hundred twenty-five thou-  
17 sand dollars, for the period January first, two thousand eleven through  
18 March thirty-first, two thousand eleven;

19 (xiii) one hundred twenty million thirty-eight thousand dollars for  
20 the period April first, two thousand eleven through March thirty-first,  
21 two thousand twelve; and

22 (xiv) one hundred nineteen million four hundred seven thousand dollars  
23 each state fiscal year for the period April first, two thousand twelve  
24 through March thirty-first, two thousand fourteen.

25 (l) Funds shall be deposited by the commissioner, within amounts  
26 appropriated, and the state comptroller is hereby authorized and  
27 directed to receive for deposit to the credit of the state special  
28 revenue funds - other, HCRA transfer fund, medical assistance account,  
29 or any successor fund or account, for purposes of funding the state  
30 share of the personal care and certified home health agency rate or fee  
31 increases established pursuant to subdivision three of section three  
32 hundred sixty-seven-o of the social services law from the tobacco  
33 control and insurance initiatives pool established for the following  
34 periods in the following amounts:

35 (i) twenty-three million two hundred thousand dollars for the period  
36 January first, two thousand through December thirty-first, two thousand;

37 (ii) twenty-three million two hundred thousand dollars for the period  
38 January first, two thousand one through December thirty-first, two thou-  
39 sand one;

40 (iii) twenty-three million two hundred thousand dollars for the period  
41 January first, two thousand two through December thirty-first, two thou-  
42 sand two;

43 (iv) up to sixty-five million two hundred thousand dollars for the  
44 period January first, two thousand three through December thirty-first,  
45 two thousand three;

46 (v) up to sixty-five million two hundred thousand dollars for the  
47 period January first, two thousand four through December thirty-first,  
48 two thousand four;

49 (vi) up to sixty-five million two hundred thousand dollars for the  
50 period January first, two thousand five through December thirty-first,  
51 two thousand five;

52 (vii) up to sixty-five million two hundred thousand dollars for the  
53 period January first, two thousand six through December thirty-first,  
54 two thousand six;

(viii) up to sixty-five million two hundred thousand dollars for the period January first, two thousand seven through December thirty-first, two thousand seven; and

(ix) up to sixteen million three hundred thousand dollars for the period January first, two thousand eight through March thirty-first, two thousand eight.

(m) Funds shall be deposited by the commissioner, within amounts appropriated, and the state comptroller is hereby authorized and directed to receive for deposit to the credit of the state special revenue funds - other, HCRA transfer fund, medical assistance account, or any successor fund or account, for purposes of funding the state share of services and expenses related to home care workers insurance pilot demonstration programs established pursuant to subdivision two of section three hundred sixty-seven-o of the social services law from the tobacco control and insurance initiatives pool established for the following periods in the following amounts:

(i) three million eight hundred thousand dollars for the period January first, two thousand through December thirty-first, two thousand;

(ii) three million eight hundred thousand dollars for the period January first, two thousand one through December thirty-first, two thousand one;

(iii) three million eight hundred thousand dollars for the period January first, two thousand two through December thirty-first, two thousand two;

(iv) up to three million eight hundred thousand dollars for the period January first, two thousand three through December thirty-first, two thousand three;

(v) up to three million eight hundred thousand dollars for the period January first, two thousand four through December thirty-first, two thousand four;

(vi) up to three million eight hundred thousand dollars for the period January first, two thousand five through December thirty-first, two thousand five;

(vii) up to three million eight hundred thousand dollars for the period January first, two thousand six through December thirty-first, two thousand six;

(viii) up to three million eight hundred thousand dollars for the period January first, two thousand seven through December thirty-first, two thousand seven; and

(ix) up to nine hundred fifty thousand dollars for the period January first, two thousand eight through March thirty-first, two thousand eight.

(n) Funds shall be transferred by the commissioner and shall be deposited to the credit of the special revenue funds - other, miscellaneous special revenue fund - 339, elderly pharmaceutical insurance coverage program premium account authorized pursuant to the provisions of title three of article two of the elder law, or any successor fund or account, for funding state expenses relating to the program from the tobacco control and insurance initiatives pool established for the following periods in the following amounts:

(i) one hundred seven million dollars for the period January first, two thousand through December thirty-first, two thousand;

(ii) one hundred sixty-four million dollars for the period January first, two thousand one through December thirty-first, two thousand one;

1 (iii) three hundred twenty-two million seven hundred thousand dollars  
2 for the period January first, two thousand two through December thirty-  
3 first, two thousand two;  
4 (iv) four hundred thirty-three million three hundred thousand dollars  
5 for the period January first, two thousand three through December thir-  
6 ty-first, two thousand three;  
7 (v) five hundred four million one hundred fifty thousand dollars for  
8 the period January first, two thousand four through December thirty-  
9 first, two thousand four;  
10 (vi) five hundred sixty-six million eight hundred thousand dollars for  
11 the period January first, two thousand five through December thirty-  
12 first, two thousand five;  
13 (vii) six hundred three million one hundred fifty thousand dollars for  
14 the period January first, two thousand six through December thirty-  
15 first, two thousand six;  
16 (viii) six hundred sixty million eight hundred thousand dollars for  
17 the period January first, two thousand seven through December thirty-  
18 first, two thousand seven;  
19 (ix) three hundred sixty-seven million four hundred sixty-three thou-  
20 sand dollars for the period January first, two thousand eight through  
21 December thirty-first, two thousand eight;  
22 (x) three hundred thirty-four million eight hundred twenty-five thou-  
23 sand dollars for the period January first, two thousand nine through  
24 December thirty-first, two thousand nine;  
25 (xi) three hundred forty-four million nine hundred thousand dollars  
26 for the period January first, two thousand ten through December thirty-  
27 first, two thousand ten;  
28 (xii) eighty-seven million seven hundred eighty-eight thousand dollars  
29 for the period January first, two thousand eleven through March thirty-  
30 first, two thousand eleven;  
31 (xiii) one hundred forty-three million one hundred fifty thousand  
32 dollars for the period April first, two thousand eleven through March  
33 thirty-first, two thousand twelve;  
34 (xiv) one hundred twenty million nine hundred fifty thousand dollars  
35 for the period April first, two thousand twelve through March thirty-  
36 first, two thousand thirteen; [and]  
37 (xv) one hundred twenty-eight million eight hundred fifty thousand  
38 dollars for the period April first, two thousand thirteen through March  
39 thirty-first, two thousand fourteen[.]; AND  
40 (XVI) WITHIN AMOUNTS APPROPRIATED EACH STATE FISCAL YEAR FOR PERIODS  
41 ON AND AFTER APRIL FIRST, TWO THOUSAND FOURTEEN.  
42 (o) Funds shall be reserved and accumulated and shall be transferred  
43 to the Roswell Park Cancer Institute Corporation, from the tobacco  
44 control and insurance initiatives pool established for the following  
45 periods in the following amounts:  
46 (i) up to ninety million dollars for the period January first, two  
47 thousand through December thirty-first, two thousand;  
48 (ii) up to sixty million dollars for the period January first, two  
49 thousand one through December thirty-first, two thousand one;  
50 (iii) up to eighty-five million dollars for the period January first,  
51 two thousand two through December thirty-first, two thousand two;  
52 (iv) eighty-five million two hundred fifty thousand dollars for the  
53 period January first, two thousand three through December thirty-first,  
54 two thousand three;  
55 (v) seventy-eight million dollars for the period January first, two  
56 thousand four through December thirty-first, two thousand four;

1 (vi) seventy-eight million dollars for the period January first, two  
2 thousand five through December thirty-first, two thousand five;  
3 (vii) ninety-one million dollars for the period January first, two  
4 thousand six through December thirty-first, two thousand six;  
5 (viii) seventy-eight million dollars for the period January first, two  
6 thousand seven through December thirty-first, two thousand seven;  
7 (ix) seventy-eight million dollars for the period January first, two  
8 thousand eight through December thirty-first, two thousand eight;  
9 (x) seventy-eight million dollars for the period January first, two  
10 thousand nine through December thirty-first, two thousand nine;  
11 (xi) seventy-eight million dollars for the period January first, two  
12 thousand ten through December thirty-first, two thousand ten;  
13 (xii) nineteen million five hundred thousand dollars for the period  
14 January first, two thousand eleven through March thirty-first, two thou-  
15 sand eleven; [and]  
16 (xiii) sixty-nine million eight hundred forty thousand dollars each  
17 state fiscal year for the period April first, two thousand eleven  
18 through March thirty-first, two thousand fourteen[.]; AND  
19 (XIV) WITHIN AMOUNTS APPROPRIATED EACH STATE FISCAL YEAR FOR PERIODS  
20 ON AND AFTER APRIL FIRST, TWO THOUSAND FOURTEEN.  
21 (p) Funds shall be deposited by the commissioner, within amounts  
22 appropriated, and the state comptroller is hereby authorized and  
23 directed to receive for deposit to the credit of the state special  
24 revenue funds - other, indigent care fund - 068, indigent care account,  
25 or any successor fund or account, for purposes of providing a medicaid  
26 disproportionate share payment from the high need indigent care adjust-  
27 ment pool established pursuant to section twenty-eight hundred seven-w  
28 of this article, from the tobacco control and insurance initiatives pool  
29 established for the following periods in the following amounts:  
30 (i) eighty-two million dollars annually for the periods January first,  
31 two thousand through December thirty-first, two thousand two;  
32 (ii) up to eighty-two million dollars for the period January first,  
33 two thousand three through December thirty-first, two thousand three;  
34 (iii) up to eighty-two million dollars for the period January first,  
35 two thousand four through December thirty-first, two thousand four;  
36 (iv) up to eighty-two million dollars for the period January first,  
37 two thousand five through December thirty-first, two thousand five;  
38 (v) up to eighty-two million dollars for the period January first, two  
39 thousand six through December thirty-first, two thousand six;  
40 (vi) up to eighty-two million dollars for the period January first,  
41 two thousand seven through December thirty-first, two thousand seven;  
42 (vii) up to eighty-two million dollars for the period January first,  
43 two thousand eight through December thirty-first, two thousand eight;  
44 (viii) up to eighty-two million dollars for the period January first,  
45 two thousand nine through December thirty-first, two thousand nine;  
46 (ix) up to eighty-two million dollars for the period January first,  
47 two thousand ten through December thirty-first, two thousand ten;  
48 (x) up to twenty million five hundred thousand dollars for the period  
49 January first, two thousand eleven through March thirty-first, two thou-  
50 sand eleven; and  
51 (xi) up to eighty-two million dollars each state fiscal year for the  
52 period April first, two thousand eleven through March thirty-first, two  
53 thousand fourteen.  
54 (q) Funds shall be reserved and accumulated from year to year and  
55 shall be available, including income from invested funds, for purposes  
56 of providing distributions to eligible school based health centers

1 established pursuant to section eighty-eight of chapter one of the laws  
2 of nineteen hundred ninety-nine, from the tobacco control and insurance  
3 initiatives pool established for the following periods in the following  
4 amounts:

5 (i) seven million dollars annually for the period January first, two  
6 thousand through December thirty-first, two thousand two;

7 (ii) up to seven million dollars for the period January first, two  
8 thousand three through December thirty-first, two thousand three;

9 (iii) up to seven million dollars for the period January first, two  
10 thousand four through December thirty-first, two thousand four;

11 (iv) up to seven million dollars for the period January first, two  
12 thousand five through December thirty-first, two thousand five;

13 (v) up to seven million dollars for the period January first, two  
14 thousand six through December thirty-first, two thousand six;

15 (vi) up to seven million dollars for the period January first, two  
16 thousand seven through December thirty-first, two thousand seven;

17 (vii) up to seven million dollars for the period January first, two  
18 thousand eight through December thirty-first, two thousand eight;

19 (viii) up to seven million dollars for the period January first, two  
20 thousand nine through December thirty-first, two thousand nine;

21 (ix) up to seven million dollars for the period January first, two  
22 thousand ten through December thirty-first, two thousand ten;

23 (x) up to one million seven hundred fifty thousand dollars for the  
24 period January first, two thousand eleven through March thirty-first,  
25 two thousand eleven; [and]

26 (xi) up to five million six hundred thousand dollars each state fiscal  
27 year for the period April first, two thousand eleven through March thir-  
28 ty-first, two thousand fourteen[.]; AND

29 (XII) WITHIN AMOUNTS APPROPRIATED EACH STATE FISCAL YEAR FOR PERIODS  
30 ON AND AFTER APRIL FIRST, TWO THOUSAND FOURTEEN.

31 (r) Funds shall be deposited by the commissioner within amounts appro-  
32 priated, and the state comptroller is hereby authorized and directed to  
33 receive for deposit to the credit of the state special revenue funds -  
34 other, HCRA transfer fund, medical assistance account, or any successor  
35 fund or account, for purposes of providing distributions for supplemen-  
36 tary medical insurance for Medicare part B premiums, physicians  
37 services, outpatient services, medical equipment, supplies and other  
38 health services, from the tobacco control and insurance initiatives pool  
39 established for the following periods in the following amounts:

40 (i) forty-three million dollars for the period January first, two  
41 thousand through December thirty-first, two thousand;

42 (ii) sixty-one million dollars for the period January first, two thou-  
43 sand one through December thirty-first, two thousand one;

44 (iii) sixty-five million dollars for the period January first, two  
45 thousand two through December thirty-first, two thousand two;

46 (iv) sixty-seven million five hundred thousand dollars for the period  
47 January first, two thousand three through December thirty-first, two  
48 thousand three;

49 (v) sixty-eight million dollars for the period January first, two  
50 thousand four through December thirty-first, two thousand four;

51 (vi) sixty-eight million dollars for the period January first, two  
52 thousand five through December thirty-first, two thousand five;

53 (vii) sixty-eight million dollars for the period January first, two  
54 thousand six through December thirty-first, two thousand six;

(viii) seventeen million five hundred thousand dollars for the period January first, two thousand seven through December thirty-first, two thousand seven;

(ix) sixty-eight million dollars for the period January first, two thousand eight through December thirty-first, two thousand eight;

(x) sixty-eight million dollars for the period January first, two thousand nine through December thirty-first, two thousand nine;

(xi) sixty-eight million dollars for the period January first, two thousand ten through December thirty-first, two thousand ten;

(xii) seventeen million dollars for the period January first, two thousand eleven through March thirty-first, two thousand eleven; and

(xiii) sixty-eight million dollars each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen.

(s) Funds shall be deposited by the commissioner within amounts appropriated, and the state comptroller is hereby authorized and directed to receive for deposit to the credit of the state special revenue funds - other, HCRA transfer fund, medical assistance account, or any successor fund or account, for purposes of providing distributions pursuant to paragraphs (s-5), (s-6), (s-7) and (s-8) of subdivision eleven of section twenty-eight hundred seven-c of this article from the tobacco control and insurance initiatives pool established for the following periods in the following amounts:

(i) eighteen million dollars for the period January first, two thousand sand through December thirty-first, two thousand;

(ii) twenty-four million dollars annually for the periods January first, two thousand one through December thirty-first, two thousand two;

(iii) up to twenty-four million dollars for the period January first, two thousand three through December thirty-first, two thousand three;

(iv) up to twenty-four million dollars for the period January first, two thousand four through December thirty-first, two thousand four;

(v) up to twenty-four million dollars for the period January first, two thousand five through December thirty-first, two thousand five;

(vi) up to twenty-four million dollars for the period January first, two thousand six through December thirty-first, two thousand six;

(vii) up to twenty-four million dollars for the period January first, two thousand seven through December thirty-first, two thousand seven;

(viii) up to twenty-four million dollars for the period January first, two thousand eight through December thirty-first, two thousand eight; and

(ix) up to twenty-two million dollars for the period January first, two thousand nine through November thirtieth, two thousand nine.

(t) Funds shall be reserved and accumulated from year to year by the commissioner and shall be made available, including income from invested funds:

(i) For the purpose of making grants to a state owned and operated medical school which does not have a state owned and operated hospital on site and available for teaching purposes. Notwithstanding sections one hundred twelve and one hundred sixty-three of the state finance law, such grants shall be made in the amount of up to five hundred thousand dollars for the period January first, two thousand through December thirty-first, two thousand;

(ii) For the purpose of making grants to medical schools pursuant to section eighty-six-a of chapter one of the laws of nineteen hundred ninety-nine in the sum of up to four million dollars for the period



1 January first, two thousand through December thirty-first, two thousand;  
2 and

3 (iii) The funds disbursed pursuant to subparagraphs (i) and (ii) of  
4 this paragraph from the tobacco control and insurance initiatives pool  
5 are contingent upon meeting all funding amounts established pursuant to  
6 paragraphs (a), (b), (c), (d), (e), (f), (l), (m), (n), (p), (q), (r)  
7 and (s) of this subdivision, paragraph (a) of subdivision nine of  
8 section twenty-eight hundred seven-j of this article, and paragraphs  
9 (a), (i) and (k) of subdivision one of section twenty-eight hundred  
10 seven-l of this article.

11 (u) Funds shall be deposited by the commissioner, within amounts  
12 appropriated, and the state comptroller is hereby authorized and  
13 directed to receive for deposit to the credit of the state special  
14 revenue funds - other, HCRA transfer fund, medical assistance account,  
15 or any successor fund or account, for purposes of funding the state  
16 share of services and expenses related to the nursing home quality  
17 improvement demonstration program established pursuant to section twen-  
18 ty-eight hundred eight-d of this article from the tobacco control and  
19 insurance initiatives pool established for the following periods in the  
20 following amounts:

21 (i) up to twenty-five million dollars for the period beginning April  
22 first, two thousand two and ending December thirty-first, two thousand  
23 two, and on an annualized basis, for each annual period thereafter  
24 beginning January first, two thousand three and ending December thirty-  
25 first, two thousand four;

26 (ii) up to eighteen million seven hundred fifty thousand dollars for  
27 the period January first, two thousand five through December thirty-  
28 first, two thousand five; and

29 (iii) up to fifty-six million five hundred thousand dollars for the  
30 period January first, two thousand six through December thirty-first,  
31 two thousand six.

32 (v) Funds shall be transferred by the commissioner and shall be depos-  
33 ited to the credit of the hospital excess liability pool created pursu-  
34 ant to section eighteen of chapter two hundred sixty-six of the laws of  
35 nineteen hundred eighty-six, or any successor fund or account, for  
36 purposes of expenses related to the purchase of excess medical malprac-  
37 tice insurance and the cost of administering the pool, including costs  
38 associated with the risk management program established pursuant to  
39 section forty-two of part A of chapter one of the laws of two thousand  
40 two required by paragraph (a) of subdivision one of section eighteen of  
41 chapter two hundred sixty-six of the laws of nineteen hundred eighty-six  
42 as may be amended from time to time, from the tobacco control and insur-  
43 ance initiatives pool established for the following periods in the  
44 following amounts:

45 (i) up to fifty million dollars or so much as is needed for the period  
46 January first, two thousand two through December thirty-first, two thou-  
47 sand two;

48 (ii) up to seventy-six million seven hundred thousand dollars for the  
49 period January first, two thousand three through December thirty-first,  
50 two thousand three;

51 (iii) up to sixty-five million dollars for the period January first,  
52 two thousand four through December thirty-first, two thousand four;

53 (iv) up to sixty-five million dollars for the period January first,  
54 two thousand five through December thirty-first, two thousand five;

1 (v) up to one hundred thirteen million eight hundred thousand dollars  
2 for the period January first, two thousand six through December thirty-  
3 first, two thousand six;  
4 (vi) up to one hundred thirty million dollars for the period January  
5 first, two thousand seven through December thirty-first, two thousand  
6 seven;  
7 (vii) up to one hundred thirty million dollars for the period January  
8 first, two thousand eight through December thirty-first, two thousand  
9 eight;  
10 (viii) up to one hundred thirty million dollars for the period January  
11 first, two thousand nine through December thirty-first, two thousand  
12 nine;  
13 (ix) up to one hundred thirty million dollars for the period January  
14 first, two thousand ten through December thirty-first, two thousand ten;  
15 (x) up to thirty-two million five hundred thousand dollars for the  
16 period January first, two thousand eleven through March thirty-first,  
17 two thousand eleven; [and]  
18 (xi) up to one hundred twenty-seven million four hundred thousand  
19 dollars each state fiscal year for the period April first, two thousand  
20 eleven through March thirty-first, two thousand fourteen[.]; AND  
21 (XII) WITHIN AMOUNTS APPROPRIATED EACH STATE FISCAL YEAR FOR PERIODS  
22 ON AND AFTER APRIL FIRST, TWO THOUSAND FOURTEEN.  
23 (w) Funds shall be deposited by the commissioner, within amounts  
24 appropriated, and the state comptroller is hereby authorized and  
25 directed to receive for deposit to the credit of the state special  
26 revenue funds - other, HCRA transfer fund, medical assistance account,  
27 or any successor fund or account, for purposes of funding the state  
28 share of the treatment of breast and cervical cancer pursuant to para-  
29 graph (v) of subdivision four of section three hundred sixty-six of the  
30 social services law, from the tobacco control and insurance initiatives  
31 pool established for the following periods in the following amounts:  
32 (i) up to four hundred fifty thousand dollars for the period January  
33 first, two thousand two through December thirty-first, two thousand two;  
34 (ii) up to two million one hundred thousand dollars for the period  
35 January first, two thousand three through December thirty-first, two  
36 thousand three;  
37 (iii) up to two million one hundred thousand dollars for the period  
38 January first, two thousand four through December thirty-first, two  
39 thousand four;  
40 (iv) up to two million one hundred thousand dollars for the period  
41 January first, two thousand five through December thirty-first, two  
42 thousand five;  
43 (v) up to two million one hundred thousand dollars for the period  
44 January first, two thousand six through December thirty-first, two thou-  
45 sand six;  
46 (vi) up to two million one hundred thousand dollars for the period  
47 January first, two thousand seven through December thirty-first, two  
48 thousand seven;  
49 (vii) up to two million one hundred thousand dollars for the period  
50 January first, two thousand eight through December thirty-first, two  
51 thousand eight;  
52 (viii) up to two million one hundred thousand dollars for the period  
53 January first, two thousand nine through December thirty-first, two  
54 thousand nine;

1 (ix) up to two million one hundred thousand dollars for the period  
2 January first, two thousand ten through December thirty-first, two thou-  
3 sand ten;

4 (x) up to five hundred twenty-five thousand dollars for the period  
5 January first, two thousand eleven through March thirty-first, two thou-  
6 sand eleven; [and]

7 (xi) up to two million one hundred thousand dollars each state fiscal  
8 year for the period April first, two thousand eleven through March thir-  
9 ty-first, two thousand fourteen[.]; AND

10 (XII) WITHIN AMOUNTS APPROPRIATED EACH STATE FISCAL YEAR FOR PERIODS  
11 ON AND AFTER APRIL FIRST, TWO THOUSAND FOURTEEN.

12 (x) Funds shall be deposited by the commissioner, within amounts  
13 appropriated, and the state comptroller is hereby authorized and  
14 directed to receive for deposit to the credit of the state special  
15 revenue funds - other, HCRA transfer fund, medical assistance account,  
16 or any successor fund or account, for purposes of funding the state  
17 share of the non-public general hospital rates increases for recruitment  
18 and retention of health care workers from the tobacco control and insur-  
19 ance initiatives pool established for the following periods in the  
20 following amounts:

21 (i) twenty-seven million one hundred thousand dollars on an annualized  
22 basis for the period January first, two thousand two through December  
23 thirty-first, two thousand two;

24 (ii) fifty million eight hundred thousand dollars on an annualized  
25 basis for the period January first, two thousand three through December  
26 thirty-first, two thousand three;

27 (iii) sixty-nine million three hundred thousand dollars on an annual-  
28 ized basis for the period January first, two thousand four through  
29 December thirty-first, two thousand four;

30 (iv) sixty-nine million three hundred thousand dollars for the period  
31 January first, two thousand five through December thirty-first, two  
32 thousand five;

33 (v) sixty-nine million three hundred thousand dollars for the period  
34 January first, two thousand six through December thirty-first, two thou-  
35 sand six;

36 (vi) sixty-five million three hundred thousand dollars for the period  
37 January first, two thousand seven through December thirty-first, two  
38 thousand seven;

39 (vii) sixty-one million one hundred fifty thousand dollars for the  
40 period January first, two thousand eight through December thirty-first,  
41 two thousand eight; and

42 (viii) forty-eight million seven hundred twenty-one thousand dollars  
43 for the period January first, two thousand nine through November thirti-  
44 eth, two thousand nine.

45 (y) Funds shall be reserved and accumulated from year to year and  
46 shall be available, including income from invested funds, for purposes  
47 of grants to public general hospitals for recruitment and retention of  
48 health care workers pursuant to paragraph (b) of subdivision thirty of  
49 section twenty-eight hundred seven-c of this article from the tobacco  
50 control and insurance initiatives pool established for the following  
51 periods in the following amounts:

52 (i) eighteen million five hundred thousand dollars on an annualized  
53 basis for the period January first, two thousand two through December  
54 thirty-first, two thousand two;

1 (ii) thirty-seven million four hundred thousand dollars on an annual-  
2 ized basis for the period January first, two thousand three through  
3 December thirty-first, two thousand three;

4 (iii) fifty-two million two hundred thousand dollars on an annualized  
5 basis for the period January first, two thousand four through December  
6 thirty-first, two thousand four;

7 (iv) fifty-two million two hundred thousand dollars for the period  
8 January first, two thousand five through December thirty-first, two  
9 thousand five;

10 (v) fifty-two million two hundred thousand dollars for the period  
11 January first, two thousand six through December thirty-first, two thou-  
12 sand six;

13 (vi) forty-nine million dollars for the period January first, two  
14 thousand seven through December thirty-first, two thousand seven;

15 (vii) forty-nine million dollars for the period January first, two  
16 thousand eight through December thirty-first, two thousand eight; and

17 (viii) twelve million two hundred fifty thousand dollars for the peri-  
18 od January first, two thousand nine through March thirty-first, two  
19 thousand nine.

20 Provided, however, amounts pursuant to this paragraph may be reduced  
21 in an amount to be approved by the director of the budget to reflect  
22 amounts received from the federal government under the state's 1115  
23 waiver which are directed under its terms and conditions to the health  
24 workforce recruitment and retention program.

25 (z) Funds shall be deposited by the commissioner, within amounts  
26 appropriated, and the state comptroller is hereby authorized and  
27 directed to receive for deposit to the credit of the state special  
28 revenue funds - other, HCRA transfer fund, medical assistance account,  
29 or any successor fund or account, for purposes of funding the state  
30 share of the non-public residential health care facility rate increases  
31 for recruitment and retention of health care workers pursuant to para-  
32 graph (a) of subdivision eighteen of section twenty-eight hundred eight  
33 of this article from the tobacco control and insurance initiatives pool  
34 established for the following periods in the following amounts:

35 (i) twenty-one million five hundred thousand dollars on an annualized  
36 basis for the period January first, two thousand two through December  
37 thirty-first, two thousand two;

38 (ii) thirty-three million three hundred thousand dollars on an annual-  
39 ized basis for the period January first, two thousand three through  
40 December thirty-first, two thousand three;

41 (iii) forty-six million three hundred thousand dollars on an annual-  
42 ized basis for the period January first, two thousand four through  
43 December thirty-first, two thousand four;

44 (iv) forty-six million three hundred thousand dollars for the period  
45 January first, two thousand five through December thirty-first, two  
46 thousand five;

47 (v) forty-six million three hundred thousand dollars for the period  
48 January first, two thousand six through December thirty-first, two thou-  
49 sand six;

50 (vi) thirty million nine hundred thousand dollars for the period Janu-  
51 ary first, two thousand seven through December thirty-first, two thou-  
52 sand seven;

53 (vii) twenty-four million seven hundred thousand dollars for the peri-  
54 od January first, two thousand eight through December thirty-first, two  
55 thousand eight;

1 (viii) twelve million three hundred seventy-five thousand dollars for  
2 the period January first, two thousand nine through December thirty-  
3 first, two thousand nine;  
4 (ix) nine million three hundred thousand dollars for the period Janu-  
5 ary first, two thousand ten through December thirty-first, two thousand  
6 ten; and  
7 (x) two million three hundred twenty-five thousand dollars for the  
8 period January first, two thousand eleven through March thirty-first,  
9 two thousand eleven.  
10 (aa) Funds shall be reserved and accumulated from year to year and  
11 shall be available, including income from invested funds, for purposes  
12 of grants to public residential health care facilities for recruitment  
13 and retention of health care workers pursuant to paragraph (b) of subdi-  
14 vision eighteen of section twenty-eight hundred eight of this article  
15 from the tobacco control and insurance initiatives pool established for  
16 the following periods in the following amounts:  
17 (i) seven million five hundred thousand dollars on an annualized basis  
18 for the period January first, two thousand two through December thirty-  
19 first, two thousand two;  
20 (ii) eleven million seven hundred thousand dollars on an annualized  
21 basis for the period January first, two thousand three through December  
22 thirty-first, two thousand three;  
23 (iii) sixteen million two hundred thousand dollars on an annualized  
24 basis for the period January first, two thousand four through December  
25 thirty-first, two thousand four;  
26 (iv) sixteen million two hundred thousand dollars for the period Janu-  
27 ary first, two thousand five through December thirty-first, two thousand  
28 five;  
29 (v) sixteen million two hundred thousand dollars for the period Janu-  
30 ary first, two thousand six through December thirty-first, two thousand  
31 six;  
32 (vi) ten million eight hundred thousand dollars for the period January  
33 first, two thousand seven through December thirty-first, two thousand  
34 seven;  
35 (vii) six million seven hundred fifty thousand dollars for the period  
36 January first, two thousand eight through December thirty-first, two  
37 thousand eight; and  
38 (viii) one million three hundred fifty thousand dollars for the period  
39 January first, two thousand nine through December thirty-first, two  
40 thousand nine.  
41 (bb)(i) Funds shall be deposited by the commissioner, within amounts  
42 appropriated, and subject to the availability of federal financial  
43 participation, and the state comptroller is hereby authorized and  
44 directed to receive for deposit to the credit of the state special  
45 revenue funds - other, HCRA transfer fund, medical assistance account,  
46 or any successor fund or account, for the purpose of supporting the  
47 state share of adjustments to Medicaid rates of payment for personal  
48 care services provided pursuant to paragraph (e) of subdivision two of  
49 section three hundred sixty-five-a of the social services law, for local  
50 social service districts which include a city with a population of over  
51 one million persons and computed and distributed in accordance with  
52 memorandums of understanding to be entered into between the state of New  
53 York and such local social service districts for the purpose of support-  
54 ing the recruitment and retention of personal care service workers or  
55 any worker with direct patient care responsibility, from the tobacco

1 control and insurance initiatives pool established for the following  
2 periods and the following amounts:

3 (A) forty-four million dollars, on an annualized basis, for the period  
4 April first, two thousand two through December thirty-first, two thou-  
5 sand two;

6 (B) seventy-four million dollars, on an annualized basis, for the  
7 period January first, two thousand three through December thirty-first,  
8 two thousand three;

9 (C) one hundred four million dollars, on an annualized basis, for the  
10 period January first, two thousand four through December thirty-first,  
11 two thousand four;

12 (D) one hundred thirty-six million dollars, on an annualized basis,  
13 for the period January first, two thousand five through December thir-  
14 ty-first, two thousand five;

15 (E) one hundred thirty-six million dollars, on an annualized basis,  
16 for the period January first, two thousand six through December thirty-  
17 first, two thousand six;

18 (F) one hundred thirty-six million dollars for the period January  
19 first, two thousand seven through December thirty-first, two thousand  
20 seven;

21 (G) one hundred thirty-six million dollars for the period January  
22 first, two thousand eight through December thirty-first, two thousand  
23 eight;

24 (H) one hundred thirty-six million dollars for the period January  
25 first, two thousand nine through December thirty-first, two thousand  
26 nine;

27 (I) one hundred thirty-six million dollars for the period January  
28 first, two thousand ten through December thirty-first, two thousand ten;

29 (J) thirty-four million dollars for the period January first, two  
30 thousand eleven through March thirty-first, two thousand eleven; [and]

31 (K) up to one hundred thirty-six million dollars each state fiscal  
32 year for the period April first, two thousand eleven through March thir-  
33 ty-first, two thousand fourteen[.]; AND

34 (L) UP TO ONE HUNDRED THIRTY-SIX MILLION DOLLARS EACH STATE FISCAL  
35 YEAR FOR THE PERIOD MARCH THIRTY-FIRST, TWO THOUSAND FOURTEEN THROUGH  
36 APRIL FIRST, TWO THOUSAND SEVENTEEN.

37 (ii) Adjustments to Medicaid rates made pursuant to this paragraph  
38 shall not, in aggregate, exceed the following amounts for the following  
39 periods:

40 (A) for the period April first, two thousand two through December  
41 thirty-first, two thousand two, one hundred ten million dollars;

42 (B) for the period January first, two thousand three through December  
43 thirty-first, two thousand three, one hundred eighty-five million  
44 dollars;

45 (C) for the period January first, two thousand four through December  
46 thirty-first, two thousand four, two hundred sixty million dollars;

47 (D) for the period January first, two thousand five through December  
48 thirty-first, two thousand five, three hundred forty million dollars;

49 (E) for the period January first, two thousand six through December  
50 thirty-first, two thousand six, three hundred forty million dollars;

51 (F) for the period January first, two thousand seven through December  
52 thirty-first, two thousand seven, three hundred forty million dollars;

53 (G) for the period January first, two thousand eight through December  
54 thirty-first, two thousand eight, three hundred forty million dollars;

55 (H) for the period January first, two thousand nine through December  
56 thirty-first, two thousand nine, three hundred forty million dollars;

1 (I) for the period January first, two thousand ten through December  
2 thirty-first, two thousand ten, three hundred forty million dollars;

3 (J) for the period January first, two thousand eleven through March  
4 thirty-first, two thousand eleven, eighty-five million dollars; [and]

5 (K) for each state fiscal year within the period April first, two  
6 thousand eleven through March thirty-first, two thousand fourteen, three  
7 hundred forty million dollars[.]; AND

8 (L) FOR EACH STATE FISCAL YEAR WITHIN THE PERIOD APRIL FIRST, TWO  
9 THOUSAND FOURTEEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND SEVENTEEN,  
10 THREE HUNDRED FORTY MILLION DOLLARS.

11 (iii) Personal care service providers which have their rates adjusted  
12 pursuant to this paragraph shall use such funds for the purpose of  
13 recruitment and retention of non-supervisory personal care services  
14 workers or any worker with direct patient care responsibility only and  
15 are prohibited from using such funds for any other purpose. Each such  
16 personal care services provider shall submit, at a time and in a manner  
17 to be determined by the commissioner, a written certification attesting  
18 that such funds will be used solely for the purpose of recruitment and  
19 retention of non-supervisory personal care services workers or any work-  
20 er with direct patient care responsibility. The commissioner is author-  
21 ized to audit each such provider to ensure compliance with the written  
22 certification required by this subdivision and shall recoup any funds  
23 determined to have been used for purposes other than recruitment and  
24 retention of non-supervisory personal care services workers or any work-  
25 er with direct patient care responsibility. Such recoupment shall be in  
26 addition to any other penalties provided by law.

27 (cc) Funds shall be deposited by the commissioner, within amounts  
28 appropriated, and the state comptroller is hereby authorized and  
29 directed to receive for deposit to the credit of the state special  
30 revenue funds - other, HCRA transfer fund, medical assistance account,  
31 or any successor fund or account, for the purpose of supporting the  
32 state share of adjustments to Medicaid rates of payment for personal  
33 care services provided pursuant to paragraph (e) of subdivision two of  
34 section three hundred sixty-five-a of the social services law, for local  
35 social service districts which shall not include a city with a popu-  
36 lation of over one million persons for the purpose of supporting the  
37 personal care services worker recruitment and retention program as  
38 established pursuant to section three hundred sixty-seven-q of the  
39 social services law, from the tobacco control and insurance initiatives  
40 pool established for the following periods and the following amounts:

41 (i) two million eight hundred thousand dollars for the period April  
42 first, two thousand two through December thirty-first, two thousand two;

43 (ii) five million six hundred thousand dollars, on an annualized  
44 basis, for the period January first, two thousand three through December  
45 thirty-first, two thousand three;

46 (iii) eight million four hundred thousand dollars, on an annualized  
47 basis, for the period January first, two thousand four through December  
48 thirty-first, two thousand four;

49 (iv) ten million eight hundred thousand dollars, on an annualized  
50 basis, for the period January first, two thousand five through December  
51 thirty-first, two thousand five;

52 (v) ten million eight hundred thousand dollars, on an annualized  
53 basis, for the period January first, two thousand six through December  
54 thirty-first, two thousand six;

1 (vi) eleven million two hundred thousand dollars for the period Janu-  
2 ary first, two thousand seven through December thirty-first, two thou-  
3 sand seven;

4 (vii) eleven million two hundred thousand dollars for the period Janu-  
5 ary first, two thousand eight through December thirty-first, two thou-  
6 sand eight;

7 (viii) eleven million two hundred thousand dollars for the period  
8 January first, two thousand nine through December thirty-first, two  
9 thousand nine;

10 (ix) eleven million two hundred thousand dollars for the period Janu-  
11 ary first, two thousand ten through December thirty-first, two thousand  
12 ten;

13 (x) two million eight hundred thousand dollars for the period January  
14 first, two thousand eleven through March thirty-first, two thousand  
15 eleven; [and]

16 (xi) up to eleven million two hundred thousand dollars each state  
17 fiscal year for the period April first, two thousand eleven through  
18 March thirty-first, two thousand fourteen[.]; AND

19 (XII) UP TO ELEVEN MILLION TWO HUNDRED THOUSAND DOLLARS EACH STATE  
20 FISCAL YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN THROUGH  
21 MARCH THIRTY-FIRST, TWO THOUSAND SEVENTEEN.

22 (dd) Funds shall be deposited by the commissioner, within amounts  
23 appropriated, and the state comptroller is hereby authorized and  
24 directed to receive for deposit to the credit of the state special  
25 revenue fund - other, HCRA transfer fund, medical assistance account, or  
26 any successor fund or account, for purposes of funding the state share  
27 of Medicaid expenditures for physician services from the tobacco control  
28 and insurance initiatives pool established for the following periods in  
29 the following amounts:

30 (i) up to fifty-two million dollars for the period January first, two  
31 thousand two through December thirty-first, two thousand two;

32 (ii) eighty-one million two hundred thousand dollars for the period  
33 January first, two thousand three through December thirty-first, two  
34 thousand three;

35 (iii) eighty-five million two hundred thousand dollars for the period  
36 January first, two thousand four through December thirty-first, two  
37 thousand four;

38 (iv) eighty-five million two hundred thousand dollars for the period  
39 January first, two thousand five through December thirty-first, two  
40 thousand five;

41 (v) eighty-five million two hundred thousand dollars for the period  
42 January first, two thousand six through December thirty-first, two thou-  
43 sand six;

44 (vi) eighty-five million two hundred thousand dollars for the period  
45 January first, two thousand seven through December thirty-first, two  
46 thousand seven;

47 (vii) eighty-five million two hundred thousand dollars for the period  
48 January first, two thousand eight through December thirty-first, two  
49 thousand eight;

50 (viii) eighty-five million two hundred thousand dollars for the period  
51 January first, two thousand nine through December thirty-first, two  
52 thousand nine;

53 (ix) eighty-five million two hundred thousand dollars for the period  
54 January first, two thousand ten through December thirty-first, two thou-  
55 sand ten;



1 (x) twenty-one million three hundred thousand dollars for the period  
2 January first, two thousand eleven through March thirty-first, two thou-  
3 sand eleven; and  
4 (xi) eighty-five million two hundred thousand dollars each state  
5 fiscal year for the period April first, two thousand eleven through  
6 March thirty-first, two thousand fourteen.  
7 (ee) Funds shall be deposited by the commissioner, within amounts  
8 appropriated, and the state comptroller is hereby authorized and  
9 directed to receive for deposit to the credit of the state special  
10 revenue fund - other, HCRA transfer fund, medical assistance account, or  
11 any successor fund or account, for purposes of funding the state share  
12 of the free-standing diagnostic and treatment center rate increases for  
13 recruitment and retention of health care workers pursuant to subdivision  
14 seventeen of section twenty-eight hundred seven of this article from the  
15 tobacco control and insurance initiatives pool established for the  
16 following periods in the following amounts:  
17 (i) three million two hundred fifty thousand dollars for the period  
18 April first, two thousand two through December thirty-first, two thou-  
19 sand two;  
20 (ii) three million two hundred fifty thousand dollars on an annualized  
21 basis for the period January first, two thousand three through December  
22 thirty-first, two thousand three;  
23 (iii) three million two hundred fifty thousand dollars on an annual-  
24 ized basis for the period January first, two thousand four through  
25 December thirty-first, two thousand four;  
26 (iv) three million two hundred fifty thousand dollars for the period  
27 January first, two thousand five through December thirty-first, two  
28 thousand five;  
29 (v) three million two hundred fifty thousand dollars for the period  
30 January first, two thousand six through December thirty-first, two thou-  
31 sand six;  
32 (vi) three million two hundred fifty thousand dollars for the period  
33 January first, two thousand seven through December thirty-first, two  
34 thousand seven;  
35 (vii) three million four hundred thirty-eight thousand dollars for the  
36 period January first, two thousand eight through December thirty-first,  
37 two thousand eight;  
38 (viii) two million four hundred fifty thousand dollars for the period  
39 January first, two thousand nine through December thirty-first, two  
40 thousand nine;  
41 (ix) one million five hundred thousand dollars for the period January  
42 first, two thousand ten through December thirty-first, two thousand ten;  
43 and  
44 (x) three hundred twenty-five thousand dollars for the period January  
45 first, two thousand eleven through March thirty-first, two thousand  
46 eleven.  
47 (ff) Funds shall be deposited by the commissioner, within amounts  
48 appropriated, and the state comptroller is hereby authorized and  
49 directed to receive for deposit to the credit of the state special  
50 revenue fund - other, HCRA transfer fund, medical assistance account, or  
51 any successor fund or account, for purposes of funding the state share  
52 of Medicaid expenditures for disabled persons as authorized pursuant to  
53 FORMER subparagraphs twelve and thirteen of paragraph (a) of subdivision  
54 one of section three hundred sixty-six of the social services law from  
55 the tobacco control and insurance initiatives pool established for the  
56 following periods in the following amounts:

1 (i) one million eight hundred thousand dollars for the period April  
2 first, two thousand two through December thirty-first, two thousand two;  
3 (ii) sixteen million four hundred thousand dollars on an annualized  
4 basis for the period January first, two thousand three through December  
5 thirty-first, two thousand three;  
6 (iii) eighteen million seven hundred thousand dollars on an annualized  
7 basis for the period January first, two thousand four through December  
8 thirty-first, two thousand four;  
9 (iv) thirty million six hundred thousand dollars for the period Janu-  
10 ary first, two thousand five through December thirty-first, two thousand  
11 five;  
12 (v) thirty million six hundred thousand dollars for the period January  
13 first, two thousand six through December thirty-first, two thousand six;  
14 (vi) thirty million six hundred thousand dollars for the period Janu-  
15 ary first, two thousand seven through December thirty-first, two thou-  
16 sand seven;  
17 (vii) fifteen million dollars for the period January first, two thou-  
18 sand eight through December thirty-first, two thousand eight;  
19 (viii) fifteen million dollars for the period January first, two thou-  
20 sand nine through December thirty-first, two thousand nine;  
21 (ix) fifteen million dollars for the period January first, two thou-  
22 sand ten through December thirty-first, two thousand ten;  
23 (x) three million seven hundred fifty thousand dollars for the period  
24 January first, two thousand eleven through March thirty-first, two thou-  
25 sand eleven; [and]  
26 (xi) fifteen million dollars each state fiscal year for the period  
27 April first, two thousand eleven through March thirty-first, two thou-  
28 sand fourteen[.]; AND  
29 (XII) WITHIN AMOUNTS APPROPRIATED EACH STATE FISCAL YEAR FOR PERIODS  
30 ON AND AFTER APRIL FIRST, TWO THOUSAND FOURTEEN.  
31 (gg) Funds shall be reserved and accumulated from year to year and  
32 shall be available, including income from invested funds, for purposes  
33 of grants to non-public general hospitals pursuant to paragraph (c) of  
34 subdivision thirty of section twenty-eight hundred seven-c of this arti-  
35 cle from the tobacco control and insurance initiatives pool established  
36 for the following periods in the following amounts:  
37 (i) up to one million three hundred thousand dollars on an annualized  
38 basis for the period January first, two thousand two through December  
39 thirty-first, two thousand two;  
40 (ii) up to three million two hundred thousand dollars on an annualized  
41 basis for the period January first, two thousand three through December  
42 thirty-first, two thousand three;  
43 (iii) up to five million six hundred thousand dollars on an annualized  
44 basis for the period January first, two thousand four through December  
45 thirty-first, two thousand four;  
46 (iv) up to eight million six hundred thousand dollars for the period  
47 January first, two thousand five through December thirty-first, two  
48 thousand five;  
49 (v) up to eight million six hundred thousand dollars on an annualized  
50 basis for the period January first, two thousand six through December  
51 thirty-first, two thousand six;  
52 (vi) up to two million six hundred thousand dollars for the period  
53 January first, two thousand seven through December thirty-first, two  
54 thousand seven;

1 (vii) up to two million six hundred thousand dollars for the period  
2 January first, two thousand eight through December thirty-first, two  
3 thousand eight;  
4 (viii) up to two million six hundred thousand dollars for the period  
5 January first, two thousand nine through December thirty-first, two  
6 thousand nine;  
7 (ix) up to two million six hundred thousand dollars for the period  
8 January first, two thousand ten through December thirty-first, two thou-  
9 sand ten; and  
10 (x) up to six hundred fifty thousand dollars for the period January  
11 first, two thousand eleven through March thirty-first, two thousand  
12 eleven.  
13 (hh) Funds shall be deposited by the commissioner, within amounts  
14 appropriated, and the state comptroller is hereby authorized and  
15 directed to receive for deposit to the credit of the special revenue  
16 fund - other, HCRA transfer fund, medical assistance account for  
17 purposes of providing financial assistance to residential health care  
18 facilities pursuant to subdivisions nineteen and twenty-one of section  
19 twenty-eight hundred eight of this article, from the tobacco control and  
20 insurance initiatives pool established for the following periods in the  
21 following amounts:  
22 (i) for the period April first, two thousand two through December  
23 thirty-first, two thousand two, ten million dollars;  
24 (ii) for the period January first, two thousand three through December  
25 thirty-first, two thousand three, nine million four hundred fifty thou-  
26 sand dollars;  
27 (iii) for the period January first, two thousand four through December  
28 thirty-first, two thousand four, nine million three hundred fifty thou-  
29 sand dollars;  
30 (iv) up to fifteen million dollars for the period January first, two  
31 thousand five through December thirty-first, two thousand five;  
32 (v) up to fifteen million dollars for the period January first, two  
33 thousand six through December thirty-first, two thousand six;  
34 (vi) up to fifteen million dollars for the period January first, two  
35 thousand seven through December thirty-first, two thousand seven;  
36 (vii) up to fifteen million dollars for the period January first, two  
37 thousand eight through December thirty-first, two thousand eight;  
38 (viii) up to fifteen million dollars for the period January first, two  
39 thousand nine through December thirty-first, two thousand nine;  
40 (ix) up to fifteen million dollars for the period January first, two  
41 thousand ten through December thirty-first, two thousand ten;  
42 (x) up to three million seven hundred fifty thousand dollars for the  
43 period January first, two thousand eleven through March thirty-first,  
44 two thousand eleven; and  
45 (xi) fifteen million dollars each state fiscal year for the period  
46 April first, two thousand eleven through March thirty-first, two thou-  
47 sand fourteen.  
48 (ii) Funds shall be deposited by the commissioner, within amounts  
49 appropriated, and the state comptroller is hereby authorized and  
50 directed to receive for deposit to the credit of the state special  
51 revenue funds - other, HCRA transfer fund, medical assistance account,  
52 or any successor fund or account, for the purpose of supporting the  
53 state share of Medicaid expenditures for disabled persons as authorized  
54 by sections 1619 (a) and (b) of the federal social security act pursuant  
55 to the tobacco control and insurance initiatives pool established for  
56 the following periods in the following amounts:

1 (i) six million four hundred thousand dollars for the period April  
2 first, two thousand two through December thirty-first, two thousand two;  
3 (ii) eight million five hundred thousand dollars, for the period Janu-  
4 ary first, two thousand three through December thirty-first, two thou-  
5 sand three;  
6 (iii) eight million five hundred thousand dollars for the period Janu-  
7 ary first, two thousand four through December thirty-first, two thousand  
8 four;  
9 (iv) eight million five hundred thousand dollars for the period Janu-  
10 ary first, two thousand five through December thirty-first, two thousand  
11 five;  
12 (v) eight million five hundred thousand dollars for the period January  
13 first, two thousand six through December thirty-first, two thousand six;  
14 (vi) eight million six hundred thousand dollars for the period January  
15 first, two thousand seven through December thirty-first, two thousand  
16 seven;  
17 (vii) eight million five hundred thousand dollars for the period Janu-  
18 ary first, two thousand eight through December thirty-first, two thou-  
19 sand eight;  
20 (viii) eight million five hundred thousand dollars for the period  
21 January first, two thousand nine through December thirty-first, two  
22 thousand nine;  
23 (ix) eight million five hundred thousand dollars for the period Janu-  
24 ary first, two thousand ten through December thirty-first, two thousand  
25 ten;  
26 (x) two million one hundred twenty-five thousand dollars for the peri-  
27 od January first, two thousand eleven through March thirty-first, two  
28 thousand eleven; [and]  
29 (xi) eight million five hundred thousand dollars each state fiscal  
30 year for the period April first, two thousand eleven through March thir-  
31 ty-first, two thousand fourteen[.]; AND  
32 (XII) WITHIN AMOUNTS APPROPRIATED EACH STATE FISCAL YEAR FOR PERIODS  
33 ON AND AFTER APRIL FIRST, TWO THOUSAND FOURTEEN.  
34 (jj) Funds shall be reserved and accumulated from year to year and  
35 shall be available, including income from invested funds, for the  
36 purposes of a grant program to improve access to infertility services,  
37 treatments and procedures, from the tobacco control and insurance initi-  
38 atives pool established for the period January first, two thousand two  
39 through December thirty-first, two thousand two in the amount of nine  
40 million one hundred seventy-five thousand dollars, for the period April  
41 first, two thousand six through March thirty-first, two thousand seven  
42 in the amount of five million dollars, for the period April first, two  
43 thousand seven through March thirty-first, two thousand eight in the  
44 amount of five million dollars, for the period April first, two thousand  
45 eight through March thirty-first, two thousand nine in the amount of  
46 five million dollars, and for the period April first, two thousand nine  
47 through March thirty-first, two thousand ten in the amount of five  
48 million dollars, for the period April first, two thousand ten through  
49 March thirty-first, two thousand eleven in the amount of two million two  
50 hundred thousand dollars, and for the period April first, two thousand  
51 eleven through March thirty-first, two thousand twelve up to one million  
52 one hundred thousand dollars.  
53 (kk) Funds shall be deposited by the commissioner, within amounts  
54 appropriated, and the state comptroller is hereby authorized and  
55 directed to receive for deposit to the credit of the state special  
56 revenue funds -- other, HCRA transfer fund, medical assistance account,

1 or any successor fund or account, for purposes of funding the state  
2 share of Medical Assistance Program expenditures from the tobacco  
3 control and insurance initiatives pool established for the following  
4 periods in the following amounts:

5 (i) thirty-eight million eight hundred thousand dollars for the period  
6 January first, two thousand two through December thirty-first, two thou-  
7 sand two;

8 (ii) up to two hundred ninety-five million dollars for the period  
9 January first, two thousand three through December thirty-first, two  
10 thousand three;

11 (iii) up to four hundred seventy-two million dollars for the period  
12 January first, two thousand four through December thirty-first, two  
13 thousand four;

14 (iv) up to nine hundred million dollars for the period January first,  
15 two thousand five through December thirty-first, two thousand five;

16 (v) up to eight hundred sixty-six million three hundred thousand  
17 dollars for the period January first, two thousand six through December  
18 thirty-first, two thousand six;

19 (vi) up to six hundred sixteen million seven hundred thousand dollars  
20 for the period January first, two thousand seven through December thir-  
21 ty-first, two thousand seven;

22 (vii) up to five hundred seventy-eight million nine hundred twenty-  
23 five thousand dollars for the period January first, two thousand eight  
24 through December thirty-first, two thousand eight; and

25 (viii) within amounts appropriated on and after January first, two  
26 thousand nine.

27 (ll) Funds shall be deposited by the commissioner, within amounts  
28 appropriated, and the state comptroller is hereby authorized and  
29 directed to receive for deposit to the credit of the state special  
30 revenue funds -- other, HCRA transfer fund, medical assistance account,  
31 or any successor fund or account, for purposes of funding the state  
32 share of Medicaid expenditures related to the city of New York from the  
33 tobacco control and insurance initiatives pool established for the  
34 following periods in the following amounts:

35 (i) eighty-two million seven hundred thousand dollars for the period  
36 January first, two thousand two through December thirty-first, two thou-  
37 sand two;

38 (ii) one hundred twenty-four million six hundred thousand dollars for  
39 the period January first, two thousand three through December thirty-  
40 first, two thousand three;

41 (iii) one hundred twenty-four million seven hundred thousand dollars  
42 for the period January first, two thousand four through December thir-  
43 ty-first, two thousand four;

44 (iv) one hundred twenty-four million seven hundred thousand dollars  
45 for the period January first, two thousand five through December thir-  
46 ty-first, two thousand five;

47 (v) one hundred twenty-four million seven hundred thousand dollars for  
48 the period January first, two thousand six through December thirty-  
49 first, two thousand six;

50 (vi) one hundred twenty-four million seven hundred thousand dollars  
51 for the period January first, two thousand seven through December thir-  
52 ty-first, two thousand seven;

53 (vii) one hundred twenty-four million seven hundred thousand dollars  
54 for the period January first, two thousand eight through December thir-  
55 ty-first, two thousand eight;

1 (viii) one hundred twenty-four million seven hundred thousand dollars  
2 for the period January first, two thousand nine through December thir-  
3 ty-first, two thousand nine;  
4 (ix) one hundred twenty-four million seven hundred thousand dollars  
5 for the period January first, two thousand ten through December thirty-  
6 first, two thousand ten;  
7 (x) thirty-one million one hundred seventy-five thousand dollars for  
8 the period January first, two thousand eleven through March thirty-  
9 first, two thousand eleven; and  
10 (xi) one hundred twenty-four million seven hundred thousand dollars  
11 each state fiscal year for the period April first, two thousand eleven  
12 through March thirty-first, two thousand fourteen.  
13 (mm) Funds shall be deposited by the commissioner, within amounts  
14 appropriated, and the state comptroller is hereby authorized and  
15 directed to receive for deposit to the credit of the state special  
16 revenue funds - other, HCRA transfer fund, medical assistance account,  
17 or any successor fund or account, for purposes of funding specified  
18 percentages of the state share of services and expenses related to the  
19 family health plus program in accordance with the following schedule:  
20 (i) (A) for the period January first, two thousand three through  
21 December thirty-first, two thousand four, one hundred percent of the  
22 state share;  
23 (B) for the period January first, two thousand five through December  
24 thirty-first, two thousand five, seventy-five percent of the state  
25 share; and,  
26 (C) for periods beginning on and after January first, two thousand  
27 six, fifty percent of the state share.  
28 (ii) Funding for the family health plus program will include up to  
29 five million dollars annually for the period January first, two thousand  
30 three through December thirty-first, two thousand six, up to five  
31 million dollars for the period January first, two thousand seven through  
32 December thirty-first, two thousand seven, up to seven million two  
33 hundred thousand dollars for the period January first, two thousand  
34 eight through December thirty-first, two thousand eight, up to seven  
35 million two hundred thousand dollars for the period January first, two  
36 thousand nine through December thirty-first, two thousand nine, up to  
37 seven million two hundred thousand dollars for the period January first,  
38 two thousand ten through December thirty-first, two thousand ten, up to  
39 one million eight hundred thousand dollars for the period January first,  
40 two thousand eleven through March thirty-first, two thousand eleven, up  
41 to six million forty-nine thousand dollars for the period April first,  
42 two thousand eleven through March thirty-first, two thousand twelve, up  
43 to six million two hundred eighty-nine thousand dollars for the period  
44 April first, two thousand twelve through March thirty-first, two thou-  
45 sand thirteen, and up to six million four hundred sixty-one thousand  
46 dollars for the period April first, two thousand thirteen through March  
47 thirty-first, two thousand fourteen, for administration and marketing  
48 costs associated with such program established pursuant to clauses (A)  
49 and (B) of subparagraph (v) of paragraph (a) of subdivision two of  
50 section three hundred sixty-nine-ee of the social services law from the  
51 tobacco control and insurance initiatives pool established for the  
52 following periods in the following amounts:  
53 (A) one hundred ninety million six hundred thousand dollars for the  
54 period January first, two thousand three through December thirty-first,  
55 two thousand three;

1 (B) three hundred seventy-four million dollars for the period January  
2 first, two thousand four through December thirty-first, two thousand  
3 four;  
4 (C) five hundred thirty-eight million four hundred thousand dollars  
5 for the period January first, two thousand five through December thir-  
6 ty-first, two thousand five;  
7 (D) three hundred eighteen million seven hundred seventy-five thousand  
8 dollars for the period January first, two thousand six through December  
9 thirty-first, two thousand six;  
10 (E) four hundred eighty-two million eight hundred thousand dollars for  
11 the period January first, two thousand seven through December thirty-  
12 first, two thousand seven;  
13 (F) five hundred seventy million twenty-five thousand dollars for the  
14 period January first, two thousand eight through December thirty-first,  
15 two thousand eight;  
16 (G) six hundred ten million seven hundred twenty-five thousand dollars  
17 for the period January first, two thousand nine through December thir-  
18 ty-first, two thousand nine;  
19 (H) six hundred twenty-seven million two hundred seventy-five thousand  
20 dollars for the period January first, two thousand ten through December  
21 thirty-first, two thousand ten;  
22 (I) one hundred fifty-seven million eight hundred seventy-five thou-  
23 sand dollars for the period January first, two thousand eleven through  
24 March thirty-first, two thousand eleven;  
25 (J) six hundred twenty-eight million four hundred thousand dollars for  
26 the period April first, two thousand eleven through March thirty-first,  
27 two thousand twelve;  
28 (K) six hundred fifty million four hundred thousand dollars for the  
29 period April first, two thousand twelve through March thirty-first, two  
30 thousand thirteen; [and]  
31 (L) six hundred fifty million four hundred thousand dollars for the  
32 period April first, two thousand thirteen through March thirty-first,  
33 two thousand fourteen[.]; AND  
34 (M) WITHIN AMOUNTS APPROPRIATED EACH STATE FISCAL YEAR FOR PERIODS ON  
35 AND AFTER APRIL FIRST, TWO THOUSAND FOURTEEN.  
36 (nn) Funds shall be deposited by the commissioner, within amounts  
37 appropriated, and the state comptroller is hereby authorized and  
38 directed to receive for deposit to the credit of the state special  
39 revenue fund - other, HCRA transfer fund, health care services account,  
40 or any successor fund or account, for purposes related to adult home  
41 initiatives for medicaid eligible residents of residential facilities  
42 licensed pursuant to section four hundred sixty-b of the social services  
43 law from the tobacco control and insurance initiatives pool established  
44 for the following periods in the following amounts:  
45 (i) up to four million dollars for the period January first, two thou-  
46 sand three through December thirty-first, two thousand three;  
47 (ii) up to six million dollars for the period January first, two thou-  
48 sand four through December thirty-first, two thousand four;  
49 (iii) up to eight million dollars for the period January first, two  
50 thousand five through December thirty-first, two thousand five,  
51 provided, however, that up to five million two hundred fifty thousand  
52 dollars of such funds shall be received by the comptroller and deposited  
53 to the credit of the special revenue fund - other / aid to localities,  
54 HCRA transfer fund - 061, enhanced community services account - 05, or  
55 any successor fund or account, for the purposes set forth in this para-  
56 graph;

1 (iv) up to eight million dollars for the period January first, two  
2 thousand six through December thirty-first, two thousand six, provided,  
3 however, that up to five million two hundred fifty thousand dollars of  
4 such funds shall be received by the comptroller and deposited to the  
5 credit of the special revenue fund - other / aid to localities, HCRA  
6 transfer fund - 061, enhanced community services account - 05, or any  
7 successor fund or account, for the purposes set forth in this paragraph;  
8 (v) up to eight million dollars for the period January first, two  
9 thousand seven through December thirty-first, two thousand seven,  
10 provided, however, that up to five million two hundred fifty thousand  
11 dollars of such funds shall be received by the comptroller and deposited  
12 to the credit of the special revenue fund - other / aid to localities,  
13 HCRA transfer fund - 061, enhanced community services account - 05, or  
14 any successor fund or account, for the purposes set forth in this para-  
15 graph;  
16 (vi) up to two million seven hundred fifty thousand dollars for the  
17 period January first, two thousand eight through December thirty-first,  
18 two thousand eight;  
19 (vii) up to two million seven hundred fifty thousand dollars for the  
20 period January first, two thousand nine through December thirty-first,  
21 two thousand nine;  
22 (viii) up to two million seven hundred fifty thousand dollars for the  
23 period January first, two thousand ten through December thirty-first,  
24 two thousand ten; and  
25 (ix) up to six hundred eighty-eight thousand dollars for the period  
26 January first, two thousand eleven through March thirty-first, two thou-  
27 sand eleven.  
28 (oo) Funds shall be reserved and accumulated from year to year and  
29 shall be available, including income from invested funds, for purposes  
30 of grants to non-public general hospitals pursuant to paragraph (e) of  
31 subdivision twenty-five of section twenty-eight hundred seven-c of this  
32 article from the tobacco control and insurance initiatives pool estab-  
33 lished for the following periods in the following amounts:  
34 (i) up to five million dollars on an annualized basis for the period  
35 January first, two thousand four through December thirty-first, two  
36 thousand four;  
37 (ii) up to five million dollars for the period January first, two  
38 thousand five through December thirty-first, two thousand five;  
39 (iii) up to five million dollars for the period January first, two  
40 thousand six through December thirty-first, two thousand six;  
41 (iv) up to five million dollars for the period January first, two  
42 thousand seven through December thirty-first, two thousand seven; [and]  
43 (v) up to five million dollars for the period January first, two thou-  
44 sand eight through December thirty-first, two thousand eight;  
45 (vi) up to five million dollars for the period January first, two  
46 thousand nine through December thirty-first, two thousand nine;  
47 (vii) up to five million dollars for the period January first, two  
48 thousand ten through December thirty-first, two thousand ten; and  
49 (viii) up to one million two hundred fifty thousand dollars for the  
50 period January first, two thousand eleven through March thirty-first,  
51 two thousand eleven.  
52 (pp) Funds shall be reserved and accumulated from year to year and  
53 shall be available, including income from invested funds, for the  
54 purpose of supporting the provision of tax credits for long term care  
55 insurance pursuant to subdivision one of section one hundred ninety of  
56 the tax law, paragraph (a) of subdivision twenty-five-a of section two



1 hundred ten of such law, subsection (aa) of section six hundred six of  
2 such law, paragraph one of subsection (k) of section fourteen hundred  
3 fifty-six of such law and paragraph one of subdivision (m) of section  
4 fifteen hundred eleven of such law, in the following amounts:

5 (i) ten million dollars for the period January first, two thousand  
6 four through December thirty-first, two thousand four;

7 (ii) ten million dollars for the period January first, two thousand  
8 five through December thirty-first, two thousand five;

9 (iii) ten million dollars for the period January first, two thousand  
10 six through December thirty-first, two thousand six; and

11 (iv) five million dollars for the period January first, two thousand  
12 seven through June thirtieth, two thousand seven.

13 (qq) Funds shall be reserved and accumulated from year to year and  
14 shall be available, including income from invested funds, for the  
15 purpose of supporting the long-term care insurance education and  
16 outreach program established pursuant to section two hundred seventeen-a  
17 of the elder law for the following periods in the following amounts:

18 (i) up to five million dollars for the period January first, two thou-  
19 sand four through December thirty-first, two thousand four; of such  
20 funds one million nine hundred fifty thousand dollars shall be made  
21 available to the department for the purpose of developing, implementing  
22 and administering the long-term care insurance education and outreach  
23 program and three million fifty thousand dollars shall be deposited by  
24 the commissioner, within amounts appropriated, and the comptroller is  
25 hereby authorized and directed to receive for deposit to the credit of  
26 the special revenue funds - other, HCRA transfer fund, long term care  
27 insurance resource center account of the state office for the aging or  
28 any future account designated for the purpose of implementing the long  
29 term care insurance education and outreach program and providing the  
30 long term care insurance resource centers with the necessary resources  
31 to carry out their operations;

32 (ii) up to five million dollars for the period January first, two  
33 thousand five through December thirty-first, two thousand five; of such  
34 funds one million nine hundred fifty thousand dollars shall be made  
35 available to the department for the purpose of developing, implementing  
36 and administering the long-term care insurance education and outreach  
37 program and three million fifty thousand dollars shall be deposited by  
38 the commissioner, within amounts appropriated, and the comptroller is  
39 hereby authorized and directed to receive for deposit to the credit of  
40 the special revenue funds - other, HCRA transfer fund, long term care  
41 insurance resource center account of the state office for the aging or  
42 any future account designated for the purpose of implementing the long  
43 term care insurance education and outreach program and providing the  
44 long term care insurance resource centers with the necessary resources  
45 to carry out their operations;

46 (iii) up to five million dollars for the period January first, two  
47 thousand six through December thirty-first, two thousand six; of such  
48 funds one million nine hundred fifty thousand dollars shall be made  
49 available to the department for the purpose of developing, implementing  
50 and administering the long-term care insurance education and outreach  
51 program and three million fifty thousand dollars shall be made available  
52 to the office for the aging for the purpose of providing the long term  
53 care insurance resource centers with the necessary resources to carry  
54 out their operations;

55 (iv) up to five million dollars for the period January first, two  
56 thousand seven through December thirty-first, two thousand seven; of

1 such funds one million nine hundred fifty thousand dollars shall be made  
2 available to the department for the purpose of developing, implementing  
3 and administering the long-term care insurance education and outreach  
4 program and three million fifty thousand dollars shall be made available  
5 to the office for the aging for the purpose of providing the long term  
6 care insurance resource centers with the necessary resources to carry  
7 out their operations;

8 (v) up to five million dollars for the period January first, two thou-  
9 sand eight through December thirty-first, two thousand eight; of such  
10 funds one million nine hundred fifty thousand dollars shall be made  
11 available to the department for the purpose of developing, implementing  
12 and administering the long term care insurance education and outreach  
13 program and three million fifty thousand dollars shall be made available  
14 to the office for the aging for the purpose of providing the long term  
15 care insurance resource centers with the necessary resources to carry  
16 out their operations;

17 (vi) up to five million dollars for the period January first, two  
18 thousand nine through December thirty-first, two thousand nine; of such  
19 funds one million nine hundred fifty thousand dollars shall be made  
20 available to the department for the purpose of developing, implementing  
21 and administering the long-term care insurance education and outreach  
22 program and three million fifty thousand dollars shall be made available  
23 to the office for the aging for the purpose of providing the long-term  
24 care insurance resource centers with the necessary resources to carry  
25 out their operations;

26 (vii) up to four hundred eighty-eight thousand dollars for the period  
27 January first, two thousand ten through March thirty-first, two thousand  
28 ten; of such funds four hundred eighty-eight thousand dollars shall be  
29 made available to the department for the purpose of developing, imple-  
30 menting and administering the long-term care insurance education and  
31 outreach program.

32 (rr) Funds shall be reserved and accumulated from the tobacco control  
33 and insurance initiatives pool and shall be available, including income  
34 from invested funds, for the purpose of supporting expenses related to  
35 implementation of the provisions of title III of article twenty-nine-D  
36 of this chapter, for the following periods and in the following amounts:

37 (i) up to ten million dollars for the period January first, two thou-  
38 sand six through December thirty-first, two thousand six;

39 (ii) up to ten million dollars for the period January first, two thou-  
40 sand seven through December thirty-first, two thousand seven;

41 (iii) up to ten million dollars for the period January first, two  
42 thousand eight through December thirty-first, two thousand eight;

43 (iv) up to ten million dollars for the period January first, two thou-  
44 sand nine through December thirty-first, two thousand nine;

45 (v) up to ten million dollars for the period January first, two thou-  
46 sand ten through December thirty-first, two thousand ten; and

47 (vi) up to two million five hundred thousand dollars for the period  
48 January first, two thousand eleven through March thirty-first, two thou-  
49 sand eleven.

50 (ss) Funds shall be reserved and accumulated from the tobacco control  
51 and insurance initiatives pool and used for a health care stabilization  
52 program established by the commissioner for the purposes of stabilizing  
53 critical health care providers and health care programs whose ability to  
54 continue to provide appropriate services are threatened by financial or  
55 other challenges, in the amount of up to twenty-eight million dollars  
56 for the period July first, two thousand four through June thirtieth, two

1 thousand five. Notwithstanding the provisions of section one hundred  
2 twelve of the state finance law or any other inconsistent provision of  
3 the state finance law or any other law, funds available for distribution  
4 pursuant to this paragraph may be allocated and distributed by the  
5 commissioner, or the state comptroller as applicable without a compet-  
6 itive bid or request for proposal process. Considerations relied upon by  
7 the commissioner in determining the allocation and distribution of these  
8 funds shall include, but not be limited to, the following: (i) the  
9 importance of the provider or program in meeting critical health care  
10 needs in the community in which it operates; (ii) the provider or  
11 program provision of care to under-served populations; (iii) the quality  
12 of the care or services the provider or program delivers; (iv) the abil-  
13 ity of the provider or program to continue to deliver an appropriate  
14 level of care or services if additional funding is made available; (v)  
15 the ability of the provider or program to access, in a timely manner,  
16 alternative sources of funding, including other sources of government  
17 funding; (vi) the ability of other providers or programs in the communi-  
18 ty to meet the community health care needs; (vii) whether the provider  
19 or program has an appropriate plan to improve its financial condition;  
20 and (viii) whether additional funding would permit the provider or  
21 program to consolidate, relocate, or close programs or services where  
22 such actions would result in greater stability and efficiency in the  
23 delivery of needed health care services or programs.

24 (tt) Funds shall be reserved and accumulated from year to year and  
25 shall be available, including income from invested funds, for purposes  
26 of providing grants for two long term care demonstration projects  
27 designed to test new models for the delivery of long term care services  
28 established pursuant to section twenty-eight hundred seven-x of this  
29 chapter, for the following periods and in the following amounts:

30 (i) up to five hundred thousand dollars for the period January first,  
31 two thousand four through December thirty-first, two thousand four;

32 (ii) up to five hundred thousand dollars for the period January first,  
33 two thousand five through December thirty-first, two thousand five;

34 (iii) up to five hundred thousand dollars for the period January  
35 first, two thousand six through December thirty-first, two thousand six;

36 (iv) up to one million dollars for the period January first, two thou-  
37 sand seven through December thirty-first, two thousand seven; and

38 (v) up to two hundred fifty thousand dollars for the period January  
39 first, two thousand eight through March thirty-first, two thousand  
40 eight.

41 (uu) Funds shall be reserved and accumulated from year to year and  
42 shall be available, including income from invested funds, for the  
43 purpose of supporting disease management and telemedicine demonstration  
44 programs authorized pursuant to section twenty-one hundred eleven of  
45 this chapter for the following periods in the following amounts:

46 (i) five million dollars for the period January first, two thousand  
47 four through December thirty-first, two thousand four, of which three  
48 million dollars shall be available for disease management demonstration  
49 programs and two million dollars shall be available for telemedicine  
50 demonstration programs;

51 (ii) five million dollars for the period January first, two thousand  
52 five through December thirty-first, two thousand five, of which three  
53 million dollars shall be available for disease management demonstration  
54 programs and two million dollars shall be available for telemedicine  
55 demonstration programs;

1 (iii) nine million five hundred thousand dollars for the period Janu-  
2 ary first, two thousand six through December thirty-first, two thousand  
3 six, of which seven million five hundred thousand dollars shall be  
4 available for disease management demonstration programs and two million  
5 dollars shall be available for telemedicine demonstration programs;

6 (iv) nine million five hundred thousand dollars for the period January  
7 first, two thousand seven through December thirty-first, two thousand  
8 seven, of which seven million five hundred thousand dollars shall be  
9 available for disease management demonstration programs and one million  
10 dollars shall be available for telemedicine demonstration programs;

11 (v) nine million five hundred thousand dollars for the period January  
12 first, two thousand eight through December thirty-first, two thousand  
13 eight, of which seven million five hundred thousand dollars shall be  
14 available for disease management demonstration programs and two million  
15 dollars shall be available for telemedicine demonstration programs;

16 (vi) seven million eight hundred thirty-three thousand three hundred  
17 thirty-three dollars for the period January first, two thousand nine  
18 through December thirty-first, two thousand nine, of which seven million  
19 five hundred thousand dollars shall be available for disease management  
20 demonstration programs and three hundred thirty-three thousand three  
21 hundred thirty-three dollars shall be available for telemedicine demon-  
22 stration programs for the period January first, two thousand nine  
23 through March first, two thousand nine;

24 (vii) one million eight hundred seventy-five thousand dollars for the  
25 period January first, two thousand ten through March thirty-first, two  
26 thousand ten shall be available for disease management demonstration  
27 programs.

28 (ww) Funds shall be deposited by the commissioner, within amounts  
29 appropriated, and the state comptroller is hereby authorized and  
30 directed to receive for the deposit to the credit of the state special  
31 revenue funds - other, HCRA transfer fund, medical assistance account,  
32 or any successor fund or account, for purposes of funding the state  
33 share of the general hospital rates increases for recruitment and  
34 retention of health care workers pursuant to paragraph (e) of subdivi-  
35 sion thirty of section twenty-eight hundred seven-c of this article from  
36 the tobacco control and insurance initiatives pool established for the  
37 following periods in the following amounts:

38 (i) sixty million five hundred thousand dollars for the period January  
39 first, two thousand five through December thirty-first, two thousand  
40 five; and

41 (ii) sixty million five hundred thousand dollars for the period Janu-  
42 ary first, two thousand six through December thirty-first, two thousand  
43 six.

44 (xx) Funds shall be deposited by the commissioner, within amounts  
45 appropriated, and the state comptroller is hereby authorized and  
46 directed to receive for the deposit to the credit of the state special  
47 revenue funds - other, HCRA transfer fund, medical assistance account,  
48 or any successor fund or account, for purposes of funding the state  
49 share of the general hospital rates increases for rural hospitals pursu-  
50 ant to subdivision thirty-two of section twenty-eight hundred seven-c of  
51 this article from the tobacco control and insurance initiatives pool  
52 established for the following periods in the following amounts:

53 (i) three million five hundred thousand dollars for the period January  
54 first, two thousand five through December thirty-first, two thousand  
55 five;

1 (ii) three million five hundred thousand dollars for the period Janu-  
2 ary first, two thousand six through December thirty-first, two thousand  
3 six;  
4 (iii) three million five hundred thousand dollars for the period Janu-  
5 ary first, two thousand seven through December thirty-first, two thou-  
6 sand seven;  
7 (iv) three million five hundred thousand dollars for the period Janu-  
8 ary first, two thousand eight through December thirty-first, two thou-  
9 sand eight; and  
10 (v) three million two hundred eight thousand dollars for the period  
11 January first, two thousand nine through November thirtieth, two thou-  
12 sand nine.  
13 (yy) Funds shall be reserved and accumulated from year to year and  
14 shall be available, within amounts appropriated and notwithstanding  
15 section one hundred twelve of the state finance law and any other  
16 contrary provision of law, for the purpose of supporting grants not to  
17 exceed five million dollars to be made by the commissioner without a  
18 competitive bid or request for proposal process, in support of the  
19 delivery of critically needed health care services, to health care  
20 providers located in the counties of Erie and Niagara which executed a  
21 memorandum of closing and conducted a merger closing in escrow on Novem-  
22 ber twenty-fourth, nineteen hundred ninety-seven and which entered into  
23 a settlement dated December thirtieth, two thousand four for a loss on  
24 disposal of assets under the provisions of title XVIII of the federal  
25 social security act applicable to mergers occurring prior to December  
26 first, nineteen hundred ninety-seven.  
27 (zz) Funds shall be reserved and accumulated from year to year and  
28 shall be available, within amounts appropriated, for the purpose of  
29 supporting expenditures authorized pursuant to section twenty-eight  
30 hundred eighteen of this article from the tobacco control and insurance  
31 initiatives pool established for the following periods in the following  
32 amounts:  
33 (i) six million five hundred thousand dollars for the period January  
34 first, two thousand five through December thirty-first, two thousand  
35 five;  
36 (ii) one hundred eight million three hundred thousand dollars for the  
37 period January first, two thousand six through December thirty-first,  
38 two thousand six, provided, however, that within amounts appropriated in  
39 the two thousand six through two thousand seven state fiscal year, a  
40 portion of such funds may be transferred to the Roswell Park Cancer  
41 Institute Corporation to fund capital costs;  
42 (iii) one hundred seventy-one million dollars for the period January  
43 first, two thousand seven through December thirty-first, two thousand  
44 seven, provided, however, that within amounts appropriated in the two  
45 thousand six through two thousand seven state fiscal year, a portion of  
46 such funds may be transferred to the Roswell Park Cancer Institute  
47 Corporation to fund capital costs;  
48 (iv) one hundred seventy-one million five hundred thousand dollars for  
49 the period January first, two thousand eight through December thirty-  
50 first, two thousand eight;  
51 (v) one hundred twenty-eight million seven hundred fifty thousand  
52 dollars for the period January first, two thousand nine through December  
53 thirty-first, two thousand nine;  
54 (vi) one hundred thirty-one million three hundred seventy-five thou-  
55 sand dollars for the period January first, two thousand ten through  
56 December thirty-first, two thousand ten;

1 (vii) thirty-four million two hundred fifty thousand dollars for the  
2 period January first, two thousand eleven through March thirty-first,  
3 two thousand eleven;

4 (viii) four hundred thirty-three million three hundred sixty-six thou-  
5 sand dollars for the period April first, two thousand eleven through  
6 March thirty-first, two thousand twelve;

7 (ix) one hundred fifty million eight hundred six thousand dollars for  
8 the period April first, two thousand twelve through March thirty-first,  
9 two thousand thirteen; [and]

10 (x) seventy-eight million seventy-one thousand dollars for the period  
11 April first, two thousand thirteen through March thirty-first, two thou-  
12 sand fourteen[.]; AND

13 (XI) WITHIN AMOUNTS APPROPRIATED EACH STATE FISCAL YEAR FOR PERIODS ON  
14 AND AFTER APRIL FIRST, TWO THOUSAND FOURTEEN.

15 (aaa) Funds shall be reserved and accumulated from year to year and  
16 shall be available, including income from invested funds, for services  
17 and expenses related to school based health centers, in an amount up to  
18 three million five hundred thousand dollars for the period April first,  
19 two thousand six through March thirty-first, two thousand seven, up to  
20 three million five hundred thousand dollars for the period April first,  
21 two thousand seven through March thirty-first, two thousand eight, up to  
22 three million five hundred thousand dollars for the period April first,  
23 two thousand eight through March thirty-first, two thousand nine, up to  
24 three million five hundred thousand dollars for the period April first,  
25 two thousand nine through March thirty-first, two thousand ten, up to  
26 three million five hundred thousand dollars for the period April first,  
27 two thousand ten through March thirty-first, two thousand eleven, [and]  
28 up to two million eight hundred thousand dollars each state fiscal year  
29 for the period April first, two thousand eleven through March thirty-  
30 first, two thousand fourteen, AND WITHIN AMOUNTS APPROPRIATED EACH STATE  
31 FISCAL YEAR FOR PERIODS ON AND AFTER APRIL FIRST, TWO THOUSAND FOURTEEN.  
32 The total amount of funds provided herein shall be distributed as grants  
33 based on the ratio of each provider's total enrollment for all sites to  
34 the total enrollment of all providers. This formula shall be applied to  
35 the total amount provided herein.

36 (bbb) Funds shall be reserved and accumulated from year to year and  
37 shall be available, including income from invested funds, for purposes  
38 of awarding grants to operators of adult homes, enriched housing  
39 programs and residences through the enhancing abilities and life experi-  
40 ence (EnAbLe) program to provide for the installation, operation and  
41 maintenance of air conditioning in resident rooms, consistent with this  
42 paragraph, in an amount up to two million dollars for the period April  
43 first, two thousand six through March thirty-first, two thousand seven,  
44 up to three million eight hundred thousand dollars for the period April  
45 first, two thousand seven through March thirty-first, two thousand  
46 eight, up to three million eight hundred thousand dollars for the period  
47 April first, two thousand eight through March thirty-first, two thousand  
48 nine, up to three million eight hundred thousand dollars for the period  
49 April first, two thousand nine through March thirty-first, two thousand  
50 ten, and up to three million eight hundred thousand dollars for the  
51 period April first, two thousand ten through March thirty-first, two  
52 thousand eleven. Residents shall not be charged utility cost for the use  
53 of air conditioners supplied under the EnAbLe program. All such air  
54 conditioners must be operated in occupied resident rooms consistent with  
55 requirements applicable to common areas.

1 (ccc) Funds shall be deposited by the commissioner, within amounts  
2 appropriated, and the state comptroller is hereby authorized and  
3 directed to receive for the deposit to the credit of the state special  
4 revenue funds - other, HCRA transfer fund, medical assistance account,  
5 or any successor fund or account, for purposes of funding the state  
6 share of increases in the rates for certified home health agencies, long  
7 term home health care programs, AIDS home care programs, hospice  
8 programs and managed long term care plans and approved managed long term  
9 care operating demonstrations as defined in section forty-four hundred  
10 three-f of this chapter for recruitment and retention of health care  
11 workers pursuant to subdivisions nine and ten of section thirty-six  
12 hundred fourteen of this chapter from the tobacco control and insurance  
13 initiatives pool established for the following periods in the following  
14 amounts:

15 (i) twenty-five million dollars for the period June first, two thou-  
16 sand six through December thirty-first, two thousand six;

17 (ii) fifty million dollars for the period January first, two thousand  
18 seven through December thirty-first, two thousand seven;

19 (iii) fifty million dollars for the period January first, two thousand  
20 eight through December thirty-first, two thousand eight;

21 (iv) fifty million dollars for the period January first, two thousand  
22 nine through December thirty-first, two thousand nine;

23 (v) fifty million dollars for the period January first, two thousand  
24 ten through December thirty-first, two thousand ten;

25 (vi) twelve million five hundred thousand dollars for the period Janu-  
26 ary first, two thousand eleven through March thirty-first, two thousand  
27 eleven; and

28 (vii) up to fifty million dollars each state fiscal year for the peri-  
29 od April first, two thousand eleven through March thirty-first, two  
30 thousand fourteen.

31 (ddd) Funds shall be deposited by the commissioner, within amounts  
32 appropriated, and the state comptroller is hereby authorized and  
33 directed to receive for the deposit to the credit of the state special  
34 revenue funds - other, HCRA transfer fund, medical assistance account,  
35 or any successor fund or account, for purposes of funding the state  
36 share of increases in the medical assistance rates for providers for  
37 purposes of enhancing the provision, quality and/or efficiency of home  
38 care services pursuant to subdivision eleven of section thirty-six  
39 hundred fourteen of this chapter from the tobacco control and insurance  
40 initiatives pool established for the following period in the amount of  
41 eight million dollars for the period April first, two thousand six  
42 through December thirty-first, two thousand six.

43 (eee) Funds shall be reserved and accumulated from year to year and  
44 shall be available, including income from invested funds, to the Center  
45 for Functional Genomics at the State University of New York at Albany,  
46 for the purposes of the Adirondack network for cancer education and  
47 research in rural communities grant program to improve access to health  
48 care and shall be made available from the tobacco control and insurance  
49 initiatives pool established for the following period in the amount of  
50 up to five million dollars for the period January first, two thousand  
51 six through December thirty-first, two thousand six.

52 (fff) Funds shall be made available to the empire state stem cell fund  
53 established by section ninety-nine-p of the state finance law within  
54 amounts appropriated up to fifty million dollars annually and shall not  
55 exceed five hundred million dollars in total.

1 (ggg) Funds shall be deposited by the commissioner, within amounts  
2 appropriated, and the state comptroller is hereby authorized and  
3 directed to receive for deposit to the credit of the state special  
4 revenue fund - other, HCRA transfer fund, medical assistance account, or  
5 any successor fund or account, for the purpose of supporting the state  
6 share of Medicaid expenditures for hospital translation services as  
7 authorized pursuant to paragraph (k) of subdivision one of section twenty-  
8 ty-eight hundred seven-c of this article from the tobacco control and  
9 initiatives pool established for the following periods in the following  
10 amounts:

11 (i) sixteen million dollars for the period July first, two thousand  
12 eight through December thirty-first, two thousand eight; and

13 (ii) fourteen million seven hundred thousand dollars for the period  
14 January first, two thousand nine through November thirtieth, two thou-  
15 sand nine.

16 (hhh) Funds shall be deposited by the commissioner, within amounts  
17 appropriated, and the state comptroller is hereby authorized and  
18 directed to receive for deposit to the credit of the state special  
19 revenue fund - other, HCRA transfer fund, medical assistance account, or  
20 any successor fund or account, for the purpose of supporting the state  
21 share of Medicaid expenditures for adjustments to inpatient rates of  
22 payment for general hospitals located in the counties of Nassau and  
23 Suffolk as authorized pursuant to paragraph (l) of subdivision one of  
24 section twenty-eight hundred seven-c of this article from the tobacco  
25 control and initiatives pool established for the following periods in  
26 the following amounts:

27 (i) two million five hundred thousand dollars for the period April  
28 first, two thousand eight through December thirty-first, two thousand  
29 eight; and

30 (ii) two million two hundred ninety-two thousand dollars for the peri-  
31 od January first, two thousand nine through November thirtieth, two  
32 thousand nine.

33 (iii) Funds shall be reserved and set aside and accumulated from year  
34 to year and shall be made available, including income from investment  
35 funds, for the purpose of supporting the New York state medical indem-  
36 nity fund as authorized pursuant to title four of article twenty-nine-D  
37 of this chapter, for the following periods and in the following amounts,  
38 provided, however, that the commissioner is authorized to seek waiver  
39 authority from the federal centers for medicare and Medicaid for the  
40 purpose of securing Medicaid federal financial participation for such  
41 program, in which case the funding authorized pursuant to this paragraph  
42 shall be utilized as the non-federal share for such payments:

43 Thirty million dollars for the period April first, two thousand eleven  
44 through March thirty-first, two thousand twelve.

45 2. (a) For periods prior to January first, two thousand five, the  
46 commissioner is authorized to contract with the article forty-three  
47 insurance law plans, or such other contractors as the commissioner shall  
48 designate, to receive and distribute funds from the tobacco control and  
49 insurance initiatives pool established pursuant to this section. In the  
50 event contracts with the article forty-three insurance law plans or  
51 other commissioner's designees are effectuated, the commissioner shall  
52 conduct annual audits of the receipt and distribution of such funds. The  
53 reasonable costs and expenses of an administrator as approved by the  
54 commissioner, not to exceed for personnel services on an annual basis  
55 five hundred thousand dollars, for collection and distribution of funds  
56 pursuant to this section shall be paid from such funds.



1 (b) Notwithstanding any inconsistent provision of section one hundred  
2 twelve or one hundred sixty-three of the state finance law or any other  
3 law, at the discretion of the commissioner without a competitive bid or  
4 request for proposal process, contracts in effect for administration of  
5 pools established pursuant to sections twenty-eight hundred seven-k,  
6 twenty-eight hundred seven-l and twenty-eight hundred seven-m of this  
7 article for the period January first, nineteen hundred ninety-nine  
8 through December thirty-first, nineteen hundred ninety-nine may be  
9 extended to provide for administration pursuant to this section and may  
10 be amended as may be necessary.

11 S 9. Subdivisions 5-a and 7 of section 2807-m of the public health  
12 law, as added by section 75-c of part C of chapter 58 of the laws of  
13 2008, the paragraph heading of paragraph (b) and the second undesignated  
14 paragraph of paragraph (b) of subdivision 5-a as amended by section 4 of  
15 part B of chapter 109 of the laws of 2010, the opening paragraph of  
16 paragraph (b), subparagraphs (C), (D) and (G) of paragraph (b), and  
17 paragraphs (c), (f) and (g) of subdivision 5-a as amended by section 26  
18 of part C of chapter 59 of the laws of 2011, subparagraph (H) of para-  
19 graph (b) of subdivision 5-a as added by section 60 of part D of chapter  
20 56 of the laws of 2012, paragraphs (d) and (e) of subdivision 5-a as  
21 amended by section 53 of part D of chapter 56 of the laws of 2012 and  
22 paragraph (e-1) of subdivision 5-a as added by section 54 of part D of  
23 chapter 56 of the laws of 2012, and subdivision 7 as amended by section  
24 26-a of part C of chapter 59 of the laws of 2011, are amended to read as  
25 follows:

26 5-a. Graduate medical education innovations pool. (a) Supplemental  
27 distributions. (i) Thirty-one million dollars for the period January  
28 first, two thousand eight through December thirty-first, two thousand  
29 eight, shall be set aside and reserved by the commissioner from the  
30 regional pools established pursuant to subdivision two of this section  
31 and shall be available for distributions pursuant to subdivision five of  
32 this section and in accordance with section 86-1.89 of title 10 of the  
33 codes, rules and regulations of the state of New York as in effect on  
34 January first, two thousand eight; provided, however, for purposes of  
35 funding the empire clinical research investigation program (ECRIP) in  
36 accordance with paragraph eight of subdivision (e) and paragraph two of  
37 subdivision (f) of section 86-1.89 of title 10 of the codes, rules and  
38 regulations of the state of New York, distributions shall be made using  
39 two regions defined as New York city and the rest of the state and the  
40 dollar amount set forth in subparagraph (i) of paragraph two of subdivi-  
41 sion (f) of section 86-1.89 of title 10 of the codes, rules and regu-  
42 lations of the state of New York shall be increased from sixty thousand  
43 dollars to seventy-five thousand dollars.

44 (ii) For periods on and after January first, two thousand nine,  
45 supplemental distributions pursuant to subdivision five of this section  
46 and in accordance with section 86-1.89 of title 10 of the codes, rules  
47 and regulations of the state of New York shall no longer be made and the  
48 provisions of section 86-1.89 of title 10 of the codes, rules and regu-  
49 lations of the state of New York shall be null and void.

50 (b) Empire clinical research investigator program (ECRIP). Nine  
51 million one hundred twenty thousand dollars annually for the period  
52 January first, two thousand nine through December thirty-first, two  
53 thousand ten, and two million two hundred eighty thousand dollars for  
54 the period January first, two thousand eleven, [and] THROUGH MARCH THIR-  
55 TY-FIRST, TWO THOUSAND ELEVEN, nine million one hundred twenty thousand  
56 dollars each state fiscal year for the period April first, two thousand

eleven through March thirty-first, two thousand fourteen, [through March thirty-first, two thousand eleven,] AND WITHIN AMOUNTS APPROPRIATED EACH STATE FISCAL YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND SEVENTEEN, shall be set aside and reserved by the commissioner from the regional pools established pursuant to subdivision two of this section to be allocated regionally with two-thirds of the available funding going to New York city and one-third of the available funding going to the rest of the state and shall be available for distribution as follows:

Distributions shall first be made to consortia and teaching general hospitals for the empire clinical research investigator program (ECRIP) to help secure federal funding for biomedical research, train clinical researchers, recruit national leaders as faculty to act as mentors, and train residents and fellows in biomedical research skills based on hospital-specific data submitted to the commissioner by consortia and teaching general hospitals in accordance with clause (G) of this subparagraph. Such distributions shall be made in accordance with the following methodology:

(A) The greatest number of clinical research positions for which a consortium or teaching general hospital may be funded pursuant to this subparagraph shall be one percent of the total number of residents training at the consortium or teaching general hospital on July first, two thousand eight for the period January first, two thousand nine through December thirty-first, two thousand nine rounded up to the nearest one position.

(B) Distributions made to a consortium or teaching general hospital shall equal the product of the total number of clinical research positions submitted by a consortium or teaching general hospital and accepted by the commissioner as meeting the criteria set forth in paragraph (b) of subdivision one of this section, subject to the reduction calculation set forth in clause (C) of this subparagraph, times one hundred ten thousand dollars.

(C) If the dollar amount for the total number of clinical research positions in the region calculated pursuant to clause (B) of this subparagraph exceeds the total amount appropriated for purposes of this paragraph, including clinical research positions that continue from and were funded in prior distribution periods, the commissioner shall eliminate one-half of the clinical research positions submitted by each consortium or teaching general hospital rounded down to the nearest one position. Such reduction shall be repeated until the dollar amount for the total number of clinical research positions in the region does not exceed the total amount appropriated for purposes of this paragraph. If the repeated reduction of the total number of clinical research positions in the region by one-half does not render a total funding amount that is equal to or less than the total amount reserved for that region within the appropriation, the funding for each clinical research position in that region shall be reduced proportionally in one thousand dollar increments until the total dollar amount for the total number of clinical research positions in that region does not exceed the total amount reserved for that region within the appropriation. Any reduction in funding will be effective for the duration of the award. No clinical research positions that continue from and were funded in prior distribution periods shall be eliminated or reduced by such methodology.

(D) Each consortium or teaching general hospital shall receive its annual distribution amount in accordance with the following:

(I) Each consortium or teaching general hospital with a one-year ECRIP award shall receive its annual distribution amount in full upon completion of the requirements set forth in items (I) and (II) of clause (G) of this subparagraph. The requirements set forth in items (IV) and (V) of clause (G) of this subparagraph must be completed by the consortium or teaching general hospital in order for the consortium or teaching general hospital to be eligible to apply for ECRIP funding in any subsequent funding cycle.

(II) Each consortium or teaching general hospital with a two-year ECRIP award shall receive its first annual distribution amount in full upon completion of the requirements set forth in items (I) and (II) of clause (G) of this subparagraph. Each consortium or teaching general hospital will receive its second annual distribution amount in full upon completion of the requirements set forth in item (III) of clause (G) of this subparagraph. The requirements set forth in items (IV) and (V) of clause (G) of this subparagraph must be completed by the consortium or teaching general hospital in order for the consortium or teaching general hospital to be eligible to apply for ECRIP funding in any subsequent funding cycle.

(E) Each consortium or teaching general hospital receiving distributions pursuant to this subparagraph shall reserve seventy-five thousand dollars to primarily fund salary and fringe benefits of the clinical research position with the remainder going to fund the development of faculty who are involved in biomedical research, training and clinical care.

(F) Undistributed or returned funds available to fund clinical research positions pursuant to this paragraph for a distribution period shall be available to fund clinical research positions in a subsequent distribution period.

(G) In order to be eligible for distributions pursuant to this subparagraph, each consortium and teaching general hospital shall provide to the commissioner by July first of each distribution period, the following data and information on a hospital-specific basis. Such data and information shall be certified as to accuracy and completeness by the chief executive officer, chief financial officer or chair of the consortium governing body of each consortium or teaching general hospital and shall be maintained by each consortium and teaching general hospital for five years from the date of submission:

(I) For each clinical research position, information on the type, scope, training objectives, institutional support, clinical research experience of the sponsor-mentor, plans for submitting research outcomes to peer reviewed journals and at scientific meetings, including a meeting sponsored by the department, the name of a principal contact person responsible for tracking the career development of researchers placed in clinical research positions, as defined in paragraph (c) of subdivision one of this section, and who is authorized to certify to the commissioner that all the requirements of the clinical research training objectives set forth in this subparagraph shall be met. Such certification shall be provided by July first of each distribution period;

(II) For each clinical research position, information on the name, citizenship status, medical education and training, and medical license number of the researcher, if applicable, shall be provided by December thirty-first of the calendar year following the distribution period;

(III) Information on the status of the clinical research plan, accomplishments, changes in research activities, progress, and performance of

1 the researcher shall be provided upon completion of one-half of the  
2 award term;

3 (IV) A final report detailing training experiences, accomplishments,  
4 activities and performance of the clinical researcher, and data, meth-  
5 ods, results and analyses of the clinical research plan shall be  
6 provided three months after the clinical research position ends; and

7 (V) Tracking information concerning past researchers, including but  
8 not limited to (A) background information, (B) employment history, (C)  
9 research status, (D) current research activities, (E) publications and  
10 presentations, (F) research support, and (G) any other information  
11 necessary to track the researcher; and

12 (VI) Any other data or information required by the commissioner to  
13 implement this subparagraph.

14 (H) Notwithstanding any inconsistent provision of this subdivision,  
15 for periods on and after April first, two thousand thirteen, ECRIP grant  
16 awards shall be made in accordance with rules and regulations promulgat-  
17 ed by the commissioner. Such regulations shall, at a minimum:

18 (1) provide that ECRIP grant awards shall be made with the objective  
19 of securing federal funding for biomedical research, training clinical  
20 researchers, recruiting national leaders as faculty to act as mentors,  
21 and training residents and fellows in biomedical research skills;

22 (2) provide that ECRIP grant applicants may include interdisciplinary  
23 research teams comprised of teaching general hospitals acting in collab-  
24 oration with entities including but not limited to medical centers,  
25 hospitals, universities and local health departments;

26 (3) provide that applications for ECRIP grant awards shall be based on  
27 such information requested by the commissioner, which shall include but  
28 not be limited to hospital-specific data;

29 (4) establish the qualifications for investigators and other staff  
30 required for grant projects eligible for ECRIP grant awards; and

31 (5) establish a methodology for the distribution of funds under ECRIP  
32 grant awards.

33 (c) Ambulatory care training. Four million nine hundred thousand  
34 dollars for the period January first, two thousand eight through Decem-  
35 ber thirty-first, two thousand eight, four million nine hundred thousand  
36 dollars for the period January first, two thousand nine through December  
37 thirty-first, two thousand nine, four million nine hundred thousand  
38 dollars for the period January first, two thousand ten through December  
39 thirty-first, two thousand ten, one million two hundred twenty-five  
40 thousand dollars for the period January first, two thousand eleven  
41 through March thirty-first, two thousand eleven, [and] four million  
42 three hundred thousand dollars each state fiscal year for the period  
43 April first, two thousand eleven through March thirty-first, two thou-  
44 sand fourteen, AND WITHIN AMOUNTS APPROPRIATED EACH STATE FISCAL YEAR  
45 FOR THE PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN THROUGH MARCH THIRTY-  
46 FIRST, TWO THOUSAND SEVENTEEN, shall be set aside and reserved by the  
47 commissioner from the regional pools established pursuant to subdivision  
48 two of this section and shall be available for distributions to sponsor-  
49 ing institutions to be directed to support clinical training of medical  
50 students and residents in free-standing ambulatory care settings,  
51 including community health centers and private practices. Such funding  
52 shall be allocated regionally with two-thirds of the available funding  
53 going to New York city and one-third of the available funding going to  
54 the rest of the state and shall be distributed to sponsoring insti-  
55 tutions in each region pursuant to a request for application or request  
56 for proposal process with preference being given to sponsoring insti-

1 tutions which provide training in sites located in underserved rural or  
2 inner-city areas and those that include medical students in such train-  
3 ing.

4 (d) Physician loan repayment program. One million nine hundred sixty  
5 thousand dollars for the period January first, two thousand eight  
6 through December thirty-first, two thousand eight, one million nine  
7 hundred sixty thousand dollars for the period January first, two thou-  
8 sand nine through December thirty-first, two thousand nine, one million  
9 nine hundred sixty thousand dollars for the period January first, two  
10 thousand ten through December thirty-first, two thousand ten, four  
11 hundred ninety thousand dollars for the period January first, two thou-  
12 sand eleven through March thirty-first, two thousand eleven, [and] one  
13 million seven hundred thousand dollars each state fiscal year for the  
14 period April first, two thousand eleven through March thirty-first, two  
15 thousand fourteen, AND WITHIN AMOUNTS APPROPRIATED EACH STATE FISCAL  
16 YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN THROUGH MARCH  
17 THIRTY-FIRST, TWO THOUSAND SEVENTEEN, shall be set aside and reserved by  
18 the commissioner from the regional pools established pursuant to subdi-  
19 vision two of this section and shall be available for purposes of physi-  
20 cian loan repayment in accordance with subdivision ten of this section.  
21 Notwithstanding any contrary provision of this section, sections one  
22 hundred twelve and one hundred sixty-three of the state finance law, or  
23 any other contrary provision of law, such funding shall be allocated  
24 regionally with one-third of available funds going to New York city and  
25 two-thirds of available funds going to the rest of the state and shall  
26 be distributed in a manner to be determined by the commissioner without  
27 a competitive bid or request for proposal process as follows:

28 (i) Funding shall first be awarded to repay loans of up to twenty-five  
29 physicians who train in primary care or specialty tracks in teaching  
30 general hospitals, and who enter and remain in primary care or specialty  
31 practices in underserved communities, as determined by the commissioner.

32 (ii) After distributions in accordance with subparagraph (i) of this  
33 paragraph, all remaining funds shall be awarded to repay loans of physi-  
34 cians who enter and remain in primary care or specialty practices in  
35 underserved communities, as determined by the commissioner, including  
36 but not limited to physicians working in general hospitals, or other  
37 health care facilities.

38 (iii) In no case shall less than fifty percent of the funds available  
39 pursuant to this paragraph be distributed in accordance with subpara-  
40 graphs (i) and (ii) of this paragraph to physicians identified by gener-  
41 al hospitals.

42 (e) Physician practice support. Four million nine hundred thousand  
43 dollars for the period January first, two thousand eight through Decem-  
44 ber thirty-first, two thousand eight, four million nine hundred thousand  
45 dollars annually for the period January first, two thousand nine through  
46 December thirty-first, two thousand ten, one million two hundred twen-  
47 ty-five thousand dollars for the period January first, two thousand  
48 eleven through March thirty-first, two thousand eleven, [and] four  
49 million three hundred thousand dollars each state fiscal year for the  
50 period April first, two thousand eleven through March thirty-first, two  
51 thousand fourteen, AND WITHIN AMOUNTS APPROPRIATED EACH STATE FISCAL  
52 YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN THROUGH MARCH  
53 THIRTY-FIRST, TWO THOUSAND SEVENTEEN, shall be set aside and reserved by  
54 the commissioner from the regional pools established pursuant to subdi-  
55 vision two of this section and shall be available for purposes of physi-  
56 cian practice support. Notwithstanding any contrary provision of this

1 section, sections one hundred twelve and one hundred sixty-three of the  
2 state finance law, or any other contrary provision of law, such funding  
3 shall be allocated regionally with one-third of available funds going to  
4 New York city and two-thirds of available funds going to the rest of the  
5 state and shall be distributed in a manner to be determined by the  
6 commissioner without a competitive bid or request for proposal process  
7 as follows:

8 (i) Preference in funding shall first be accorded to teaching general  
9 hospitals for up to twenty-five awards, to support costs incurred by  
10 physicians trained in primary or specialty tracks who thereafter estab-  
11 lish or join practices in underserved communities, as determined by the  
12 commissioner.

13 (ii) After distributions in accordance with subparagraph (i) of this  
14 paragraph, all remaining funds shall be awarded to physicians to support  
15 the cost of establishing or joining practices in underserved communi-  
16 ties, as determined by the commissioner, and to hospitals and other  
17 health care providers to recruit new physicians to provide services in  
18 underserved communities, as determined by the commissioner.

19 (iii) In no case shall less than fifty percent of the funds available  
20 pursuant to this paragraph be distributed to general hospitals in  
21 accordance with subparagraphs (i) and (ii) of this paragraph.

22 (e-1) Work group. For funding available pursuant to paragraphs (d) and  
23 (e) of this subdivision:

24 (i) The department shall appoint a work group from recommendations  
25 made by associations representing physicians, general hospitals and  
26 other health care facilities to develop a streamlined application proc-  
27 ess by June first, two thousand twelve.

28 (ii) Subject to available funding, applications shall be accepted on a  
29 continuous basis. The department shall provide technical assistance to  
30 applicants to facilitate their completion of applications. An applicant  
31 shall be notified in writing by the department within ten days of  
32 receipt of an application as to whether the application is complete and  
33 if the application is incomplete, what information is outstanding. The  
34 department shall act on an application within thirty days of receipt of  
35 a complete application.

36 (f) Study on physician workforce. Five hundred ninety thousand dollars  
37 annually for the period January first, two thousand eight through Decem-  
38 ber thirty-first, two thousand ten, one hundred forty-eight thousand  
39 dollars for the period January first, two thousand eleven through March  
40 thirty-first, two thousand eleven, [and] five hundred sixteen thousand  
41 dollars each state fiscal year for the period April first, two thousand  
42 eleven through March thirty-first, two thousand fourteen, AND WITHIN  
43 AMOUNTS APPROPRIATED EACH STATE FISCAL YEAR FOR THE PERIOD APRIL FIRST,  
44 TWO THOUSAND FOURTEEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND SEVEN-  
45 TEEN, shall be set aside and reserved by the commissioner from the  
46 regional pools established pursuant to subdivision two of this section  
47 and shall be available to fund a study of physician workforce needs and  
48 solutions including, but not limited to, an analysis of residency  
49 programs and projected physician workforce and community needs. The  
50 commissioner shall enter into agreements with one or more organizations  
51 to conduct such study based on a request for proposal process.

52 (g) Diversity in medicine/post-baccalaureate program. Notwithstanding  
53 any inconsistent provision of section one hundred twelve or one hundred  
54 sixty-three of the state finance law or any other law, one million nine  
55 hundred sixty thousand dollars annually for the period January first,  
56 two thousand eight through December thirty-first, two thousand ten, four

1 hundred ninety thousand dollars for the period January first, two thou-  
2 sand eleven through March thirty-first, two thousand eleven, [and] one  
3 million seven hundred thousand dollars each state fiscal year for the  
4 period April first, two thousand eleven through March thirty-first, two  
5 thousand fourteen, AND WITHIN AMOUNTS APPROPRIATED EACH STATE FISCAL  
6 YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN THROUGH MARCH  
7 THIRTY-FIRST, TWO THOUSAND SEVENTEEN, shall be set aside and reserved by  
8 the commissioner from the regional pools established pursuant to subdi-  
9 vision two of this section and shall be available for distributions to  
10 the Associated Medical Schools of New York to fund its diversity program  
11 including existing and new post-baccalaureate programs for minority and  
12 economically disadvantaged students and encourage participation from all  
13 medical schools in New York. The associated medical schools of New York  
14 shall report to the commissioner on an annual basis regarding the use of  
15 funds for such purpose in such form and manner as specified by the  
16 commissioner.

17 (h) In the event there are undistributed funds within amounts made  
18 available for distributions pursuant to this subdivision, such funds may  
19 be reallocated and distributed in current or subsequent distribution  
20 periods in a manner determined by the commissioner for any purpose set  
21 forth in this subdivision.

22 7. Notwithstanding any inconsistent provision of section one hundred  
23 twelve or one hundred sixty-three of the state finance law or any other  
24 law, up to one million dollars for the period January first, two thou-  
25 sand through December thirty-first, two thousand, one million six  
26 hundred thousand dollars annually for the periods January first, two  
27 thousand one through December thirty-first, two thousand eight, one  
28 million five hundred thousand dollars annually for the periods January  
29 first, two thousand nine through December thirty-first, two thousand  
30 ten, three hundred seventy-five thousand dollars for the period January  
31 first, two thousand eleven through March thirty-first, two thousand  
32 eleven, [and] one million three hundred twenty thousand dollars each  
33 state fiscal year for the period April first, two thousand eleven  
34 through March thirty-first, two thousand fourteen, AND WITHIN AMOUNTS  
35 APPROPRIATED EACH STATE FISCAL YEAR FOR THE PERIOD APRIL FIRST, TWO  
36 THOUSAND FOURTEEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND SEVENTEEN,  
37 shall be set aside and reserved by the commissioner from the regional  
38 pools established pursuant to subdivision two of this section and shall  
39 be available for distributions to the New York state area health educa-  
40 tion center program for the purpose of expanding community-based train-  
41 ing of medical students. In addition, one million dollars annually for  
42 the period January first, two thousand eight through December thirty-  
43 first, two thousand ten, two hundred fifty thousand dollars for the  
44 period January first, two thousand eleven through March thirty-first,  
45 two thousand eleven, and eight hundred eighty thousand dollars each  
46 state fiscal year for the period April first, two thousand eleven  
47 through March thirty-first, two thousand fourteen, shall be set aside  
48 and reserved by the commissioner from the regional pools established  
49 pursuant to subdivision two of this section and shall be available for  
50 distributions to the New York state area health education center program  
51 for the purpose of post-secondary training of health care professionals  
52 who will achieve specific program outcomes within the New York state  
53 area health education center program. The New York state area health  
54 education center program shall report to the commissioner on an annual  
55 basis regarding the use of funds for each purpose in such form and  
56 manner as specified by the commissioner.

1 S 10. Paragraph (a) of subdivision 12 of section 367-b of the social  
2 services law, as amended by section 10 of part C of chapter 59 of the  
3 laws of 2011, is amended to read as follows:

4 (a) For the purpose of regulating cash flow for general hospitals, the  
5 department shall develop and implement a payment methodology to provide  
6 for timely payments for inpatient hospital services eligible for case  
7 based payments per discharge based on diagnosis-related groups provided  
8 during the period January first, nineteen hundred eighty-eight through  
9 March thirty-first two thousand [fourteen] SEVENTEEN, by such hospitals  
10 which elect to participate in the system.

11 S 11. Section 2 of chapter 600 of the laws of 1986 amending the public  
12 health law relating to the development of pilot reimbursement programs  
13 for ambulatory care services, as amended by section 11 of part C of  
14 chapter 59 of the laws of 2011, is amended to read as follows:

15 S 2. This act shall take effect immediately, except that this act  
16 shall expire and be of no further force and effect on and after April 1,  
17 [2014] 2017; provided, however, that the commissioner of health shall  
18 submit a report to the governor and the legislature detailing the objec-  
19 tive, impact, design and computation of any pilot reimbursement program  
20 established pursuant to this act, on or before March 31, 1994 and annu-  
21 ally thereafter. Such report shall include an assessment of the finan-  
22 cial impact of such payment system on providers, as well as the impact  
23 of such system on access to care.

24 S 12. Paragraph (i) of subdivision (b) of section 1 of chapter 520 of  
25 the laws of 1978, relating to providing for a comprehensive survey of  
26 health care financing, education and illness prevention and creating  
27 councils for the conduct thereof, as amended by section 12 of part C of  
28 chapter 59 of the laws of 2011, is amended to read as follows:

29 (i) oversight and evaluation of the inpatient financing system in  
30 place for 1988 through March 31, [2014] 2017, and the appropriateness  
31 and effectiveness of the bad debt and charity care financing provisions;

32 S 13. Intentionally omitted.

33 S 14. Paragraphs (l) and (m) of subdivision 1 of section 367-q of the  
34 social services law, as amended by section 35 of part D of chapter 56 of  
35 the laws of 2012, are amended and three new paragraphs (n), (o) and (p)  
36 are added to read as follows:

37 (l) for the period April first, two thousand twelve through March  
38 thirty-first, two thousand thirteen, up to twenty-eight million five  
39 hundred thousand dollars; [and]

40 (m) for the period April first, two thousand thirteen through March  
41 thirty-first, two thousand fourteen, up to twenty-eight million five  
42 hundred thousand dollars[.];

43 (N) FOR THE PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN THROUGH MARCH  
44 THIRTY-FIRST, TWO THOUSAND FIFTEEN, UP TO TWENTY-EIGHT MILLION FIVE  
45 HUNDRED THOUSAND DOLLARS;

46 (O) FOR THE PERIOD APRIL FIRST, TWO THOUSAND FIFTEEN THROUGH MARCH  
47 THIRTY-FIRST, TWO THOUSAND SIXTEEN, UP TO TWENTY-EIGHT MILLION FIVE  
48 HUNDRED THOUSAND DOLLARS; AND

49 (P) FOR THE PERIOD APRIL FIRST, TWO THOUSAND SIXTEEN THROUGH MARCH  
50 THIRTY-FIRST, TWO THOUSAND SEVENTEEN, UP TO TWENTY-EIGHT MILLION FIVE  
51 HUNDRED THOUSAND DOLLARS.

52 S 15. Subdivision 6 of section 2807-t of the public health law, as  
53 added by chapter 639 of the laws of 1996, is amended to read as follows:

54 6. Prospective adjustments. (A) The commissioner shall annually recon-  
55 cile the sum of the actual payments made to the commissioner or the  
56 commissioner's designee for each region pursuant to section twenty-eight



1 hundred seven-s of this article and pursuant to this section for the  
2 prior year with the regional allocation of the gross annual statewide  
3 amount specified in subdivision six of section twenty-eight hundred  
4 seven-s of this article for such prior year. The difference between the  
5 actual amount raised for a region and the regional allocation of the  
6 specified gross annual amount for such prior year shall be applied as a  
7 prospective adjustment to the regional allocation of the specified gross  
8 annual payment amount for such region for the year next following the  
9 calculation of the reconciliation. The authorized dollar value of the  
10 adjustments shall be the same as if calculated retrospectively.

11 (B) NOTWITHSTANDING THE PROVISIONS OF PARAGRAPH (A) OF THIS SUBDIVI-  
12 SION, FOR COVERED LIVES ASSESSMENT RATE PERIODS ON AND AFTER JANUARY  
13 FIRST, TWO THOUSAND FIFTEEN THROUGH DECEMBER THIRTY-FIRST, TWO THOUSAND  
14 SEVENTEEN, FOR AMOUNTS COLLECTED IN THE AGGREGATE IN EXCESS OF ONE  
15 BILLION FORTY-FIVE MILLION DOLLARS ON AN ANNUAL BASIS, PROSPECTIVE  
16 ADJUSTMENTS SHALL BE SUSPENDED IF THE ANNUAL RECONCILIATION CALCULATION  
17 FROM THE PRIOR YEAR WOULD OTHERWISE RESULT IN A DECREASE TO THE REGIONAL  
18 ALLOCATION OF THE SPECIFIED GROSS ANNUAL PAYMENT AMOUNT FOR THAT REGION,  
19 PROVIDED, HOWEVER, THAT SUCH SUSPENSION SHALL BE LIFTED UPON A DETERMI-  
20 NATION BY THE COMMISSIONER, IN CONSULTATION WITH THE DIRECTOR OF THE  
21 BUDGET, THAT SIXTY-FIVE MILLION DOLLARS IN AGGREGATE COLLECTIONS ON AN  
22 ANNUAL BASIS OVER AND ABOVE ONE BILLION FORTY-FIVE MILLION DOLLARS ON AN  
23 ANNUAL BASIS HAVE BEEN RESERVED AND SET ASIDE FOR DEPOSIT IN THE HCRA  
24 RESOURCES FUND FOR THE PURPOSE OF FUNDING THE STATE HEALTH INFORMATION  
25 NETWORK OF NEW YORK AND THE ALL PAYER CLAIMS DATABASE. ANY AMOUNTS  
26 COLLECTED IN THE AGGREGATE AT OR BELOW ONE BILLION FORTY-FIVE MILLION  
27 DOLLARS ON AN ANNUAL BASIS, SHALL BE SUBJECT TO REGIONAL ADJUSTMENTS  
28 RECONCILING ANY DECREASES OR INCREASES TO THE REGIONAL ALLOCATION IN  
29 ACCORDANCE WITH PARAGRAPH (A) OF THIS SUBDIVISION.

30 S 16. Subdivision 4-c of section 2807-p of the public health law, as  
31 amended by section 27 of part C of chapter 59 of the laws of 2011, is  
32 amended to read as follows:

33 4-c. Notwithstanding any provision of law to the contrary, the commis-  
34 sioner shall make additional payments for uncompensated care to volun-  
35 tary non-profit diagnostic and treatment centers that are eligible for  
36 distributions under subdivision four of this section in the following  
37 amounts: for the period June first, two thousand six through December  
38 thirty-first, two thousand six, in the amount of seven million five  
39 hundred thousand dollars, for the period January first, two thousand  
40 seven through December thirty-first, two thousand seven, seven million  
41 five hundred thousand dollars, for the period January first, two thou-  
42 sand eight through December thirty-first, two thousand eight, seven  
43 million five hundred thousand dollars, for the period January first, two  
44 thousand nine through December thirty-first, two thousand nine, fifteen  
45 million five hundred thousand dollars, for the period January first, two  
46 thousand ten through December thirty-first, two thousand ten, seven  
47 million five hundred thousand dollars, for the period January first, two  
48 thousand eleven through December thirty-first, two thousand eleven, seven  
49 million five hundred thousand dollars, for the period January first, two  
50 thousand twelve through December thirty-first, two thousand twelve,  
51 seven million five hundred thousand dollars, for the period January  
52 first, two thousand thirteen through December thirty-first, two thousand  
53 thirteen, seven million five hundred thousand dollars, FOR THE PERIOD  
54 JANUARY FIRST, TWO THOUSAND FOURTEEN THROUGH DECEMBER THIRTY-FIRST, TWO  
55 THOUSAND FOURTEEN, SEVEN MILLION FIVE HUNDRED THOUSAND DOLLARS, FOR THE  
56 PERIOD JANUARY FIRST, TWO THOUSAND FIFTEEN THROUGH DECEMBER

1 THIRTY-FIRST, TWO THOUSAND FIFTEEN, SEVEN MILLION FIVE HUNDRED THOUSAND  
2 DOLLARS, FOR THE PERIOD JANUARY FIRST TWO THOUSAND SIXTEEN THROUGH  
3 DECEMBER THIRTY-FIRST, TWO THOUSAND SIXTEEN, SEVEN MILLION FIVE HUNDRED  
4 THOUSAND DOLLARS, and for the period January first, two thousand [four-  
5 teen] SEVENTEEN through March thirty-first, two thousand [fourteen]  
6 SEVENTEEN, in the amount of one million [eight hundred seventy-five] SIX  
7 HUNDRED thousand dollars, provided, however, that for periods on and  
8 after January first, two thousand eight, such additional payments shall  
9 be distributed to voluntary, non-profit diagnostic and treatment centers  
10 and to public diagnostic and treatment centers in accordance with para-  
11 graph (g) of subdivision four of this section. In the event that federal  
12 financial participation is available for rate adjustments pursuant to  
13 this section, the commissioner shall make such payments as additional  
14 adjustments to rates of payment for voluntary non-profit diagnostic and  
15 treatment centers that are eligible for distributions under subdivision  
16 four-a of this section in the following amounts: for the period June  
17 first, two thousand six through December thirty-first, two thousand six,  
18 fifteen million dollars in the aggregate, and for the period January  
19 first, two thousand seven through June thirtieth, two thousand seven,  
20 seven million five hundred thousand dollars in the aggregate. The  
21 amounts allocated pursuant to this paragraph shall be aggregated with  
22 and distributed pursuant to the same methodology applicable to the  
23 amounts allocated to such diagnostic and treatment centers for such  
24 periods pursuant to subdivision four of this section if federal finan-  
25 cial participation is not available, or pursuant to subdivision four-a  
26 of this section if federal financial participation is available.  
27 Notwithstanding section three hundred sixty-eight-a of the social  
28 services law, there shall be no local share in a medical assistance  
29 payment adjustment under this subdivision.

30 S 17. Subdivision 9 of section 2807-k of the public health law, as  
31 added by chapter 639 of the laws of 1996, is amended to read as follows:

32 9. In order for a general hospital to participate in the distribution  
33 of funds from the pool, the general hospital must implement minimum  
34 collection policies and procedures approved by the commissioner [and  
35 must be in compliance with bad debt and charity care reporting require-  
36 ments established pursuant to this article].

37 S 17-a. Paragraph (d) of subdivision 16 of section 2807-c of the  
38 public health law, as amended by chapter 731 of the laws of 1993, is  
39 amended to read as follows:

40 (d) In order for a general hospital to participate in the distribution  
41 of funds from the pools, the general hospital must implement collection  
42 policies and procedures approved by the commissioner [and must be in  
43 compliance with bad debt and charity care reporting requirements estab-  
44 lished pursuant to this article].

45 S 18. Paragraph (a) of subdivision 1 of section 18 of chapter 266 of  
46 the laws of 1986, amending the civil practice law and rules and other  
47 laws relating to malpractice and professional medical conduct, as  
48 amended by section 15 of part C of chapter 59 of the laws of 2011, is  
49 amended to read as follows:

50 (a) The superintendent of insurance and the commissioner of health or  
51 their designee shall, from funds available in the hospital excess  
52 liability pool created pursuant to subdivision 5 of this section,  
53 purchase a policy or policies for excess insurance coverage, as author-  
54 ized by paragraph 1 of subsection (e) of section 5502 of the insurance  
55 law; or from an insurer, other than an insurer described in section 5502  
56 of the insurance law, duly authorized to write such coverage and actual-

1 ly writing medical malpractice insurance in this state; or shall  
2 purchase equivalent excess coverage in a form previously approved by the  
3 superintendent of insurance for purposes of providing equivalent excess  
4 coverage in accordance with section 19 of chapter 294 of the laws of  
5 1985, for medical or dental malpractice occurrences between July 1, 1986  
6 and June 30, 1987, between July 1, 1987 and June 30, 1988, between July  
7 1, 1988 and June 30, 1989, between July 1, 1989 and June 30, 1990,  
8 between July 1, 1990 and June 30, 1991, between July 1, 1991 and June  
9 30, 1992, between July 1, 1992 and June 30, 1993, between July 1, 1993  
10 and June 30, 1994, between July 1, 1994 and June 30, 1995, between July  
11 1, 1995 and June 30, 1996, between July 1, 1996 and June 30, 1997,  
12 between July 1, 1997 and June 30, 1998, between July 1, 1998 and June  
13 30, 1999, between July 1, 1999 and June 30, 2000, between July 1, 2000  
14 and June 30, 2001, between July 1, 2001 and June 30, 2002, between July  
15 1, 2002 and June 30, 2003, between July 1, 2003 and June 30, 2004,  
16 between July 1, 2004 and June 30, 2005, between July 1, 2005 and June  
17 30, 2006, between July 1, 2006 and June 30, 2007, between July 1, 2007  
18 and June 30, 2008, between July 1, 2008 and June 30, 2009, between July  
19 1, 2009 and June 30, 2010, between July 1, 2010 and June 30, 2011,  
20 between July 1, 2011 and June 30, 2012, between July 1, 2012 and June  
21 30, 2013 [and], between July 1, 2013 and June 30, 2014, AND BETWEEN JULY  
22 1, 2014 AND JUNE 30, 2015 or reimburse the hospital where the hospital  
23 purchases equivalent excess coverage as defined in subparagraph (i) of  
24 paragraph (a) of subdivision 1-a of this section for medical or dental  
25 malpractice occurrences between July 1, 1987 and June 30, 1988, between  
26 July 1, 1988 and June 30, 1989, between July 1, 1989 and June 30, 1990,  
27 between July 1, 1990 and June 30, 1991, between July 1, 1991 and June  
28 30, 1992, between July 1, 1992 and June 30, 1993, between July 1, 1993  
29 and June 30, 1994, between July 1, 1994 and June 30, 1995, between July  
30 1, 1995 and June 30, 1996, between July 1, 1996 and June 30, 1997,  
31 between July 1, 1997 and June 30, 1998, between July 1, 1998 and June  
32 30, 1999, between July 1, 1999 and June 30, 2000, between July 1, 2000  
33 and June 30, 2001, between July 1, 2001 and June 30, 2002, between July  
34 1, 2002 and June 30, 2003, between July 1, 2003 and June 30, 2004,  
35 between July 1, 2004 and June 30, 2005, between July 1, 2005 and June  
36 30, 2006, between July 1, 2006 and June 30, 2007, between July 1, 2007  
37 and June 30, 2008, between July 1, 2008 and June 30, 2009, between July  
38 1, 2009 and June 30, 2010, between July 1, 2010 and June 30, 2011,  
39 between July 1, 2011 and June 30, 2012, between July 1, 2012 and June  
40 30, 2013 [and], between July 1, 2013 and June 30, 2014, AND BETWEEN JULY  
41 1, 2014 AND JUNE 30, 2015 for physicians or dentists certified as eligi-  
42 ble for each such period or periods pursuant to subdivision 2 of this  
43 section by a general hospital licensed pursuant to article 28 of the  
44 public health law; provided that no single insurer shall write more than  
45 fifty percent of the total excess premium for a given policy year; and  
46 provided, however, that such eligible physicians or dentists must have  
47 in force an individual policy, from an insurer licensed in this state of  
48 primary malpractice insurance coverage in amounts of no less than one  
49 million three hundred thousand dollars for each claimant and three  
50 million nine hundred thousand dollars for all claimants under that poli-  
51 cy during the period of such excess coverage for such occurrences or be  
52 endorsed as additional insureds under a hospital professional liability  
53 policy which is offered through a voluntary attending physician ("chan-  
54 neling") program previously permitted by the superintendent of insurance  
55 during the period of such excess coverage for such occurrences. During  
56 such period, such policy for excess coverage or such equivalent excess

1 coverage shall, when combined with the physician's or dentist's primary  
2 malpractice insurance coverage or coverage provided through a voluntary  
3 attending physician ("channeling") program, total an aggregate level of  
4 two million three hundred thousand dollars for each claimant and six  
5 million nine hundred thousand dollars for all claimants from all such  
6 policies with respect to occurrences in each of such years provided,  
7 however, if the cost of primary malpractice insurance coverage in excess  
8 of one million dollars, but below the excess medical malpractice insur-  
9 ance coverage provided pursuant to this act, exceeds the rate of nine  
10 percent per annum, then the required level of primary malpractice insur-  
11 ance coverage in excess of one million dollars for each claimant shall  
12 be in an amount of not less than the dollar amount of such coverage  
13 available at nine percent per annum; the required level of such coverage  
14 for all claimants under that policy shall be in an amount not less than  
15 three times the dollar amount of coverage for each claimant; and excess  
16 coverage, when combined with such primary malpractice insurance cover-  
17 age, shall increase the aggregate level for each claimant by one million  
18 dollars and three million dollars for all claimants; and provided  
19 further, that, with respect to policies of primary medical malpractice  
20 coverage that include occurrences between April 1, 2002 and June 30,  
21 2002, such requirement that coverage be in amounts no less than one  
22 million three hundred thousand dollars for each claimant and three  
23 million nine hundred thousand dollars for all claimants for such occur-  
24 rences shall be effective April 1, 2002.

25 S 19. Subdivision 3 of section 18 of chapter 266 of the laws of 1986,  
26 amending the civil practice law and rules and other laws relating to  
27 malpractice and professional medical conduct, as amended by section 16  
28 of part C of chapter 59 of the laws of 2011, is amended to read as  
29 follows:

30 (3)(a) The superintendent of insurance shall determine and certify to  
31 each general hospital and to the commissioner of health the cost of  
32 excess malpractice insurance for medical or dental malpractice occur-  
33 rences between July 1, 1986 and June 30, 1987, between July 1, 1988 and  
34 June 30, 1989, between July 1, 1989 and June 30, 1990, between July 1,  
35 1990 and June 30, 1991, between July 1, 1991 and June 30, 1992, between  
36 July 1, 1992 and June 30, 1993, between July 1, 1993 and June 30, 1994,  
37 between July 1, 1994 and June 30, 1995, between July 1, 1995 and June  
38 30, 1996, between July 1, 1996 and June 30, 1997, between July 1, 1997  
39 and June 30, 1998, between July 1, 1998 and June 30, 1999, between July  
40 1, 1999 and June 30, 2000, between July 1, 2000 and June 30, 2001,  
41 between July 1, 2001 and June 30, 2002, between July 1, 2002 and June  
42 30, 2003, between July 1, 2003 and June 30, 2004, between July 1, 2004  
43 and June 30, 2005, between July 1, 2005 and June 30, 2006, between July  
44 1, 2006 and June 30, 2007, between July 1, 2007 and June 30, 2008,  
45 between July 1, 2008 and June 30, 2009, between July 1, 2009 and June  
46 30, 2010, between July 1, 2010 and June 30, 2011, between July 1, 2011  
47 and June 30, 2012, between July 1, 2012 and June 30, 2013, and between  
48 July 1, 2013 and June 30, 2014, AND BETWEEN JULY 1, 2014 AND JUNE 30,  
49 2015 allocable to each general hospital for physicians or dentists  
50 certified as eligible for purchase of a policy for excess insurance  
51 coverage by such general hospital in accordance with subdivision 2 of  
52 this section, and may amend such determination and certification as  
53 necessary.

54 (b) The superintendent of insurance shall determine and certify to  
55 each general hospital and to the commissioner of health the cost of  
56 excess malpractice insurance or equivalent excess coverage for medical

1 or dental malpractice occurrences between July 1, 1987 and June 30,  
2 1988, between July 1, 1988 and June 30, 1989, between July 1, 1989 and  
3 June 30, 1990, between July 1, 1990 and June 30, 1991, between July 1,  
4 1991 and June 30, 1992, between July 1, 1992 and June 30, 1993, between  
5 July 1, 1993 and June 30, 1994, between July 1, 1994 and June 30, 1995,  
6 between July 1, 1995 and June 30, 1996, between July 1, 1996 and June  
7 30, 1997, between July 1, 1997 and June 30, 1998, between July 1, 1998  
8 and June 30, 1999, between July 1, 1999 and June 30, 2000, between July  
9 1, 2000 and June 30, 2001, between July 1, 2001 and June 30, 2002,  
10 between July 1, 2002 and June 30, 2003, between July 1, 2003 and June  
11 30, 2004, between July 1, 2004 and June 30, 2005, between July 1, 2005  
12 and June 30, 2006, between July 1, 2006 and June 30, 2007, between July  
13 1, 2007 and June 30, 2008, between July 1, 2008 and June 30, 2009,  
14 between July 1, 2009 and June 30, 2010, between July 1, 2010 and June  
15 30, 2011, between July 1, 2011 and June 30, 2012, between July 1, 2012  
16 and June 30, 2013, [and] between July 1, 2013 and June 30, 2014, AND  
17 BETWEEN JULY 1, 2014 AND JUNE 30, 2015 allocable to each general hospi-  
18 tal for physicians or dentists certified as eligible for purchase of a  
19 policy for excess insurance coverage or equivalent excess coverage by  
20 such general hospital in accordance with subdivision 2 of this section,  
21 and may amend such determination and certification as necessary. The  
22 superintendent of insurance shall determine and certify to each general  
23 hospital and to the commissioner of health the ratable share of such  
24 cost allocable to the period July 1, 1987 to December 31, 1987, to the  
25 period January 1, 1988 to June 30, 1988, to the period July 1, 1988 to  
26 December 31, 1988, to the period January 1, 1989 to June 30, 1989, to  
27 the period July 1, 1989 to December 31, 1989, to the period January 1,  
28 1990 to June 30, 1990, to the period July 1, 1990 to December 31, 1990,  
29 to the period January 1, 1991 to June 30, 1991, to the period July 1,  
30 1991 to December 31, 1991, to the period January 1, 1992 to June 30,  
31 1992, to the period July 1, 1992 to December 31, 1992, to the period  
32 January 1, 1993 to June 30, 1993, to the period July 1, 1993 to December  
33 31, 1993, to the period January 1, 1994 to June 30, 1994, to the period  
34 July 1, 1994 to December 31, 1994, to the period January 1, 1995 to June  
35 30, 1995, to the period July 1, 1995 to December 31, 1995, to the period  
36 January 1, 1996 to June 30, 1996, to the period July 1, 1996 to December  
37 31, 1996, to the period January 1, 1997 to June 30, 1997, to the period  
38 July 1, 1997 to December 31, 1997, to the period January 1, 1998 to June  
39 30, 1998, to the period July 1, 1998 to December 31, 1998, to the period  
40 January 1, 1999 to June 30, 1999, to the period July 1, 1999 to December  
41 31, 1999, to the period January 1, 2000 to June 30, 2000, to the period  
42 July 1, 2000 to December 31, 2000, to the period January 1, 2001 to June  
43 30, 2001, to the period July 1, 2001 to June 30, 2002, to the period  
44 July 1, 2002 to June 30, 2003, to the period July 1, 2003 to June 30,  
45 2004, to the period July 1, 2004 to June 30, 2005, to the period July 1,  
46 2005 and June 30, 2006, to the period July 1, 2006 and June 30, 2007, to  
47 the period July 1, 2007 and June 30, 2008, to the period July 1, 2008  
48 and June 30, 2009, to the period July 1, 2009 and June 30, 2010, to the  
49 period July 1, 2010 and June 30, 2011, to the period July 1, 2011 and  
50 June 30, 2012, to the period July 1, 2012 and June 30, 2013, [and] to  
51 the period July 1, 2013 and June 30, 2014, AND TO THE PERIOD JULY 1,  
52 2014 AND JUNE 30, 2015.

53 S 20. Paragraphs (a), (b), (c), (d) and (e) of subdivision 8 of  
54 section 18 of chapter 266 of the laws of 1986, amending the civil prac-  
55 tice law and rules and other laws relating to malpractice and profes-

sional medical conduct, as amended by section 17 of part C of chapter 59 of the laws of 2011, are amended to read as follows:

(a) To the extent funds available to the hospital excess liability pool pursuant to subdivision 5 of this section as amended, and pursuant to section 6 of part J of chapter 63 of the laws of 2001, as may from time to time be amended, which amended this subdivision, are insufficient to meet the costs of excess insurance coverage or equivalent excess coverage for coverage periods during the period July 1, 1992 to June 30, 1993, during the period July 1, 1993 to June 30, 1994, during the period July 1, 1994 to June 30, 1995, during the period July 1, 1995 to June 30, 1996, during the period July 1, 1996 to June 30, 1997, during the period July 1, 1997 to June 30, 1998, during the period July 1, 1998 to June 30, 1999, during the period July 1, 1999 to June 30, 2000, during the period July 1, 2000 to June 30, 2001, during the period July 1, 2001 to October 29, 2001, during the period April 1, 2002 to June 30, 2002, during the period July 1, 2002 to June 30, 2003, during the period July 1, 2003 to June 30, 2004, during the period July 1, 2004 to June 30, 2005, during the period July 1, 2005 to June 30, 2006, during the period July 1, 2006 to June 30, 2007, during the period July 1, 2007 to June 30, 2008, during the period July 1, 2008 to June 30, 2009, during the period July 1, 2009 to June 30, 2010, during the period July 1, 2010 to June 30, 2011, during the period July 1, 2011 to June 30, 2012, during the period July 1, 2012 to June 30, 2013, [and] during the period July 1, 2013 to June 30, 2014, AND DURING THE PERIOD JULY 1, 2014 TO JUNE 30, 2015 allocated or reallocated in accordance with paragraph (a) of subdivision 4-a of this section to rates of payment applicable to state governmental agencies, each physician or dentist for whom a policy for excess insurance coverage or equivalent excess coverage is purchased for such period shall be responsible for payment to the provider of excess insurance coverage or equivalent excess coverage of an allocable share of such insufficiency, based on the ratio of the total cost of such coverage for such physician to the sum of the total cost of such coverage for all physicians applied to such insufficiency.

(b) Each provider of excess insurance coverage or equivalent excess coverage covering the period July 1, 1992 to June 30, 1993, or covering the period July 1, 1993 to June 30, 1994, or covering the period July 1, 1994 to June 30, 1995, or covering the period July 1, 1995 to June 30, 1996, or covering the period July 1, 1996 to June 30, 1997, or covering the period July 1, 1997 to June 30, 1998, or covering the period July 1, 1998 to June 30, 1999, or covering the period July 1, 1999 to June 30, 2000, or covering the period July 1, 2000 to June 30, 2001, or covering the period July 1, 2001 to October 29, 2001, or covering the period April 1, 2002 to June 30, 2002, or covering the period July 1, 2002 to June 30, 2003, or covering the period July 1, 2003 to June 30, 2004, or covering the period July 1, 2004 to June 30, 2005, or covering the period July 1, 2005 to June 30, 2006, or covering the period July 1, 2006 to June 30, 2007, or covering the period July 1, 2007 to June 30, 2008, or covering the period July 1, 2008 to June 30, 2009, or covering the period July 1, 2009 to June 30, 2010, or covering the period July 1, 2010 to June 30, 2011, or covering the period July 1, 2011 to June 30, 2012, or covering the period July 1, 2012 to June 30, 2013, or covering the period July 1, 2013 to June 30, 2014, OR COVERING THE PERIOD JULY 1, 2014 TO JUNE 30, 2015 shall notify a covered physician or dentist by mail, mailed to the address shown on the last application for excess insurance coverage or equivalent excess coverage, of the amount due to such provider from such physician or dentist for such coverage period deter-

1 mined in accordance with paragraph (a) of this subdivision. Such amount  
2 shall be due from such physician or dentist to such provider of excess  
3 insurance coverage or equivalent excess coverage in a time and manner  
4 determined by the superintendent of insurance.

5 (c) If a physician or dentist liable for payment of a portion of the  
6 costs of excess insurance coverage or equivalent excess coverage cover-  
7 ing the period July 1, 1992 to June 30, 1993, or covering the period  
8 July 1, 1993 to June 30, 1994, or covering the period July 1, 1994 to  
9 June 30, 1995, or covering the period July 1, 1995 to June 30, 1996, or  
10 covering the period July 1, 1996 to June 30, 1997, or covering the peri-  
11 od July 1, 1997 to June 30, 1998, or covering the period July 1, 1998 to  
12 June 30, 1999, or covering the period July 1, 1999 to June 30, 2000, or  
13 covering the period July 1, 2000 to June 30, 2001, or covering the peri-  
14 od July 1, 2001 to October 29, 2001, or covering the period April 1,  
15 2002 to June 30, 2002, or covering the period July 1, 2002 to June 30,  
16 2003, or covering the period July 1, 2003 to June 30, 2004, or covering  
17 the period July 1, 2004 to June 30, 2005, or covering the period July 1,  
18 2005 to June 30, 2006, or covering the period July 1, 2006 to June 30,  
19 2007, or covering the period July 1, 2007 to June 30, 2008, or covering  
20 the period July 1, 2008 to June 30, 2009, or covering the period July 1,  
21 2009 to June 30, 2010, or covering the period July 1, 2010 to June 30,  
22 2011, or covering the period July 1, 2011 to June 30, 2012, or covering  
23 the period July 1, 2012 to June 30, 2013, or covering the period July 1,  
24 2013 to June 30, 2014, OR COVERING THE PERIOD JULY 1, 2014 TO JUNE 30,  
25 2015 determined in accordance with paragraph (a) of this subdivision  
26 fails, refuses or neglects to make payment to the provider of excess  
27 insurance coverage or equivalent excess coverage in such time and manner  
28 as determined by the superintendent of insurance pursuant to paragraph  
29 (b) of this subdivision, excess insurance coverage or equivalent excess  
30 coverage purchased for such physician or dentist in accordance with this  
31 section for such coverage period shall be cancelled and shall be null  
32 and void as of the first day on or after the commencement of a policy  
33 period where the liability for payment pursuant to this subdivision has  
34 not been met.

35 (d) Each provider of excess insurance coverage or equivalent excess  
36 coverage shall notify the superintendent of insurance and the commis-  
37 sioner of health or their designee of each physician and dentist eligi-  
38 ble for purchase of a policy for excess insurance coverage or equivalent  
39 excess coverage covering the period July 1, 1992 to June 30, 1993, or  
40 covering the period July 1, 1993 to June 30, 1994, or covering the peri-  
41 od July 1, 1994 to June 30, 1995, or covering the period July 1, 1995 to  
42 June 30, 1996, or covering the period July 1, 1996 to June 30, 1997, or  
43 covering the period July 1, 1997 to June 30, 1998, or covering the peri-  
44 od July 1, 1998 to June 30, 1999, or covering the period July 1, 1999 to  
45 June 30, 2000, or covering the period July 1, 2000 to June 30, 2001, or  
46 covering the period July 1, 2001 to October 29, 2001, or covering the  
47 period April 1, 2002 to June 30, 2002, or covering the period July 1,  
48 2002 to June 30, 2003, or covering the period July 1, 2003 to June 30,  
49 2004, or covering the period July 1, 2004 to June 30, 2005, or covering  
50 the period July 1, 2005 to June 30, 2006, or covering the period July 1,  
51 2006 to June 30, 2007, or covering the period July 1, 2007 to June 30,  
52 2008, or covering the period July 1, 2008 to June 30, 2009, or covering  
53 the period July 1, 2009 to June 30, 2010, or covering the period July 1,  
54 2010 to June 30, 2011, or covering the period July 1, 2011 to June 30,  
55 2012, or covering the period July 1, 2012 to June 30, 2013, or covering  
56 the period July 1, 2013 to June 30, 2014, OR COVERING THE PERIOD JULY 1,

2014 TO JUNE 30, 2015 that has made payment to such provider of excess insurance coverage or equivalent excess coverage in accordance with paragraph (b) of this subdivision and of each physician and dentist who has failed, refused or neglected to make such payment.

(e) A provider of excess insurance coverage or equivalent excess coverage shall refund to the hospital excess liability pool any amount allocable to the period July 1, 1992 to June 30, 1993, and to the period July 1, 1993 to June 30, 1994, and to the period July 1, 1994 to June 30, 1995, and to the period July 1, 1995 to June 30, 1996, and to the period July 1, 1996 to June 30, 1997, and to the period July 1, 1997 to June 30, 1998, and to the period July 1, 1998 to June 30, 1999, and to the period July 1, 1999 to June 30, 2000, and to the period July 1, 2000 to June 30, 2001, and to the period July 1, 2001 to October 29, 2001, and to the period April 1, 2002 to June 30, 2002, and to the period July 1, 2002 to June 30, 2003, and to the period July 1, 2003 to June 30, 2004, and to the period July 1, 2004 to June 30, 2005, and to the period July 1, 2005 to June 30, 2006, and to the period July 1, 2006 to June 30, 2007, and to the period July 1, 2007 to June 30, 2008, and to the period July 1, 2008 to June 30, 2009, and to the period July 1, 2009 to June 30, 2010, and to the period July 1, 2010 to June 30, 2011, and to the period July 1, 2011 to June 30, 2012, and to the period July 1, 2012 to June 30, 2013, and to the period July 1, 2013 to June 30, 2014, AND TO THE PERIOD JULY 1, 2014 TO JUNE 30, 2015 received from the hospital excess liability pool for purchase of excess insurance coverage or equivalent excess coverage covering the period July 1, 1992 to June 30, 1993, and covering the period July 1, 1993 to June 30, 1994, and covering the period July 1, 1994 to June 30, 1995, and covering the period July 1, 1995 to June 30, 1996, and covering the period July 1, 1996 to June 30, 1997, and covering the period July 1, 1997 to June 30, 1998, and covering the period July 1, 1998 to June 30, 1999, and covering the period July 1, 1999 to June 30, 2000, and covering the period July 1, 2000 to June 30, 2001, and covering the period July 1, 2001 to October 29, 2001, and covering the period April 1, 2002 to June 30, 2002, and covering the period July 1, 2002 to June 30, 2003, and covering the period July 1, 2003 to June 30, 2004, and covering the period July 1, 2004 to June 30, 2005, and covering the period July 1, 2005 to June 30, 2006, and covering the period July 1, 2006 to June 30, 2007, and covering the period July 1, 2007 to June 30, 2008, and covering the period July 1, 2008 to June 30, 2009, and covering the period July 1, 2009 to June 30, 2010, and covering the period July 1, 2010 to June 30, 2011, and covering the period July 1, 2011 to June 30, 2012, and covering the period July 1, 2012 to June 30, 2013, and covering the period July 1, 2013 to June 30, 2014, AND COVERING THE PERIOD JULY 1, 2014 TO JUNE 30, 2015 for a physician or dentist where such excess insurance coverage or equivalent excess coverage is cancelled in accordance with paragraph (c) of this subdivision.

S 21. Section 40 of chapter 266 of the laws of 1986, amending the civil practice law and rules and other laws relating to malpractice and professional medical conduct, as amended by section 18 of part C of chapter 59 of the laws of 2011, is amended to read as follows:

S 40. The superintendent of insurance shall establish rates for policies providing coverage for physicians and surgeons medical malpractice for the periods commencing July 1, 1985 and ending June 30, [2014] 2015; provided, however, that notwithstanding any other provision of law, the superintendent shall not establish or approve any increase in rates for the period commencing July 1, 2009 and ending June 30, 2010. The super-



1 intendent shall direct insurers to establish segregated accounts for  
2 premiums, payments, reserves and investment income attributable to such  
3 premium periods and shall require periodic reports by the insurers  
4 regarding claims and expenses attributable to such periods to monitor  
5 whether such accounts will be sufficient to meet incurred claims and  
6 expenses. On or after July 1, 1989, the superintendent shall impose a  
7 surcharge on premiums to satisfy a projected deficiency that is attrib-  
8 utable to the premium levels established pursuant to this section for  
9 such periods; provided, however, that such annual surcharge shall not  
10 exceed eight percent of the established rate until July 1, [2014] 2015,  
11 at which time and thereafter such surcharge shall not exceed twenty-five  
12 percent of the approved adequate rate, and that such annual surcharges  
13 shall continue for such period of time as shall be sufficient to satisfy  
14 such deficiency. The superintendent shall not impose such surcharge  
15 during the period commencing July 1, 2009 and ending June 30, 2010. On  
16 and after July 1, 1989, the surcharge prescribed by this section shall  
17 be retained by insurers to the extent that they insured physicians and  
18 surgeons during the July 1, 1985 through June 30, [2014] 2015 policy  
19 periods; in the event and to the extent physicians and surgeons were  
20 insured by another insurer during such periods, all or a pro rata share  
21 of the surcharge, as the case may be, shall be remitted to such other  
22 insurer in accordance with rules and regulations to be promulgated by  
23 the superintendent. Surcharges collected from physicians and surgeons  
24 who were not insured during such policy periods shall be apportioned  
25 among all insurers in proportion to the premium written by each insurer  
26 during such policy periods; if a physician or surgeon was insured by an  
27 insurer subject to rates established by the superintendent during such  
28 policy periods, and at any time thereafter a hospital, health mainte-  
29 nance organization, employer or institution is responsible for respond-  
30 ing in damages for liability arising out of such physician's or  
31 surgeon's practice of medicine, such responsible entity shall also remit  
32 to such prior insurer the equivalent amount that would then be collected  
33 as a surcharge if the physician or surgeon had continued to remain  
34 insured by such prior insurer. In the event any insurer that provided  
35 coverage during such policy periods is in liquidation, the  
36 property/casualty insurance security fund shall receive the portion of  
37 surcharges to which the insurer in liquidation would have been entitled.  
38 The surcharges authorized herein shall be deemed to be income earned for  
39 the purposes of section 2303 of the insurance law. The superintendent,  
40 in establishing adequate rates and in determining any projected defi-  
41 ciency pursuant to the requirements of this section and the insurance  
42 law, shall give substantial weight, determined in his discretion and  
43 judgment, to the prospective anticipated effect of any regulations  
44 promulgated and laws enacted and the public benefit of stabilizing  
45 malpractice rates and minimizing rate level fluctuation during the peri-  
46 od of time necessary for the development of more reliable statistical  
47 experience as to the efficacy of such laws and regulations affecting  
48 medical, dental or podiatric malpractice enacted or promulgated in 1985,  
49 1986, by this act and at any other time. Notwithstanding any provision  
50 of the insurance law, rates already established and to be established by  
51 the superintendent pursuant to this section are deemed adequate if such  
52 rates would be adequate when taken together with the maximum authorized  
53 annual surcharges to be imposed for a reasonable period of time whether  
54 or not any such annual surcharge has been actually imposed as of the  
55 establishment of such rates.

1 S 22. Section 5 and subdivisions (a) and (e) of section 6 of part J of  
2 chapter 63 of the laws of 2001, amending chapter 20 of the laws of 2001  
3 amending the military law and other laws relating to making appropri-  
4 ations for the support of government, as amended by section 20 of part C  
5 of chapter 59 of the laws of 2011, are amended to read as follows:

6 S 5. The superintendent of insurance and the commissioner of health  
7 shall determine, no later than June 15, 2002, June 15, 2003, June 15,  
8 2004, June 15, 2005, June 15, 2006, June 15, 2007, June 15, 2008, June  
9 15, 2009, June 15, 2010, June 15, 2011, June 15, 2012, June 15, 2013,  
10 [and] June 15, 2014, AND JUNE 15, 2015 the amount of funds available in  
11 the hospital excess liability pool, created pursuant to section 18 of  
12 chapter 266 of the laws of 1986, and whether such funds are sufficient  
13 for purposes of purchasing excess insurance coverage for eligible  
14 participating physicians and dentists during the period July 1, 2001 to  
15 June 30, 2002, or July 1, 2002 to June 30, 2003, or July 1, 2003 to June  
16 30, 2004, or July 1, 2004 to June 30, 2005, or July 1, 2005 to June 30,  
17 2006, or July 1, 2006 to June 30, 2007, or July 1, 2007 to June 30,  
18 2008, or July 1, 2008 to June 30, 2009, or July 1, 2009 to June 30,  
19 2010, or July 1, 2010 to June 30, 2011, or July 1, 2011 to June 30,  
20 2012, or July 1, 2012 to June 30, 2013, or July 1, 2013 to June 30,  
21 2014, OR JULY 1, 2014 TO JUNE 30, 2015, as applicable.

22 (a) This section shall be effective only upon a determination, pursu-  
23 ant to section five of this act, by the superintendent of insurance and  
24 the commissioner of health, and a certification of such determination to  
25 the state director of the budget, the chair of the senate committee on  
26 finance and the chair of the assembly committee on ways and means, that  
27 the amount of funds in the hospital excess liability pool, created  
28 pursuant to section 18 of chapter 266 of the laws of 1986, is insuffi-  
29 cient for purposes of purchasing excess insurance coverage for eligible  
30 participating physicians and dentists during the period July 1, 2001 to  
31 June 30, 2002, or July 1, 2002 to June 30, 2003, or July 1, 2003 to June  
32 30, 2004, or July 1, 2004 to June 30, 2005, or July 1, 2005 to June 30,  
33 2006, or July 1, 2006 to June 30, 2007, or July 1, 2007 to June 30,  
34 2008, or July 1, 2008 to June 30, 2009, or July 1, 2009 to June 30,  
35 2010, or July 1, 2010 to June 30, 2011, or July 1, 2011 to June 30,  
36 2012, or July 1, 2012 to June 30, 2013, or July 1, 2013 to June 30,  
37 2014, OR JULY 1, 2014 TO JUNE 30, 2015, as applicable.

38 (e) The commissioner of health shall transfer for deposit to the  
39 hospital excess liability pool created pursuant to section 18 of chapter  
40 266 of the laws of 1986 such amounts as directed by the superintendent  
41 of insurance for the purchase of excess liability insurance coverage for  
42 eligible participating physicians and dentists for the policy year July  
43 1, 2001 to June 30, 2002, or July 1, 2002 to June 30, 2003, or July 1,  
44 2003 to June 30, 2004, or July 1, 2004 to June 30, 2005, or July 1, 2005  
45 to June 30, 2006, or July 1, 2006 to June 30, 2007, as applicable, and  
46 the cost of administering the hospital excess liability pool for such  
47 applicable policy year, pursuant to the program established in chapter  
48 266 of the laws of 1986, as amended, no later than June 15, 2002, June  
49 15, 2003, June 15, 2004, June 15, 2005, June 15, 2006, June 15, 2007,  
50 June 15, 2008, June 15, 2009, June 15, 2010, June 15, 2011, June 15,  
51 2012, June 15, 2013, [and] June 15, 2014, AND JUNE 15, 2015, as applica-  
52 ble.

53 S 23. Notwithstanding any law, rule or regulation to the contrary,  
54 only physicians or dentists who were eligible, and for whom the super-  
55 intendent of financial services and the commissioner of health, or their  
56 designee, purchased, with funds available in the hospital excess liabil-

1 ity pool, a full or partial policy for excess coverage or equivalent  
2 excess coverage for the coverage period ending the thirtieth of June,  
3 two thousand fourteen, shall be eligible to apply for such coverage for  
4 the coverage period beginning the first of July, two thousand fourteen;  
5 provided, however, if the total number of physicians or dentists for  
6 whom such excess coverage or equivalent excess coverage was purchased  
7 for the policy year ending the thirtieth of June, two thousand fourteen  
8 exceeds the total number of physicians or dentists certified as eligible  
9 for the coverage period beginning the first of July, two thousand four-  
10 teen, then the general hospitals may certify additional eligible physi-  
11 cians or dentists in a number equal to such general hospital's propor-  
12 tional share of the total number of physicians or dentists for whom  
13 excess coverage or equivalent excess coverage was purchased with funds  
14 available in the hospital excess liability pool as of the thirtieth of  
15 June, two thousand fourteen, as applied to the difference between the  
16 number of eligible physicians or dentists for whom a policy for excess  
17 coverage or equivalent excess coverage was purchased for the coverage  
18 period ending the thirtieth of June, two thousand fourteen and the  
19 number of such eligible physicians or dentists who have applied for  
20 excess coverage or equivalent excess coverage for the coverage period  
21 beginning the first of July, two thousand fourteen.

22 S 24. Notwithstanding any inconsistent provision of law, rule or regu-  
23 lation, for purposes of implementing the provisions of the public health  
24 law and the social services law, references to titles XIX and XXI of the  
25 federal social security act in the public health law and the social  
26 services law shall be deemed to include and also to mean any successor  
27 titles thereto under the federal social security act.

28 S 25. Notwithstanding any inconsistent provision of law, rule or regu-  
29 lation, the effectiveness of the provisions of sections 2807 and 3614 of  
30 the public health law, section 18 of chapter 2 of the laws of 1988, and  
31 18 NYCRR 505.14(h), as they relate to time frames for notice, approval  
32 or certification of rates of payment, are hereby suspended and without  
33 force or effect for purposes of implementing the provisions of this act.

34 S 26. Severability clause. If any clause, sentence, paragraph, subdi-  
35 vision, section or part of this act shall be adjudged by any court of  
36 competent jurisdiction to be invalid, such judgment shall not affect,  
37 impair or invalidate the remainder thereof, but shall be confined in its  
38 operation to the clause, sentence, paragraph, subdivision, section or  
39 part thereof directly involved in the controversy in which such judgment  
40 shall have been rendered. It is hereby declared to be the intent of the  
41 legislature that this act would have been enacted even if such invalid  
42 provisions had not been included herein.

43 S 27. This act shall take effect immediately and shall be deemed to  
44 have been in full force and effect on and after April 1, 2014, provided  
45 that:

46 (a) any rules or regulations necessary to implement the provisions of  
47 this act may be promulgated and any procedures, forms, or instructions  
48 necessary for such implementation may be adopted and issued on or after  
49 the date this act shall have become a law;

50 (b) this act shall not be construed to alter, change, affect, impair  
51 or defeat any right, obligations, duties or interests accrued, incurred  
52 or conferred prior to the effective date of this act;

53 (c) the commissioner of health and the superintendent of financial  
54 services and any appropriate council may take any steps necessary to  
55 implement this act prior to its effective date;

(d) notwithstanding any inconsistent provision of the state administrative procedure act or any other provision of law, rule or regulation, the commissioner of health and the superintendent of financial services and any appropriate council is authorized to adopt or amend or promulgate on an emergency basis any regulation he or she or such council determines necessary to implement any provision of this act on its effective date;

(e) the provisions of this act shall become effective notwithstanding the failure of the commissioner of health or the superintendent of financial services or any council to adopt or amend or promulgate regulations implementing this act;

(f) the amendments to sections 2807-s and 2807-j of the public health law made by sections three, four and five, respectively, of this act shall not affect the expiration of such sections and shall expire therewith;

(g) the amendments to paragraph (i-1) of subdivision 1 of section 2807-v of the public health law made by section eight of this act shall not affect the repeal of such paragraph and shall be deemed repealed therewith; and

(h) the amendments to subdivision 6 of section 2807-t of the public health law made by section fifteen of this act shall not affect the expiration of such section and shall be deemed to expire therewith.

#### PART C

Section 1. Subdivision 25 of section 364-j of the social services law, as added by section 55 of part D of chapter 56 of the laws of 2012, is amended to read as follows:

25. Effective January first, two thousand thirteen, notwithstanding any provision of law to the contrary, managed care providers shall cover medically necessary prescription drugs in the atypical antipsychotic therapeutic class, including non-formulary drugs, upon demonstration by the prescriber, after consulting with the managed care provider, that such drugs, in the prescriber's reasonable professional judgment, are medically necessary and warranted, EXCEPT THAT THIS SUBDIVISION SHALL NOT APPLY TO ANY BRAND NAME DRUG FOR WHICH A MULTI-SOURCE THERAPEUTICALLY AND GENERICALLY EQUIVALENT DRUG, AS DETERMINED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION, IS AVAILABLE.

S 2. Subdivision 25-a of section 364-j of the social services law, as added by section 13 of part A of chapter 56 of the laws of 2013, is amended to read as follows:

25-a. Effective July first, two thousand thirteen, notwithstanding any provision of law to the contrary, managed care providers shall cover medically necessary prescription drugs in the anti-depressant, anti-retroviral, anti-rejection, seizure, epilepsy, endocrine, hematologic and immunologic therapeutic classes, including non-formulary drugs, upon demonstration by the prescriber, after consulting with the managed care provider, that such drugs, in the prescriber's reasonable professional judgment, are medically necessary and warranted, EXCEPT THAT THIS SUBDIVISION SHALL NOT APPLY TO ANY BRAND NAME DRUG FOR WHICH A MULTI-SOURCE THERAPEUTICALLY AND GENERICALLY EQUIVALENT DRUG, AS DETERMINED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION, IS AVAILABLE.

S 3. Paragraph (b) of subdivision 3 of section 273 of the public health law, as added by section 10 of part C of chapter 58 of the laws of 2005, is amended to read as follows:

1 (b) In the event that the patient does not meet the criteria in para-  
2 graph (a) of this subdivision, the prescriber may provide additional  
3 information to the program to justify the use of a prescription drug  
4 that is not on the preferred drug list. The program shall provide a  
5 reasonable opportunity for a prescriber to reasonably present his or her  
6 justification of prior authorization. If, after consultation with the  
7 program, the prescriber, in his or her reasonable professional judgment,  
8 determines that the use of a prescription drug that is not on the  
9 preferred drug list is warranted, the prescriber's determination shall  
10 be final EXCEPT THAT, WITH RESPECT TO ANY BRAND NAME DRUG FOR WHICH A  
11 MULTI-SOURCE THERAPEUTICALLY AND GENERICALLY EQUIVALENT DRUG, AS DETER-  
12 MINED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION, IS AVAILABLE, THE  
13 PROGRAM WILL CONSIDER THE ADDITIONAL INFORMATION AND THE JUSTIFICATION  
14 PRESENTED TO DETERMINE WHETHER THE USE OF SUCH BRAND NAME DRUG THAT IS  
15 NOT ON THE PREFERRED DRUG LIST IS WARRANTED.

16 S 4. Section 274 of the public health law is amended by adding a new  
17 subdivision 15 to read as follows:

18 15. NOTWITHSTANDING ANY INCONSISTENT PROVISION OF THIS SECTION, THE  
19 COMMISSIONER MAY REQUIRE PRIOR AUTHORIZATION FOR ANY DRUG AFTER EVALUAT-  
20 ING THE FACTORS SET FORTH IN SUBDIVISION THREE OF THIS SECTION AND PRIOR  
21 TO OBTAINING THE BOARD'S EVALUATION AND RECOMMENDATION REQUIRED BY  
22 SUBDIVISION FOUR OF THIS SECTION. THE BOARD MAY RECOMMEND TO THE COMMIS-  
23 SIONER, PURSUANT TO SUBDIVISION SIX OF THIS SECTION, THAT ANY SUCH PRIOR  
24 AUTHORIZATION REQUIREMENT BE MODIFIED, CONTINUED OR REMOVED.

25 S 5. Paragraph (g-1) of subdivision 2 of section 365-a of the social  
26 services law, as amended by section 23 of part H of chapter 59 of the  
27 laws of 2011, is amended to read as follows:

28 (g-1) drugs provided on an in-patient basis, those drugs contained on  
29 the list established by regulation of the commissioner of health pursu-  
30 ant to subdivision four of this section, and those drugs which may not  
31 be dispensed without a prescription as required by section sixty-eight  
32 hundred ten of the education law and which the commissioner of health  
33 shall determine to be reimbursable based upon such factors as the avail-  
34 ability of such drugs or alternatives at low cost if purchased by a  
35 medicaid recipient, or the essential nature of such drugs as described  
36 by such commissioner in regulations, provided, however, that such drugs,  
37 exclusive of long-term maintenance drugs, shall be dispensed in quanti-  
38 ties no greater than a thirty day supply or one hundred doses, whichever  
39 is greater; provided further that the commissioner of health is author-  
40 ized to require prior authorization for any refill of a prescription  
41 when [less than seventy-five percent of the previously dispensed amount  
42 per fill should have been used] MORE THAN A SIX DAY SUPPLY OF THE PREVI-  
43 OUSLY DISPENSED AMOUNT SHOULD REMAIN were the product used as normally  
44 indicated; provided further that the commissioner of health is author-  
45 ized to require prior authorization of prescriptions of opioid analges-  
46 ics in excess of four prescriptions in a thirty-day period in accordance  
47 with section two hundred seventy-three of the public health law; medical  
48 assistance shall not include any drug provided on other than an in-pa-  
49 tient basis for which a recipient is charged or a claim is made in the  
50 case of a prescription drug, in excess of the maximum reimbursable  
51 amounts to be established by department regulations in accordance with  
52 standards established by the secretary of the United States department  
53 of health and human services, or, in the case of a drug not requiring a  
54 prescription, in excess of the maximum reimbursable amount established  
55 by the commissioner of health pursuant to paragraph (a) of subdivision  
56 four of this section;

1 S 6. Paragraph (i) of subdivision 9 of section 367-a of the social  
2 services law is REPEALED.

3 S 7. Subdivision 11 of section 272 of the public health law is amended  
4 by adding a new paragraph (a-1) to read as follows:

5 (A-1) THE COMMISSIONER MAY REQUIRE A PHARMACEUTICAL MANUFACTURER TO  
6 PROVIDE A MINIMUM SUPPLEMENTAL REBATE FOR DRUGS THAT ARE ELIGIBLE FOR  
7 STATE PUBLIC HEALTH PLAN REIMBURSEMENT, INCLUDING SUCH DRUGS AS SET  
8 FORTH IN PARAGRAPH (G-1) OF SUBDIVISION TWO OF SECTION THREE HUNDRED  
9 SIXTY-FIVE-A OF THE SOCIAL SERVICES LAW. IF SUCH A MINIMUM SUPPLEMENTAL  
10 REBATE IS NOT PROVIDED BY THE MANUFACTURER, PRIOR AUTHORIZATION MAY BE  
11 REQUIRED BY THE COMMISSIONER.

12 S 8. Subdivision 4 of section 365-a of the social services law is  
13 amended by adding a new paragraph (a-3) to read as follows:

14 (A-3) DRUGS THAT MAY NOT BE DISPENSED WITHOUT A PRESCRIPTION THAT ARE  
15 PRESCRIBED FOR ANY INDICATION OTHER THAN A MEDICALLY ACCEPTED INDI-  
16 CATION, AS DEFINED BY FEDERAL LAW. THE COMMISSIONER OF HEALTH, A MANAGED  
17 CARE PROVIDER OPERATING PURSUANT TO SECTION THREE HUNDRED SIXTY-FOUR-J  
18 OF THIS TITLE, OR BOTH, MAY REQUIRE PRIOR AUTHORIZATION FOR ANY COVERED  
19 OUTPATIENT DRUG TO DETERMINE WHETHER SUCH DRUG HAS BEEN PRESCRIBED FOR A  
20 MEDICALLY ACCEPTED INDICATION AS DEFINED BY FEDERAL LAW, AND MAY DENY  
21 PRIOR AUTHORIZATION IF, AFTER GIVING THE PRESCRIBER A REASONABLE OPPOR-  
22 TUNITY TO PRESENT A JUSTIFICATION, IT IS DETERMINED THAT THE DRUG HAS  
23 BEEN PRESCRIBED FOR OTHER THAN A MEDICALLY ACCEPTED INDICATION, AS  
24 DEFINED BY FEDERAL LAW;

25 S 9. Subparagraph (iii) of paragraph (c) of subdivision 6 of section  
26 367-a of the social services law, as amended by section 47 of part C of  
27 chapter 58 of the laws of 2009, is amended to read as follows:

28 (iii) Notwithstanding any other provision of this paragraph, co-  
29 payments charged for each generic prescription drug dispensed shall be  
30 one dollar and for each brand name prescription drug dispensed shall be  
31 three dollars; provided, however, that the co-payments charged for each  
32 brand name prescription drug on the preferred drug list established  
33 pursuant to section two hundred seventy-two of the public health law OR,  
34 FOR MANAGED CARE PROVIDERS OPERATING PURSUANT TO SECTION THREE HUNDRED  
35 SIXTY-FOUR-J OF THIS TITLE, FOR EACH BRAND NAME PRESCRIPTION DRUG ON A  
36 MANAGED CARE PROVIDER'S FORMULARY THAT SUCH PROVIDER HAS DESIGNATED AS A  
37 PREFERRED DRUG, and the co-payments charged for each brand name  
38 prescription drug reimbursed pursuant to subparagraph (ii) of paragraph  
39 (a-1) of subdivision four of section three hundred sixty-five-a of this  
40 title shall be one dollar.

41 S 10. Notwithstanding any inconsistent provision of law to the contra-  
42 ry, funds shall be made available to the commissioner of the office of  
43 mental health or the commissioner of the office of alcoholism and  
44 substance abuse services, in consultation with the commissioner of  
45 health and approved by the director of the budget, and consistent with  
46 appropriations made therefor, to implement allocation plans developed by  
47 such commissioners which shall describe mental health or substance use  
48 disorder services that are designed to meet service needs resulting from  
49 the reduction of inpatient behavioral health services provided under the  
50 Medicaid program by programs licensed pursuant to article 31 or 32 of  
51 the mental hygiene law. Such programs may include programs that are  
52 licensed pursuant to both article 31 of the mental hygiene law and arti-  
53 cle 28 of the public health law, or certified under both article 32 of  
54 the mental hygiene law and article 28 of the public health law.

55 S 11. Section 365-m of the social services law is amended by adding a  
56 new subdivision 5 to read as follows:

1 5. THE DEPARTMENT OF HEALTH IS AUTHORIZED TO REINVEST FUNDS ALLOCATED  
2 FOR BEHAVIORAL HEALTH SERVICES, WHICH ARE GENERAL FUND SAVINGS DIRECTLY  
3 RELATED TO SAVINGS REALIZED THROUGH THE TRANSITION OF POPULATIONS  
4 COVERED BY THIS SECTION FROM THE APPLICABLE MEDICAID FEE-FOR-SERVICE  
5 SYSTEM TO A MANAGED CARE MODEL, FOR THE PURPOSE OF INCREASING INVESTMENT  
6 IN COMMUNITY BASED BEHAVIORAL HEALTH SERVICES, INCLUDING RESIDENTIAL  
7 SERVICES CERTIFIED BY THE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE  
8 SERVICES. SUCH PROGRAM SHALL BE KNOWN AS THE "COMMUNITY BASED BEHAV-  
9 IORAL HEALTH SERVICES REINVESTMENT PROGRAM". THE AMOUNT OF COMMUNITY  
10 BASED BEHAVIORAL HEALTH SERVICES REINVESTMENT FUNDS FOR THE DEPARTMENT  
11 SHALL BE SUBJECT TO ANNUAL APPROPRIATION. THE METHODOLOGIES USED TO  
12 CALCULATE THE SAVINGS SHALL BE DEVELOPED BY THE COMMISSIONER OF HEALTH  
13 AND THE DIRECTOR OF THE BUDGET IN CONSULTATION WITH THE COMMISSIONERS OF  
14 THE OFFICE OF MENTAL HEALTH AND THE OFFICE OF ALCOHOLISM AND SUBSTANCE  
15 ABUSE SERVICES. IN NO EVENT SHALL THE FULL ANNUAL VALUE OF THE COMMUNITY  
16 BASED BEHAVIORAL HEALTH SERVICES REINVESTMENT PROGRAM SAVINGS ATTRIBUT-  
17 ABLE TO THE TRANSITION TO MANAGED CARE EXCEED THE TWELVE MONTH VALUE OF  
18 THE DEPARTMENT OF HEALTH GENERAL FUND REDUCTIONS RESULTING FROM SUCH  
19 TRANSITION. WITHIN ANY FISCAL YEAR WHERE APPROPRIATION INCREASES ARE  
20 RECOMMENDED FOR THE COMMUNITY BASED BEHAVIORAL HEALTH SERVICES REINVEST-  
21 MENT PROGRAM, INsofar AS MANAGED CARE TRANSITION SAVINGS DO NOT OCCUR AS  
22 ESTIMATED, AND GENERAL FUND SAVINGS DO NOT RESULT, THEN SPENDING FOR THE  
23 COMMUNITY BASED BEHAVIORAL HEALTH SERVICES REINVESTMENT PROGRAM MAY BE  
24 REDUCED IN THE NEXT YEAR'S ANNUAL BUDGET ITEMIZATION. THE COMMISSIONER  
25 OF HEALTH SHALL PROMULGATE REGULATIONS, AND MAY PROMULGATE EMERGENCY  
26 REGULATIONS TO EFFECTUATE THIS SUBDIVISION.

27 S 12. Notwithstanding any law, rule, or regulation to the contrary,  
28 the commissioner of the department of health, in consultation with the  
29 commissioner of the office of mental health, is authorized to establish  
30 an evidenced-based, collaborative care clinical delivery model in clin-  
31 ics licensed under article 28 of the public health law, for the purpose  
32 of improving the detection of depression and other diagnosed mental or  
33 substance use disorders and the treatment of individuals with such  
34 conditions in an integrated manner. Such commissioners shall be author-  
35 ized to develop criteria for the designation of clinics to be providers  
36 of collaborative care services. At a minimum, such designated clinics  
37 shall provide screening for depression, medical diagnosis of patients  
38 who screen positive, evidence-based depression care, ongoing tracking of  
39 patient progress, care management, and a designated psychiatric practi-  
40 tioner who consults with the care manager and primary care physician.  
41 The rates of payment and billing rules for this service will be devel-  
42 oped by the commissioner of the department of health, in consultation  
43 with the commissioner of the office of mental health, and with the  
44 approval of the director of the budget. Such commissioners are author-  
45 ized to waive any regulatory requirements as may be necessary to allow  
46 this service to function in a rational, effective and efficient manner.

47 S 12-a. Paragraph (c) of subdivision 2 of section 365-a of the social  
48 services law, as amended by section 24 of Part A of chapter 56 of the  
49 laws of 2013, is amended to read as follows:

50 (c) out-patient hospital or clinic services in facilities operated in  
51 compliance with applicable provisions of this chapter, the public health  
52 law, the mental hygiene law and other laws, including any provisions  
53 thereof requiring an operating certificate or license, including facili-  
54 ties authorized by the appropriate licensing authority to provide inte-  
55 grated mental health services, and/or alcoholism and substance abuse  
56 services, and/or physical health services, and/or services to persons

1 with developmental disabilities, when such services are provided at a  
2 single location or service site, or where such facilities are not  
3 conveniently accessible, in any hospital located without the state and  
4 care and services in a day treatment program operated by the department  
5 of mental hygiene or by a voluntary agency under an agreement with such  
6 department in that part of a public institution operated and approved  
7 pursuant to law as an intermediate care facility for persons with devel-  
8 opmental disabilities; AND PROVIDED, THAT THE COMMISSIONERS OF HEALTH,  
9 MENTAL HEALTH, ALCOHOLISM AND SUBSTANCE ABUSE SERVICES AND THE OFFICE  
10 FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES SHALL HAVE THE AUTHORITY TO  
11 ISSUE REGULATIONS, INCLUDING EMERGENCY REGULATIONS, TO EFFECTUATE THE  
12 PROVISIONS OF THIS PARAGRAPH;

13 S 13. Section 48-a of part A of chapter 56 of the laws of 2013 amend-  
14 ing chapter 59 of the laws of 2011 amending the public health law and  
15 other laws relating to general hospital reimbursement for annual rates  
16 relating to the cap on local Medicaid expenditures, is amended to read  
17 as follows:

18 S 48-a. Notwithstanding any contrary provision of law, the [commis-  
19 sioner] COMMISSIONERS OF THE OFFICE of alcoholism and substance abuse  
20 services [is] AND OFFICE OF MENTAL HEALTH ARE authorized, subject to the  
21 approval of the director of the budget, to transfer to the commissioner  
22 of health state funds to be utilized as the state share for the purpose  
23 of increasing payments under the medicaid program to managed care organ-  
24 izations licensed under article 44 of the public health law or under  
25 article 43 of the insurance law. Such managed care organizations shall  
26 utilize such funds for the purpose of reimbursing [hospital-based and  
27 free-standing chemical dependence outpatient and opioid treatment clin-  
28 ics] PROVIDERS licensed pursuant to article 28 of the public health law  
29 or article 31 OR 32 of the mental hygiene law for [chemical dependency]  
30 AMBULATORY BEHAVIORAL HEALTH services, as determined by the commissioner  
31 of health, in consultation with the commissioner of alcoholism and  
32 substance abuse services AND THE COMMISSIONER OF THE OFFICE OF MENTAL  
33 HEALTH, provided to medicaid eligible outpatients. Such reimbursement  
34 shall be in the form of fees for such services which are equivalent to  
35 the payments established for such services under the ambulatory patient  
36 group (APG) rate-setting methodology as utilized by the department of  
37 health [or by], the office of alcoholism and substance abuse services,  
38 OR THE OFFICE OF MENTAL HEALTH for rate-setting purposes; provided,  
39 however, that the increase to such fees that shall result from the  
40 provisions of this section shall not, in the aggregate and as determined  
41 by the commissioner of health, in consultation with the commissioner of  
42 alcoholism and substance abuse services AND THE COMMISSIONER OF THE  
43 OFFICE OF MENTAL HEALTH, be greater than the increased funds made avail-  
44 able pursuant to this section. THE INCREASE OF SUCH AMBULATORY BEHAV-  
45 IORAL HEALTH FEES TO PROVIDERS AVAILABLE UNDER THIS SECTION SHALL BE FOR  
46 ALL RATE PERIODS ON AND AFTER THE EFFECTIVE DATE OF THE AMENDMENTS MADE  
47 TO THIS SECTION BY THIS CHAPTER OF THE LAWS OF 2014 THROUGH DECEMBER 31,  
48 2016 FOR PATIENTS IN THE CITY OF NEW YORK, FOR ALL RATE PERIODS ON AND  
49 AFTER THE EFFECTIVE DATE OF THE AMENDMENTS MADE TO THIS SECTION BY THIS  
50 CHAPTER OF THE LAWS OF 2014 THROUGH JUNE 30, 2017 FOR PATIENTS OUTSIDE  
51 THE CITY OF NEW YORK, AND FOR ALL RATE PERIODS ON AND AFTER THE EFFEC-  
52 TIVE DATE OF THE AMENDMENTS MADE TO THIS SECTION BY THIS CHAPTER OF THE  
53 LAWS OF 2014 THROUGH DECEMBER 31, 2017 FOR ALL SERVICES PROVIDED TO  
54 PERSONS UNDER THE AGE OF TWENTY-ONE; PROVIDED, HOWEVER, THAT MANAGED  
55 CARE ORGANIZATIONS AND PROVIDERS MAY NEGOTIATE DIFFERENT RATES AND METH-  
56 ODS OF PAYMENT DURING SUCH PERIODS DESCRIBED ABOVE, SUBJECT TO THE



1 APPROVAL OF THE DEPARTMENT OF HEALTH. THE DEPARTMENT OF HEALTH SHALL  
2 CONSULT WITH THE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES AND  
3 THE OFFICE OF MENTAL HEALTH IN DETERMINING WHETHER SUCH ALTERNATIVE  
4 RATES SHALL BE APPROVED. The commissioner of health may, in consultation  
5 with the commissioner of alcoholism and substance abuse services AND THE  
6 COMMISSIONER OF THE OFFICE OF MENTAL HEALTH, promulgate regulations,  
7 including emergency regulations, as are necessary to implement the  
8 provisions of this section.

9 S 14. Subdivision 8 of section 84 of part A of chapter 56 of the laws  
10 of 2013, amending chapter 59 of the laws of 2011 amending the public  
11 health law and other laws relating to general hospital reimbursement for  
12 annual rates relating to the cap on local Medicaid expenditures, is  
13 amended to read as follows:

14 8. section forty-eight-a of this act shall expire and be deemed  
15 repealed [March 31, 2016] JANUARY 1, 2018;

16 S 15. Section 1 of part H of chapter 111 of the laws of 2010 relating  
17 to increasing Medicaid payments to providers through managed care organ-  
18 izations and providing equivalent fees through an ambulatory patient  
19 group methodology, is amended to read as follows:

20 Section 1. Notwithstanding any contrary provision of law, the  
21 [commissioner] COMMISSIONERS of mental health [is] AND ALCOHOLISM AND  
22 SUBSTANCE ABUSE SERVICES ARE authorized, subject to the approval of the  
23 director of the budget, to transfer to the commissioner of health state  
24 funds to be utilized as the state share for the purpose of increasing  
25 payments under the medicaid program to managed care organizations  
26 licensed under article 44 of the public health law or under article 43  
27 of the insurance law. Such managed care organizations shall utilize such  
28 funds for the purpose of reimbursing [hospital-based and free-standing  
29 clinics] PROVIDERS licensed pursuant to article 28 of the public health  
30 law, OR pursuant to article 31 OR ARTICLE 32 of the mental hygiene law  
31 [or pursuant to both such provisions of law for outpatient mental health  
32 services] FOR AMBULATORY BEHAVIORAL HEALTH SERVICES, as determined by  
33 the commissioner of health in consultation with the commissioner of  
34 mental health AND COMMISSIONER OF ALCOHOLISM AND SUBSTANCE ABUSE  
35 SERVICES, provided to medicaid eligible outpatients. Such reimbursement  
36 shall be in the form of fees for such services which are equivalent to  
37 the payments established for such services under the ambulatory patient  
38 group (APG) rate-setting methodology as utilized by the department of  
39 health or by the office of mental health OR OFFICE OF ALCOHOLISM AND  
40 SUBSTANCE ABUSE SERVICES for rate-setting purposes; provided, however,  
41 that the increase to such fees that shall result from the provisions of  
42 this section shall not, in the aggregate and as determined by the  
43 commissioner of health in consultation with the [commissioner] COMMIS-  
44 SIONERS of mental health AND ALCOHOLISM AND SUBSTANCE ABUSE SERVICES, be  
45 greater than the increased funds made available pursuant to this  
46 section. THE INCREASE OF SUCH BEHAVIORAL HEALTH FEES TO PROVIDERS  
47 AVAILABLE UNDER THIS SECTION SHALL BE FOR ALL RATE PERIODS ON AND AFTER  
48 THE EFFECTIVE DATE OF THIS SECTION THROUGH DECEMBER THIRTY-FIRST, TWO  
49 THOUSAND SIXTEEN FOR PATIENTS IN THE CITY OF NEW YORK, FOR ALL RATE  
50 PERIODS ON AND AFTER THE EFFECTIVE DATE OF THIS SECTION THROUGH JUNE  
51 THIRTIETH, TWO THOUSAND SEVENTEEN FOR PATIENTS OUTSIDE THE CITY OF NEW  
52 YORK, AND FOR ALL RATE PERIODS ON AND AFTER THE EFFECTIVE DATE OF THIS  
53 SECTION THROUGH DECEMBER THIRTY-FIRST, TWO THOUSAND SEVENTEEN FOR ALL  
54 SERVICES PROVIDED TO PERSONS UNDER THE AGE OF TWENTY-ONE; PROVIDED,  
55 HOWEVER, THAT MANAGED CARE ORGANIZATIONS AND PROVIDERS MAY NEGOTIATE  
56 DIFFERENT RATES AND METHODS OF PAYMENT DURING SUCH PERIODS DESCRIBED,

1 SUBJECT TO THE APPROVAL OF THE DEPARTMENT OF HEALTH. THE DEPARTMENT OF  
2 HEALTH SHALL CONSULT WITH THE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE  
3 SERVICES AND THE OFFICE OF MENTAL HEALTH IN DETERMINING WHETHER SUCH  
4 ALTERNATIVE RATES SHALL BE APPROVED. The commissioner of health may, in  
5 consultation with the [commissioner] COMMISSIONERS of mental health AND  
6 ALCOHOLISM AND SUBSTANCE ABUSE SERVICES, promulgate regulations, includ-  
7 ing emergency regulations, as are necessary to implement the provisions  
8 of this section.

9 S 16. Section 2 of part H of chapter 111 of the laws of 2010, relating  
10 to increasing Medicaid payments to providers through managed care organ-  
11 izations and providing equivalent fees through an ambulatory patient  
12 group methodology, as amended by section 49 of part A of chapter 56 of  
13 the laws of 2013, is amended to read as follows:

14 S 2. This act shall take effect immediately and shall be deemed to  
15 have been in full force and effect on and after April 1, 2010, and shall  
16 expire on [March 31, 2016] JANUARY 1, 2018.

17 S 17. Notwithstanding sections 112 and 163 of the state finance law  
18 and any other inconsistent provision of law and subject to the avail-  
19 ability of federal financial participation, the commissioner of health  
20 is authorized, within amounts appropriated, to distribute funds to local  
21 governmental units, as defined in section 41.03 of the mental hygiene  
22 law, to Medicaid managed care plans certified by the department of  
23 health, health homes designated by such department, and individual  
24 behavioral health providers and consortiums of such providers licensed  
25 or certified by the office of mental health or the office of alcoholism  
26 and substance abuse services to prepare for the transition of adult and  
27 children's behavioral health providers and services into managed care.  
28 The use of such funds may include, but not be limited to, infrastructure  
29 and organizational modifications and investments in health information  
30 technology and training and technical assistance. Such funds shall be  
31 distributed pursuant to a plan to be developed by the commissioner of  
32 health, in consultation with the commissioners of the office of mental  
33 health and the office of alcoholism and substance abuse services. In  
34 developing such plan, such commissioners may take into account the size  
35 and scope of a grantee's operations as a factor relevant to eligibility  
36 for, and the amount of, such funds. The commissioner of health is  
37 authorized to audit recipients of funds under this section to ensure  
38 compliance and to recoup any funds determined to have been used for  
39 purposes other than as described herein or otherwise approved by such  
40 commissioners.

41 S 18. Paragraph (a) of subdivision 3 of section 366 of the social  
42 services law is REPEALED and a new paragraph (a) is added to read as  
43 follows:

44 (A) MEDICAL ASSISTANCE SHALL BE FURNISHED WITHOUT CONSIDERATION OF THE  
45 INCOME AND RESOURCES OF AN APPLICANT'S LEGALLY RESPONSIBLE RELATIVE IF  
46 THE APPLICANT'S ELIGIBILITY WOULD NORMALLY BE DETERMINED BY COMPARING  
47 THE AMOUNT OF AVAILABLE INCOME AND/OR RESOURCES OF THE APPLICANT,  
48 INCLUDING AMOUNTS DEEMED AVAILABLE TO THE APPLICANT FROM LEGALLY RESPON-  
49 SIBLE RELATIVES, TO AN APPLICABLE ELIGIBILITY STANDARD, AND:

50 (1) (I) THE LEGALLY RESPONSIBLE RELATIVE IS A COMMUNITY SPOUSE, AS  
51 DEFINED IN SECTION THREE HUNDRED SIXTY-SIX-C OF THIS TITLE;

52 (II) SUCH RELATIVE IS REFUSING TO MAKE HIS OR HER INCOME AND/OR  
53 RESOURCES AVAILABLE TO MEET THE COST OF NECESSARY MEDICAL CARE,  
54 SERVICES, AND SUPPLIES; AND

55 (III) THE APPLICANT EXECUTES AN ASSIGNMENT OF SUPPORT FROM THE COMMU-  
56 NITY SPOUSE IN FAVOR OF THE SOCIAL SERVICES DISTRICT AND THE DEPARTMENT,

1 UNLESS THE APPLICANT IS UNABLE TO EXECUTE SUCH ASSIGNMENT DUE TO PHYS-  
2 ICAL OR MENTAL IMPAIRMENT OR TO DENY ASSISTANCE WOULD CREATE AN UNDUE  
3 HARDSHIP, AS DEFINED BY THE COMMISSIONER; OR

4 (2) THE LEGALLY RESPONSIBLE RELATIVE IS ABSENT FROM THE APPLICANT'S  
5 HOUSEHOLD, AND FAILS OR REFUSES TO MAKE HIS OR HER INCOME AND/OR  
6 RESOURCES AVAILABLE TO MEET THE COST OF NECESSARY MEDICAL CARE,  
7 SERVICES, AND SUPPLIES.

8 IN SUCH CASES, HOWEVER, THE FURNISHING OF SUCH ASSISTANCE SHALL CREATE  
9 AN IMPLIED CONTRACT WITH SUCH RELATIVE, AND THE COST THEREOF MAY BE  
10 RECOVERED FROM SUCH RELATIVE IN ACCORDANCE WITH TITLE SIX OF ARTICLE  
11 THREE OF THIS CHAPTER AND OTHER APPLICABLE PROVISIONS OF LAW.

12 S 19. Paragraph (i) of subdivision 38 of section 2 of the social  
13 services law, as added by section 63 of part H of chapter 59 of the laws  
14 of 2011, is amended to read as follows:

15 (i) "Participating provider" means a certified home health agency,  
16 long term home health agency or personal care provider with total medi-  
17 caid reimbursements, INCLUDING REIMBURSEMENTS THROUGH THE MANAGED CARE  
18 PROGRAM ESTABLISHED PURSUANT TO SECTION THREE HUNDRED SIXTY-FOUR-J OF  
19 THIS CHAPTER, exceeding fifteen million dollars per calendar year.

20 S 20. The opening paragraph of section 363-e of the social services  
21 law, as added by section 64 of part H of chapter 59 of the laws of 2011,  
22 is amended to read as follows:

23 THE DEPARTMENT OF HEALTH AND THE OFFICE OF THE MEDICAID INSPECTOR  
24 GENERAL SHALL JOINTLY DEVELOP REQUIREMENTS FOR PRECLAIM REVIEW. Every  
25 service or item within a claim OR ENCOUNTER submitted by a participating  
26 provider shall be reviewed and verified by a verification organization  
27 prior to submission of a claim OR ENCOUNTER to the department of health  
28 OR TO A MANAGED CARE PROVIDER AS DEFINED IN PARAGRAPH (B) OF SUBDIVISION  
29 ONE OF SECTION THREE HUNDRED SIXTY-FOUR-J OF THIS TITLE. The verifica-  
30 tion organization shall declare each service or item to be verified or  
31 unverified. Each participating provider shall receive and maintain  
32 reports from the verification organization which shall contain data on:

33 S 21. The opening paragraph of subdivision 1 of section 20-c of the  
34 social services law, as added by section 151 of part B of chapter 436 of  
35 the laws of 1997, is amended to read as follows:

36 (A) Except as otherwise specified in the appropriation for system  
37 support and information services program in the office of temporary  
38 disability assistance within the department of family assistance, OR AS  
39 AUTHORIZED BY SUBDIVISION TWO OF SECTION TWENTY-TWO OF THIS ARTICLE, the  
40 department shall not enter into any contract with a private entity under  
41 which that entity would perform any of the public assistance and care  
42 eligibility determination functions, duties or obligations of the  
43 department as set forth in this chapter.

44 S 22. Subdivision 2 of section 22 of the social services law, as added  
45 by chapter 473 of the laws of 1978, is amended to read as follows:

46 2. In connection with any appeal pursuant to this section, with or  
47 without a fair hearing, the commissioner may designate and authorize one  
48 or more appropriate members of his OR HER staff to consider and decide  
49 such appeals. Any staff member so designated and authorized shall have  
50 authority to decide such appeals on behalf of the commissioner with the  
51 same force and effect as if the commissioner had made the decisions.  
52 Fair hearings held in connection with such appeals shall be held on  
53 behalf of the commissioner by [members of his staff] INDIVIDUALS who are  
54 employed OR CONTRACTED for such purposes or who have been designated and  
55 authorized by him OR HER therefor. The provisions of this subdivision  
56 shall apply to fair hearings conducted pursuant to subdivision eight of

1 section four hundred twenty-two of this chapter, and to any hearing  
2 required pursuant to this chapter concerning the denial, suspension or  
3 revocation of any permit, certificate or license, and to any hearing  
4 held pursuant to section four hundred fifty-five of this chapter.

5 S 23. Subdivision 2-c of section 2808 of the public health law is  
6 amended by adding a new paragraph (e) to read as follows:

7 (E) WITH THE EXCEPTION OF THOSE ENROLLEES COVERED UNDER A PAYMENT RATE  
8 METHODOLOGY AGREEMENT NEGOTIATED WITH A RESIDENTIAL HEALTH CARE FACILI-  
9 TY, PAYMENTS FOR INPATIENT RESIDENTIAL HEALTH CARE FACILITY SERVICES  
10 PROVIDED TO PATIENTS ELIGIBLE FOR MEDICAL ASSISTANCE PURSUANT TO TITLE  
11 ELEVEN OF ARTICLE FIVE OF THE SOCIAL SERVICES LAW MADE BY ORGANIZATIONS  
12 OPERATING IN ACCORDANCE WITH THE PROVISIONS OF ARTICLE FORTY-FOUR OF  
13 THIS CHAPTER OR BY HEALTH MAINTENANCE ORGANIZATIONS ORGANIZED AND OPER-  
14 ATING IN ACCORDANCE WITH ARTICLE FORTY-THREE OF THE INSURANCE LAW, SHALL  
15 BE THE RATES OF PAYMENT THAT WOULD BE PAID FOR SUCH PATIENTS UNDER THE  
16 MEDICAL ASSISTANCE PROGRAM AS DETERMINED PURSUANT TO THIS SUBDIVISION  
17 AND AS IN EFFECT AT THE TIME SUCH SERVICES WERE PROVIDED. THE PROVISIONS  
18 OF THIS PARAGRAPH SHALL NOT APPLY TO PAYMENTS FOR PATIENTS WHOSE PLACE-  
19 MENT IN A RESIDENTIAL HEALTH CARE FACILITY IS FOR THE PURPOSE OF RECEIV-  
20 ING TIME-LIMITED REHABILITATION SERVICES, TO BE FOLLOWED BY DISCHARGE  
21 FROM THE FACILITY.

22 S 24. Subdivision 2-c of section 2808 of the public health law is  
23 amended by adding a new paragraph (f) to read as follows:

24 (F) NOTWITHSTANDING ANY INCONSISTENT PROVISION OF THIS SECTION OR ANY  
25 OTHER CONTRARY PROVISION OF LAW AND SUBJECT TO THE AVAILABILITY OF  
26 FEDERAL FINANCIAL PARTICIPATION, ADJUSTMENTS TO MEDICAID RATES OF  
27 PAYMENT BASED ON CHANGES TO A FACILITY'S CASE MIX INDEX SHALL NOT  
28 REFLECT ANY CHANGE IN SUCH CASE MIX INDEX IN EXCESS OF TWO PERCENT FOR  
29 ANY SIX MONTH PERIOD PRIOR TO PERIODS BEGINNING JANUARY FIRST, TWO THOU-  
30 SAND SIXTEEN, OR SUCH EARLIER DATE AS THE COMMISSIONER MAY DETERMINE.

31 S 25. Section 3605 of the public health law is amended by adding a new  
32 subdivision 14 to read as follows:

33 14. NOTWITHSTANDING ANY CONTRARY PROVISION OF LAW AND SUBJECT TO THE  
34 AVAILABILITY OF FEDERAL FINANCIAL PARTICIPATION, FOR PERIODS ON AND  
35 AFTER APRIL FIRST, TWO THOUSAND FOURTEEN, THE COMMISSIONER IS AUTHORIZED  
36 TO MAKE TEMPORARY PERIODIC LUMP-SUM MEDICAID PAYMENTS TO LICENSED HOME  
37 CARE SERVICE AGENCIES ("LHCSA") PRINCIPALLY ENGAGED IN PROVIDING HOME  
38 HEALTH SERVICES TO MEDICAID PATIENTS, IN ACCORDANCE WITH THE FOLLOWING:

39 (A) ELIGIBLE LHCSA PROVIDERS SHALL INCLUDE:

40 (I) PROVIDERS UNDERGOING CLOSURE;

41 (II) PROVIDERS IMPACTED BY THE CLOSURE OF OTHER HEALTH CARE PROVIDERS;

42 (III) PROVIDERS SUBJECT TO MERGERS, ACQUISITIONS, CONSOLIDATIONS OR  
43 RESTRUCTURING;

44 (IV) PROVIDERS IMPACTED BY THE MERGER, ACQUISITION, CONSOLIDATION OR  
45 RESTRUCTURING OF OTHER HEALTH CARE PROVIDERS; OR

46 (V) PROVIDERS SEEKING TO ENSURE THAT ACCESS TO CARE IS MAINTAINED.

47 (B) PROVIDERS SEEKING MEDICAID PAYMENTS UNDER THIS SUBDIVISION SHALL  
48 DEMONSTRATE THROUGH SUBMISSION OF A WRITTEN PROPOSAL TO THE COMMISSIONER  
49 THAT THE ADDITIONAL RESOURCES PROVIDED BY SUCH MEDICAID PAYMENTS WILL  
50 ACHIEVE ONE OR MORE OF THE FOLLOWING:

51 (I) PROTECT OR ENHANCE ACCESS TO CARE;

52 (II) PROTECT OR ENHANCE QUALITY OF CARE;

53 (III) IMPROVE THE COST EFFECTIVENESS OF THE DELIVERY OF HEALTH CARE  
54 SERVICES; OR

55 (IV) OTHERWISE PROTECT OR ENHANCE THE HEALTH CARE DELIVERY SYSTEM, AS  
56 DETERMINED BY THE COMMISSIONER.

1 (C) (I) SUCH WRITTEN PROPOSAL SHALL BE SUBMITTED TO THE COMMISSIONER  
2 AT LEAST SIXTY DAYS PRIOR TO THE REQUESTED COMMENCEMENT OF SUCH MEDICAID  
3 PAYMENTS AND SHALL INCLUDE A PROPOSED BUDGET TO ACHIEVE THE GOALS OF THE  
4 PROPOSAL. ANY MEDICAID PAYMENTS ISSUED PURSUANT TO THIS SUBDIVISION  
5 SHALL BE MADE OVER A SPECIFIED PERIOD OF TIME, AS DETERMINED BY THE  
6 COMMISSIONER, OF UP TO THREE YEARS. AT THE END OF THE SPECIFIED TIME-  
7 FRAME SUCH PAYMENTS SHALL CEASE. THE COMMISSIONER MAY ESTABLISH, AS A  
8 CONDITION OF RECEIVING SUCH MEDICAID PAYMENTS, BENCHMARKS AND GOALS TO  
9 BE ACHIEVED IN CONFORMITY WITH THE PROVIDER'S WRITTEN PROPOSAL AS  
10 APPROVED BY THE COMMISSIONER AND MAY ALSO REQUIRE THAT THE PROVIDER  
11 SUBMIT SUCH PERIODIC REPORTS CONCERNING THE ACHIEVEMENT OF SUCH BENCH-  
12 MARKS AND GOALS AS THE COMMISSIONER DEEMS NECESSARY. FAILURE TO ACHIEVE  
13 SATISFACTORY PROGRESS, AS DETERMINED BY THE COMMISSIONER, IN ACCOMPLISH-  
14 ING SUCH BENCHMARKS AND GOALS SHALL BE A BASIS FOR ENDING THE PROVIDER'S  
15 MEDICAID PAYMENTS PRIOR TO THE END OF THE SPECIFIED TIMEFRAME.

16 (II) THE COMMISSIONER MAY REQUIRE THAT APPLICATIONS SUBMITTED PURSUANT  
17 TO THIS SUBDIVISION BE SUBMITTED IN RESPONSE TO AND IN ACCORDANCE WITH A  
18 REQUEST FOR APPLICATIONS OR A REQUEST FOR PROPOSALS ISSUED BY THE  
19 COMMISSIONER.

20 S 26. Section 3614 of the public health law is amended by adding a new  
21 subdivision 14 to read as follows:

22 14. (A) NOTWITHSTANDING ANY CONTRARY PROVISION OF LAW AND SUBJECT TO  
23 THE AVAILABILITY OF FEDERAL FINANCIAL PARTICIPATION, FOR PERIODS ON AND  
24 AFTER MARCH FIRST, TWO THOUSAND FOURTEEN THE COMMISSIONER SHALL ADJUST  
25 MEDICAID RATES OF PAYMENT FOR SERVICES PROVIDED BY CERTIFIED HOME HEALTH  
26 AGENCIES TO ADDRESS COST INCREASES STEMMING FROM THE WAGE INCREASES  
27 REQUIRED BY IMPLEMENTATION OF THE PROVISIONS OF SECTION THIRTY-SIX  
28 HUNDRED FOURTEEN-C OF THIS ARTICLE. SUCH RATE ADJUSTMENTS SHALL BE BASED  
29 ON A COMPARISON, AS DETERMINED BY THE COMMISSIONER, OF THE HOURLY  
30 COMPENSATION LEVELS FOR HOME HEALTH AIDES AND PERSONAL CARE AIDES AS  
31 REFLECTED IN THE EXISTING MEDICAID RATES FOR CERTIFIED HOME HEALTH AGEN-  
32 CIES TO THE HOURLY COMPENSATION LEVELS INCURRED AS A RESULT OF COMPLYING  
33 WITH THE PROVISIONS OF SECTION THIRTY-SIX HUNDRED FOURTEEN-C OF THIS  
34 ARTICLE.

35 (B) NOTWITHSTANDING ANY CONTRARY PROVISION OF LAW AND SUBJECT TO THE  
36 AVAILABILITY OF FEDERAL FINANCIAL PARTICIPATION, FOR PERIODS ON AND  
37 AFTER MARCH FIRST, TWO THOUSAND FOURTEEN THE COMMISSIONER SHALL ADJUST  
38 MEDICAID RATES OF PAYMENT FOR SERVICES PROVIDED BY LONG TERM HOME HEALTH  
39 CARE PROGRAMS TO ADDRESS COST INCREASES STEMMING FROM THE WAGE INCREASES  
40 REQUIRED BY IMPLEMENTATION OF THE PROVISIONS OF SECTION THIRTY-SIX  
41 HUNDRED FOURTEEN-C OF THIS ARTICLE. SUCH RATE ADJUSTMENTS SHALL BE BASED  
42 ON A COMPARISON, AS DETERMINED BY THE COMMISSIONER, OF THE HOURLY  
43 COMPENSATION LEVELS FOR HOME HEALTH AIDES AND PERSONAL CARE AIDES AS  
44 REFLECTED IN THE EXISTING MEDICAID RATES FOR LONG TERM HOME HEALTH CARE  
45 PROGRAMS TO THE HOURLY COMPENSATION LEVELS INCURRED AS A RESULT OF  
46 COMPLYING WITH THE PROVISIONS OF SECTION THIRTY-SIX HUNDRED FOURTEEN-C  
47 OF THIS ARTICLE.

48 S 26-a. Section 4406-c of the public health law is amended by adding a  
49 new subdivision 9 to read as follows:

50 9. (A) NOTWITHSTANDING ANY INCONSISTENT PROVISION OF LAW, CONTRACTS  
51 WITH NURSING HOMES SHALL REQUIRE THAT STANDARD RATES OF COMPENSATION BE  
52 PAID TO EMPLOYEES WHO PROVIDE INPATIENT NURSING HOME SERVICES, INCLUDING  
53 NURSES, NURSING AIDES, ORDERLIES, ATTENDANTS, THERAPISTS AND, IN ADDI-  
54 TION, TO ANY OTHER OCCUPATIONS DETERMINED BY THE COMMISSIONER, IN  
55 CONSULTATION WITH THE COMMISSIONER OF LABOR, TO PROVIDE INPATIENT NURS-  
56 ING HOME SERVICES.

(B) SUCH STANDARD RATES OF COMPENSATION SHALL INCLUDE A BASIC HOURLY CASH RATE OF PAY AND A SUPPLEMENTAL BENEFIT RATE, WHICH MAY BE PAID OR PROVIDED; SUCH RATES SHALL BE ANNUALLY DETERMINED BY THE COMMISSIONER OF LABOR, IN CONSULTATION WITH THE COMMISSIONER, UTILIZING WAGE AND FRINGE BENEFIT DATA FROM VARIOUS SOURCES, INCLUDING BUT NOT LIMITED TO DATA AND DETERMINATIONS OF FEDERAL, STATE OR OTHER GOVERNMENTAL AGENCIES.

(C) THE COMMISSIONER SHALL DISTRIBUTE NOTICE OF SUCH RATES TO ALL SUCH NURSING HOMES, WHICH SHALL BE DEEMED TO BE A TERM OF, AND INCLUDED AS PART OF, ALL CONTRACTS SUBJECT TO THIS SECTION.

(D) A FAILURE TO COMPLY WITH THESE PROVISIONS OF THIS SUBDIVISION OR WITH REGULATIONS PROMULGATED THEREUNDER SHALL SUBJECT NON-COMPLIANT EMPLOYERS TO THE SANCTIONS AND ENFORCEMENT PROCESSES SET FORTH IN THE LABOR LAW AND REGULATIONS FOR A FAILURE TO PAY WAGES OR TO PAY OR PROVIDE SUPPLEMENTS, IN ADDITION TO ANY PENALTIES AVAILABLE UNDER THIS TITLE.

(E) IN THE EVENT THE COMMISSIONER DETERMINES, IN CONSULTATION WITH THE COMMISSIONER OF LABOR, THAT A NURSING HOME IS MATERIALLY OUT OF COMPLIANCE WITH THE PROVISIONS OF THIS SUBDIVISION THE COMMISSIONER SHALL REQUIRE THAT SUCH NURSING HOME NOT ACCEPT NEW ADMISSIONS PENDING REMEDIATION OF SUCH NON-COMPLIANCE, PROVIDED, HOWEVER, THAT THE COMMISSIONER MAY WAIVE SUCH ACTION IF THE COMMISSIONER DETERMINES THAT CONTINUED ADMISSIONS TO SUCH NURSING HOME IS REQUIRED TO MAINTAIN SUFFICIENT ACCESS TO NURSING HOMES SERVICES IN THE RELEVANT GEOGRAPHIC AREA.

(F) THIS SUBDIVISION SHALL APPLY TO CONTRACTS WITH NURSING HOMES THAT ARE SUBJECT TO REVIEW BY THE DEPARTMENT UNDER THIS ARTICLE THAT ARE ISSUED, RENEWED, MODIFIED, ALTERED OR AMENDED ON OR AFTER OCTOBER FIRST, TWO THOUSAND FOURTEEN.

(G) THE COMMISSIONER AND THE COMMISSIONER OF LABOR MAY EACH PROMULGATE REGULATIONS, IN CONSULTATION WITH EACH OTHER, TO IMPLEMENT THE PROVISIONS OF THIS SUBDIVISION.

S 27. Subdivisions 9 and 10 of section 3614 of the public health law are REPEALED and subdivisions 11, 12 and 13 are renumbered subdivisions 9, 10 and 11.

S 28. Subdivision 35 of section 2807-c of the public health law is amended by adding a new paragraph (j) to read as follows:

(J) NOTWITHSTANDING ANY CONTRARY PROVISION OF LAW, WITH REGARD TO INPATIENT AND OUTPATIENT MEDICAID RATES OF PAYMENT FOR GENERAL HOSPITAL SERVICES, THE COMMISSIONER MAY MAKE SUCH ADJUSTMENTS TO SUCH RATES AND TO THE METHODOLOGY FOR COMPUTING SUCH RATES AS IS NECESSARY TO ACHIEVE NO AGGREGATE, NET GROWTH IN OVERALL MEDICAID EXPENDITURES RELATED TO THE IMPLEMENTATION OF THE INTERNATIONAL CLASSIFICATION OF DISEASES VERSION 10 (ICD-10) CODING SYSTEM ON OR ABOUT OCTOBER FIRST, TWO THOUSAND FOURTEEN, AS COMPARED TO SUCH AGGREGATE EXPENDITURES FROM THE PERIOD IMMEDIATELY PRIOR TO SUCH IMPLEMENTATION.

S 29. Subparagraph (i) of paragraph (e-1) of subdivision 4 of section 2807-c of the public health law, as amended by section 41 of part B of chapter 58 of the laws of 2010, is amended to read as follows:

(i) For rate periods on and after April first, two thousand ten, the commissioner, in consultation with the commissioner of the office of mental health, shall promulgate regulations, and may promulgate emergency regulations, establishing methodologies for determining the operating cost components of rates of payments for services described in this paragraph. Such regulations shall utilize two thousand five operating costs as submitted to the department prior to July first, two thousand nine and shall provide for methodologies establishing per diem inpatient rates that utilize case mix adjustment mechanisms. Such regulations

1 shall contain criteria for adjustments based on length of stay AND MAY  
2 ALSO PROVIDE FOR PERIODIC BASE YEAR UPDATES, PROVIDED, HOWEVER, THAT THE  
3 FIRST SUCH BASE YEAR UPDATE SHALL TAKE EFFECT NO LATER THAN JANUARY  
4 FIRST, TWO THOUSAND FIFTEEN, AND PROVIDED FURTHER, HOWEVER, THAT THE  
5 COMMISSIONER MAY MAKE SUCH ADJUSTMENTS TO SUCH UTILIZATION AND TO THE  
6 METHODOLOGY FOR COMPUTING SUCH RATES AS IS NECESSARY TO ACHIEVE NO  
7 AGGREGATE, NET GROWTH IN OVERALL MEDICAID EXPENDITURES RELATED TO SUCH  
8 RATES, AS COMPARED TO SUCH AGGREGATE EXPENDITURES FROM THE PRIOR YEAR.  
9 IN DETERMINING THE UPDATED BASE YEARS TO BE UTILIZED PURSUANT TO THIS  
10 SUBPARAGRAPH, THE COMMISSIONER SHALL TAKE INTO ACCOUNT THE BASE YEARS  
11 DETERMINED IN ACCORDANCE WITH PARAGRAPH (C) OF SUBDIVISION THIRTY-FIVE  
12 OF THIS SECTION.

13 S 30. Subparagraph (vii) of paragraph (e-2) of subdivision 4 of  
14 section 2807-c of the public health law, as added by section 13 of part  
15 C of chapter 58 of the laws of 2009, is amended to read as follows:

16 (vii) The commissioner may promulgate regulations, including emergency  
17 regulations, implementing the provisions of this paragraph, AND,  
18 FURTHER, SUCH REGULATIONS MAY PROVIDE FOR THE PERIODIC UPDATING OF THE  
19 BASE YEAR COSTS AND STATISTICS USED TO COMPUTE SUCH RATES, PROVIDED,  
20 HOWEVER, THAT THE FIRST SUCH BASE YEAR UPDATE SHALL TAKE EFFECT NO LATER  
21 THAN JANUARY FIRST, TWO THOUSAND FIFTEEN, AND PROVIDED FURTHER, HOWEVER,  
22 THAT THE COMMISSIONER MAY MAKE SUCH ADJUSTMENTS TO SUCH UTILIZATION AND  
23 TO THE METHODOLOGY FOR COMPUTING SUCH RATES AS IS NECESSARY TO ACHIEVE  
24 NO AGGREGATE, NET GROWTH IN OVERALL MEDICAID EXPENDITURES RELATED TO  
25 SUCH RATES, AS COMPARED TO SUCH AGGREGATE EXPENDITURES FROM THE PRIOR  
26 YEAR. IN DETERMINING THE UPDATED BASE YEARS TO BE UTILIZED PURSUANT TO  
27 THIS SUBPARAGRAPH, THE COMMISSIONER SHALL TAKE INTO ACCOUNT THE BASE  
28 YEARS DETERMINED IN ACCORDANCE WITH PARAGRAPH (C) OF SUBDIVISION THIR-  
29 TY-FIVE OF THIS SECTION.

30 S 31. Paragraph (l) of subdivision 4 of section 2807-c of the public  
31 health law is amended by adding a new subparagraph (v) to read as  
32 follows:

33 (V) THE COMMISSIONER MAY PROMULGATE REGULATIONS, INCLUDING EMERGENCY  
34 REGULATIONS, PROVIDING FOR THE PERIODIC UPDATING OF THE BASE YEAR COSTS  
35 AND STATISTICS USED TO COMPUTE RATES OF PAYMENT PURSUANT TO THIS PARA-  
36 GRAPH, PROVIDED, HOWEVER, THAT THE FIRST SUCH BASE YEAR UPDATE SHALL  
37 TAKE EFFECT NO LATER THAN JANUARY FIRST, TWO THOUSAND FIFTEEN, AND  
38 PROVIDED FURTHER, HOWEVER, THAT THE COMMISSIONER MAY MAKE SUCH ADJUST-  
39 MENTS TO SUCH UTILIZATION AND TO THE METHODOLOGY FOR COMPUTING SUCH  
40 RATES AS IS NECESSARY TO ACHIEVE NO AGGREGATE, NET GROWTH IN OVERALL  
41 MEDICAID EXPENDITURES RELATED TO SUCH RATES, AS COMPARED TO SUCH AGGRE-  
42 GATE EXPENDITURES FROM THE PRIOR YEAR. IN DETERMINING THE UPDATED BASE  
43 YEARS TO BE UTILIZED PURSUANT TO THIS SUBPARAGRAPH, THE COMMISSIONER  
44 SHALL TAKE INTO ACCOUNT THE BASE YEARS DETERMINED IN ACCORDANCE WITH  
45 PARAGRAPH (C) OF SUBDIVISION THIRTY-FIVE OF THIS SECTION.

46 S 32. Paragraph (c) of subdivision 35 of section 2807-c of the public  
47 health law, as amended by section 26 of part A of chapter 56 of the laws  
48 of 2013, is amended to read as follows:

49 (c) The base period reported costs and statistics used for rate-set-  
50 ting for operating cost components, including the weights assigned to  
51 diagnostic related groups, shall be updated no less frequently than  
52 every four years and the new base period shall be no more than four  
53 years prior to the first applicable rate period that utilizes such new  
54 base period provided, however, that the first updated base period shall  
55 begin on [January] OR AFTER APRIL first, two thousand fourteen, BUT NO  
56 LATER THAN JULY FIRST, TWO THOUSAND FOURTEEN.

1 S 33. Subdivision 1 of section 92 of part H of chapter 59 of the laws  
2 of 2011, amending the public health law and other laws relating to known  
3 and projected department of health state fund medicaid expenditures, as  
4 amended by section 3 of part A of chapter 56 of the laws of 2013, is  
5 amended to read as follows:

6 1. For state fiscal years 2011-12 through [2014-15] 2015-16, the  
7 director of the budget, in consultation with the commissioner of health  
8 referenced as "commissioner" for purposes of this section, shall assess  
9 on a monthly basis, as reflected in monthly reports pursuant to subdivi-  
10 sion five of this section known and projected department of health state  
11 funds medicaid expenditures by category of service and by geographic  
12 regions, as defined by the commissioner, and if the director of the  
13 budget determines that such expenditures are expected to cause medicaid  
14 disbursements for such period to exceed the projected department of  
15 health medicaid state funds disbursements in the enacted budget finan-  
16 cial plan pursuant to subdivision 3 of section 23 of the state finance  
17 law, the commissioner of health, in consultation with the director of  
18 the budget, shall develop a medicaid savings allocation plan to limit  
19 such spending to the aggregate limit level specified in the enacted  
20 budget financial plan, provided, however, such projections may be  
21 adjusted by the director of the budget to account for any changes in the  
22 New York state federal medical assistance percentage amount established  
23 pursuant to the federal social security act, changes in provider reven-  
24 ues, reductions to local social services district medical assistance  
25 administration, and beginning April 1, 2012 the operational costs of the  
26 New York state medical indemnity fund. Such projections may be adjusted  
27 by the director of the budget to account for increased or expedited  
28 department of health state funds medicaid expenditures as a result of a  
29 natural or other type of disaster, including a governmental declaration  
30 of emergency.

31 S 34. Notwithstanding any contrary provision of law and subject to  
32 the availability of federal financial participation, for state fiscal  
33 years beginning on and after April 1, 2014, the commissioner of health,  
34 in consultation with the director of the budget, shall, prior to January  
35 first of each year, determine the extent of savings that have been  
36 achieved as a result of the application of the provisions of sections 91  
37 and 92 of part H of chapter 59 of the laws of 2011, as amended, and  
38 shall further determine the availability of such savings for distrib-  
39 ution during the last quarter of such state fiscal year. In determining  
40 such savings the commissioner of health, in consultation with the direc-  
41 tor of the budget, may exempt the medical assistance administration  
42 program from distributions under this section. The commissioner of  
43 health, in consultation with the director of the budget, may distribute  
44 funds up to an amount equal to such available savings in accordance with  
45 an allocation plan that utilizes a methodology that distributes such  
46 funds proportionately among providers and plans in New York's Medicaid  
47 program. Such allocation plan shall utilize three years of the most  
48 recently available system-wide expenditure data reflecting both MMIS and  
49 managed care encounters. Distributions to managed care plans shall be  
50 based on the administrative outlays stemming from participation in the  
51 Medicaid program. The commissioner of health may impose minimum thresh-  
52 old amounts in determining provider eligibility for distributions pursu-  
53 ant to this section. No less than fifty percent of the amount available  
54 for distribution shall be made available for the purpose of assisting  
55 eligible providers utilizing the methodology outlined above. No greater  
56 than fifty percent of the distributions pursuant to this section shall



1 be made available for the purposes of ensuring a minimum level of  
2 assistance to financially distressed and critically needed providers as  
3 identified by the commissioner. The commissioner of health is authorized  
4 to seek such federal approvals as may be required to effectuate the  
5 provisions of this section, including, but not limited to, to permit  
6 payment of such distributions as lump sums and to secure waivers from  
7 otherwise applicable federal upper payment limit restrictions on such  
8 payments.

9 S 35. Subdivision 9 of section 365-1 of the social services law, as  
10 added by section 6 of part A of chapter 56 of the laws of 2013, is  
11 amended to read as follows:

12 9. Any contract or contracts entered into by the commissioner of  
13 health prior to January first, two thousand thirteen pursuant to subdi-  
14 vision eight of this section may be amended or modified without the need  
15 for a competitive bid or request for proposal process, and without  
16 regard to the provisions of sections one hundred twelve and one hundred  
17 sixty-three of the state finance law, section one hundred forty-two of  
18 the economic development law, or any other provision of law, to allow  
19 the purchase of additional personnel and services, subject to available  
20 funding, for the limited purpose of assisting the department of health  
21 with implementing the Balancing Incentive Program, the Fully Integrated  
22 Duals Advantage Program, the Vital Access Provider Program, the Medicaid  
23 waiver amendment associated with the public hospital transformation, the  
24 addition of behavioral health services as a managed care plan benefit,  
25 THE DELIVERY SYSTEM REFORM INCENTIVE PAYMENT PLAN, MEDICAID REDESIGN  
26 TEAM SUPPORTIVE HOUSING INITIATIVES, ACTIVITIES TO FACILITATE THE TRAN-  
27 SITION OF VULNERABLE POPULATIONS TO MANAGED CARE, AND OVERSIGHT, RATES-  
28 ETING AND OTHER PROGRAM OPERATIONS ACTIVITIES RELATED TO MANAGED CARE  
29 PLANS, and/or any workgroups required to be established by the chapter  
30 of the laws of two thousand thirteen that added this subdivision.

31 S 36. Subparagraph (ii) of paragraph (e) of subdivision 4 of section  
32 364-j of the social services law, as amended by section 39 of part A of  
33 chapter 56 of the laws of 2013, is amended to read as follows:

34 (ii) In any social services district which has implemented a mandatory  
35 managed care program pursuant to this section, the requirements of this  
36 subparagraph shall apply to the extent consistent with federal law and  
37 regulations. The department of health[,] may contract with one or more  
38 independent organizations to provide enrollment counseling and enroll-  
39 ment services, for participants required to enroll in managed care  
40 programs, for each social services district [requesting the services of  
41 an enrollment broker] WHICH HAS IMPLEMENTED A MANDATORY MANAGED CARE  
42 PROGRAM. To select such organizations, the department of health shall  
43 issue a request for proposals (RFP), shall evaluate proposals submitted  
44 in response to such RFP and, pursuant to such RFP, shall award a  
45 contract to one or more qualified and responsive organizations. Such  
46 organizations shall not be owned, operated, or controlled by any govern-  
47 mental agency, managed care provider, or medical services provider.

48 S 37. Subparagraph (vii) of paragraph (b) of subdivision 7 of section  
49 4403-f of the public health law, as amended by section 40-a of part D of  
50 chapter 56 of the laws of 2012, is amended to read as follows:

51 (vii) Managed long term care provided and plans certified or other  
52 care coordination model established pursuant to this paragraph shall  
53 comply with the provisions of paragraphs (d), (i), (t), and (u) and  
54 subparagraph (iii) of paragraph (a) and [subparagraph] SUBPARAGRAPHS  
55 (II) AND (iv) of paragraph (e) of subdivision four of section three  
56 hundred sixty-four-j of the social services law.

1 S 38. Subdivision (a) of section 90 of part H of chapter 59 of the  
2 laws of 2011, amending the public health law and other laws, relating to  
3 general hospital inpatient reimbursement for annual rates, as amended by  
4 section 1 of part A of chapter 56 of the laws of 2013, is amended to  
5 read as follows:

6 (a) (1) Notwithstanding any other provision of law to the contrary,  
7 for the state fiscal years beginning April 1, 2011 and ending on March  
8 31, [2015] 2014, all Medicaid payments made for services provided on and  
9 after April 1, 2011, shall, except as hereinafter provided, be subject  
10 to a uniform two percent reduction and such reduction shall be applied,  
11 to the extent practicable, in equal amounts during the fiscal year,  
12 provided, however, that an alternative method may be considered at the  
13 discretion of the commissioner of health and the director of the budget  
14 based upon consultation with the health care industry including but not  
15 limited to, a uniform reduction in Medicaid rates of payments or other  
16 reductions provided that any method selected achieves up to \$345,000,000  
17 in Medicaid state share savings in state fiscal year 2011-12 and up to  
18 \$357,000,000 annually in state fiscal years 2012-13[, ] AND 2013-14 [and  
19 2014-15] except as hereinafter provided, for services provided on and  
20 after April 1, 2011 through March 31, [2015] 2014. Any alternative meth-  
21 ods to achieve the reduction must be provided in writing and shall be  
22 filed with the senate finance committee and the assembly ways and means  
23 committee not less than thirty days before the date on which implementa-  
24 tion is expected to begin. Nothing in this section shall be deemed to  
25 prevent all or part of such alternative reduction plan from taking  
26 effect retroactively, to the extent permitted by the federal centers for  
27 medicare and medicaid services.

28 (2) ALTERNATIVE METHODS OF COST CONTAINMENT AS AUTHORIZED AND IMPLE-  
29 MENTED PURSUANT TO PARAGRAPH ONE OF THIS SUBDIVISION SHALL CONTINUE TO  
30 BE APPLIED AND MAINTAINED FOR PERIODS ON AND AFTER APRIL 1, 2014,  
31 PROVIDED, HOWEVER, THAT THE COMMISSIONER OF HEALTH, IN CONSULTATION WITH  
32 THE DIRECTOR OF THE BUDGET, IS AUTHORIZED TO TERMINATE SUCH ALTERNATIVE  
33 METHODS UPON A FINDING THAT THEY ARE NO LONGER NECESSARY TO MAINTAIN  
34 ESSENTIAL COST SAVINGS.

35 S 39. Subdivision (a) of section 364-jj of the social services law, as  
36 amended by section 80-a of part A of chapter 56 of the laws of 2013, is  
37 amended to read as follows:

38 (a) There is hereby established a special advisory review panel on  
39 Medicaid managed care. The panel shall consist of [twelve] SIXTEEN  
40 members who shall be appointed as follows: [four] SIX by the governor,  
41 one of which shall serve as the chair; [three] FOUR each by the tempo-  
42 rary president of the senate and the speaker of the assembly; and one  
43 each by the minority leader of the senate and the minority leader of the  
44 assembly. At least three members of such panel shall be members of the  
45 joint advisory panel established under section 13.40 of the mental  
46 hygiene law. THE PANEL SHALL INCLUDE A CONSUMER REPRESENTATIVE FOR INDIV-  
47 IDUALS WITH BEHAVIORAL HEALTH NEEDS, A CONSUMER REPRESENTATIVE FOR  
48 INDIVIDUALS WHO ARE DUALY ELIGIBLE FOR MEDICARE AND MEDICAID, A REPRE-  
49 SENTATIVE OF ENTITIES THAT PROVIDE OR ARRANGE FOR THE PROVISION OF  
50 SERVICES TO INDIVIDUALS WITH BEHAVIORAL HEALTH NEEDS, AND A REPRESEN-  
51 TATIVE OF ENTITIES THAT PROVIDE OR ARRANGE FOR THE PROVISION OF SERVICES  
52 TO INDIVIDUALS WHO ARE DUALY ELIGIBLE FOR MEDICARE AND MEDICAID.  
53 Members shall serve without compensation but shall be reimbursed for  
54 appropriate expenses. The department shall provide technical assistance  
55 and access to data as is required for the panel to effectuate the  
56 mission and purposes established herein.

1 S 40. Subdivision 6 of section 368-d of the social services law, as  
2 amended by section 37 of part D of chapter 56 of the laws of 2012, is  
3 amended to read as follows:

4 6. The commissioner shall evaluate the results of the study conducted  
5 pursuant to subdivision four of this section to determine, after iden-  
6 tification of actual direct and indirect costs incurred by public school  
7 districts [and state operated and state supported schools for blind and  
8 deaf students], whether it is advisable to claim federal reimbursement  
9 for expenditures under this section as certified public expenditures. In  
10 the event such claims are submitted, if federal reimbursement received  
11 for certified public expenditures on behalf of medical assistance recip-  
12 ients whose assistance and care are the responsibility of a social  
13 services district results in a decrease in the state share of annual  
14 expenditures pursuant to this section for such recipients, then to the  
15 extent that the amount of any such decrease when combined with any  
16 decrease in the state share of annual expenditures described in subdivi-  
17 sion five of section three hundred sixty-eight-e of this title exceeds  
18 one hundred fifty million dollars for the period April 1, 2011 through  
19 March 31, 2013, or exceeds one hundred million dollars in state fiscal  
20 [year 2012-13 or any fiscal year thereafter] YEARS 2013-14 AND 2014-15,  
21 the excess amount shall be transferred to such public school districts  
22 [and state operated and state supported schools for blind and deaf  
23 students] in amounts proportional to their percentage contribution to  
24 the statewide savings; AN AMOUNT EQUAL TO THIRTEEN AND FIVE HUNDREDTHS  
25 PERCENT OF ANY DECREASE IN THE STATE SHARE OF ANNUAL EXPENDITURES PURSU-  
26 ANT TO THIS SECTION FOR SUCH RECIPIENTS IN STATE FISCAL YEAR 2015-16 AND  
27 ANY FISCAL YEAR THEREAFTER SHALL BE TRANSFERRED TO SUCH PUBLIC SCHOOL  
28 DISTRICTS IN AMOUNTS PROPORTIONAL TO THEIR PERCENTAGE CONTRIBUTION TO  
29 THE STATEWIDE SAVINGS. Any [such excess] amount transferred PURSUANT TO  
30 THIS SECTION shall not be considered a revenue received by such social  
31 services district in determining the district's actual medical assist-  
32 ance expenditures for purposes of paragraph (b) of section one of part C  
33 of chapter fifty-eight of the laws of two thousand five.

34 S 41. Subdivision 5 of section 368-e of the social services law, as  
35 amended by section 38 of part D of chapter 56 of the laws of 2012, is  
36 amended to read as follows:

37 5. The commissioner shall evaluate the results of the study conducted  
38 pursuant to subdivision three of this section to determine, after iden-  
39 tification of actual direct and indirect costs incurred by counties for  
40 medical care, services, and supplies furnished to pre-school children  
41 with handicapping conditions, whether it is advisable to claim federal  
42 reimbursement for expenditures under this section as certified public  
43 expenditures. In the event such claims are submitted, if federal  
44 reimbursement received for certified public expenditures on behalf of  
45 medical assistance recipients whose assistance and care are the respon-  
46 sibility of a social services district, results in a decrease in the  
47 state share of annual expenditures pursuant to this section for such  
48 recipients, then to the extent that the amount of any such decrease when  
49 combined with any decrease in the state share of annual expenditures  
50 described in subdivision six of section three hundred sixty-eight-d of  
51 this title exceeds one hundred fifty million dollars for the period  
52 April 1, 2011 through March 31, 2013, or exceeds one hundred million  
53 dollars in state fiscal [year 2012-13 or any fiscal year thereafter]  
54 YEARS 2013-14 AND 2014-15, the excess amount shall be transferred to  
55 such counties in amounts proportional to their percentage contribution  
56 to the statewide savings; AN AMOUNT EQUAL TO THIRTEEN AND FIVE

1 HUNDREDTHS PERCENT OF ANY DECREASE IN THE STATE SHARE OF ANNUAL EXPENDI-  
2 TURES PURSUANT TO THIS SECTION FOR SUCH RECIPIENTS IN STATE FISCAL YEAR  
3 2015-16 AND ANY FISCAL YEAR THEREAFTER SHALL BE TRANSFERRED TO SUCH  
4 COUNTIES IN AMOUNTS PROPORTIONAL TO THEIR PERCENTAGE CONTRIBUTION TO THE  
5 STATEWIDE SAVINGS. Any [such excess] amount transferred PURSUANT TO  
6 THIS SECTION shall not be considered a revenue received by such social  
7 services district in determining the district's actual medical assist-  
8 ance expenditures for purposes of paragraph (b) of section one of part C  
9 of chapter fifty-eight of the laws of two thousand five.

10 S 42. Section 365-1 of the social services law is amended by adding a  
11 new subdivision 2-b to read as follows:

12 2-B. NOTWITHSTANDING SECTIONS ONE HUNDRED TWELVE AND ONE HUNDRED  
13 SIXTY-THREE OF THE STATE FINANCE LAW OR ANY INCONSISTENT PROVISION OF  
14 LAW AND SUBJECT TO THE AVAILABILITY OF FEDERAL FINANCIAL PARTICIPATION,  
15 THE COMMISSIONER OF HEALTH IS AUTHORIZED TO DISTRIBUTE FUNDS FROM A  
16 GROSS AMOUNT OF FIVE MILLION DOLLARS, TO ESTABLISH COORDINATION BETWEEN  
17 HEALTH HOMES AND THE CRIMINAL JUSTICE SYSTEM. SUCH FUNDS MAY BE USED FOR  
18 THE INTEGRATION OF INFORMATION OF HEALTH HOMES WITH STATE AND LOCAL  
19 CORRECTIONAL FACILITIES, TO THE EXTENT PERMITTED BY LAW; INCLUDING, BUT  
20 NOT LIMITED TO, THE DEVELOPMENT OF A LIAISON SERVICE BETWEEN SUCH HOMES  
21 AND FACILITIES AND THE ESTABLISHMENT OF A CRIMINAL JUSTICE AND HEALTH  
22 HOME LEARNING COLLABORATIVE TO PROVIDE TRAINING AND FACILITATE BEST  
23 PRACTICES. HEALTH HOMES RECEIVING SUCH FUNDS SHALL BE REQUIRED TO DOCU-  
24 MENT AND DEMONSTRATE THE EFFECTIVE USE OF FUNDS DISTRIBUTED HEREIN.

25 S 43. Section 365-1 of the social services law is amended by adding a  
26 new subdivision 2-c to read as follows:

27 2-C. NOTWITHSTANDING SECTIONS ONE HUNDRED TWELVE AND ONE HUNDRED  
28 SIXTY-THREE OF THE STATE FINANCE LAW, AND SUBJECT TO FEDERAL FINANCIAL  
29 PARTICIPATION, AND SUBJECT TO AMOUNTS APPROPRIATED FOR PURPOSES HEREIN,  
30 THE DEPARTMENT OF HEALTH MAY DISTRIBUTE FUNDS TO PROVIDERS UNDER THIS  
31 SECTION FOR MEMBER ENGAGEMENT, STAFF TRAINING AND RETRAINING, HEALTH  
32 INFORMATION TECHNOLOGY IMPLEMENTATION, JOINT GOVERNANCE TECHNICAL  
33 ASSISTANCE, AND OTHER SUCH PURPOSES AS THE COMMISSIONER OF HEALTH, IN  
34 CONSULTATION WITH THE COMMISSIONERS OF THE OFFICE OF MENTAL HEALTH AND  
35 THE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES, DETERMINES. THE  
36 COMMISSIONER OF HEALTH, IN CONSULTATION WITH THE COMMISSIONERS OF THE  
37 OFFICE OF MENTAL HEALTH AND THE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE  
38 SERVICES, SHALL APPROVE APPLICATIONS FOR SUCH FUNDS PURSUANT TO CRITERIA  
39 DEVELOPED BY THE DEPARTMENT OF HEALTH. APPLICATIONS WHICH ADDRESS IMPL-  
40 EMENTATION CHALLENGES, LEVERAGE REGIONAL PARTNERSHIPS, LINK CARE COORDI-  
41 NATION NETWORKS AND DO NOT OTHERWISE DUPLICATE FUNDS AVAILABLE THROUGH  
42 OTHER PROGRAMS MAY BE PRIORITIZED. THE COMMISSIONER OF HEALTH MAY  
43 PROMULGATE REGULATIONS, INCLUDING EMERGENCY REGULATIONS, TO EFFECTUATE  
44 THE PROVISIONS OF THIS SUBDIVISION.

45 S 44. The social services law is amended by adding a new section 398-b  
46 to read as follows:

47 S 398-B. TRANSITION TO MANAGED CARE. 1. NOTWITHSTANDING SECTIONS ONE  
48 HUNDRED TWELVE AND ONE HUNDRED SIXTY-THREE OF THE STATE FINANCE LAW AND  
49 ANY OTHER INCONSISTENT PROVISION OF LAW AND SUBJECT TO THE AVAILABILITY  
50 OF FEDERAL FINANCIAL PARTICIPATION, THE COMMISSIONER OF HEALTH IS  
51 AUTHORIZED TO DISTRIBUTE FUNDS FROM A GROSS AMOUNT OF FIVE MILLION  
52 DOLLARS TO FACILITATE THE TRANSITION OF FOSTER CARE CHILDREN PLACED WITH  
53 VOLUNTARY FOSTER CARE AGENCIES TO MANAGED CARE. THE USE OF SUCH FUNDS  
54 MAY INCLUDE PROVIDING TRAINING AND CONSULTING SERVICES TO VOLUNTARY  
55 AGENCIES TO ASSESS READINESS AND MAKE NECESSARY INFRASTRUCTURE AND  
56 ORGANIZATIONAL MODIFICATIONS, COLLECTING SERVICE UTILIZATION AND OTHER

DATA FROM VOLUNTARY AGENCIES AND OTHER ENTITIES, AND MAKING INVESTMENTS IN HEALTH INFORMATION TECHNOLOGY, INCLUDING THE INFRASTRUCTURE NECESSARY TO ESTABLISH AND MAINTAIN ELECTRONIC HEALTH RECORDS. SUCH FUNDS SHALL BE DISTRIBUTED PURSUANT TO A FORMULA TO BE DEVELOPED BY THE COMMISSIONER OF HEALTH, IN CONSULTATION WITH THE COMMISSIONER OF THE OFFICE OF CHILDREN AND FAMILY SERVICES. IN DEVELOPING SUCH FORMULA THE COMMISSIONERS MAY TAKE INTO ACCOUNT SIZE AND SCOPE OF PROVIDER OPERATIONS AS A FACTOR RELEVANT TO ELIGIBILITY FOR SUCH FUNDS. EACH RECIPIENT OF SUCH FUNDS SHALL BE REQUIRED TO DOCUMENT AND DEMONSTRATE THE EFFECTIVE USE OF FUNDS DISTRIBUTED HEREIN.

2. DATA PROVIDED BY VOLUNTARY FOSTER CARE AGENCIES SHALL BE COMPLIANT WITH THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT, AND SHALL BE TRANSMITTED SECURELY USING EMEDS OR OTHER MECHANISMS TO BE DETERMINED BY THE DEPARTMENT OF HEALTH. SUCH DATA MAY BE USED BY THE DEPARTMENT OF HEALTH TO ESTABLISH RATES OF PAYMENT FOR MANAGED CARE ORGANIZATIONS FOR SERVICES PROVIDED TO CHILDREN IN FOSTER CARE.

S 45. Subdivision 3 of section 365-n of the social services law, as added by section 6 of part F of chapter 56 of the Laws of 2012, is amended to read as follows:

3. Notwithstanding sections sixty-one, sixty-three, seventy, seventy-eight, seventy-nine, eighty-one and [eight-one-a] EIGHTY-ONE-A of the civil service law or any provisions to the contrary contained in any general, special, or local laws, all lawful appointees of a county performing the functions established in subdivision two of this section as of the effective date of this section OR ANY SUCH APPOINTEES WHO MEET THE OPEN COMPETITIVE QUALIFICATIONS FOR POSITIONS ESTABLISHED TO PERFORM THESE FUNCTIONS will be eligible for voluntary transfer to appropriate positions, in the department, that are classified to perform such functions without further examination, qualification, or probationary period; and, upon such transfer, will have all the rights and privileges of the jurisdictional classification to which such positions are allocated in the classified service of the state.

S 46. Section 365-n of the social services law is amended by adding a new subdivision 5-a to read as follows:

5-A. (A) THE COMMISSIONER MAY TAKE NECESSARY ACTION TO REVIEW THE ACCURACY OF DETERMINATIONS OF INITIAL AND ONGOING ELIGIBILITY UNDER THE MEDICAL ASSISTANCE PROGRAM, AND TO IDENTIFY AND ELIMINATE INAPPROPRIATE INSTANCES OF CONCURRENT OR DUPLICATE BENEFITS AND AUTHORIZATIONS. THE COMMISSIONER IS AUTHORIZED TO CONTRACT WITH ONE OR MORE ENTITIES TO ASSIST THE STATE IN IMPLEMENTING THE PROVISIONS OF THIS SUBDIVISION.

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

(1) THE DEPARTMENT OF HEALTH 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 SECTION.

S 47. Section 206 of the public health law is amended by adding a new subdivision 29 to read as follows:

29. NOTWITHSTANDING ANY PROVISION OF LAW TO THE CONTRARY, THE COMMISSIONERS OF THE DEPARTMENT OF HEALTH, THE OFFICE OF MENTAL HEALTH, THE OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES, AND THE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES ARE AUTHORIZED TO WAIVE ANY REGULATORY REQUIREMENTS AS ARE NECESSARY TO ALLOW PROVIDERS PARTICIPATING IN JOINT PROJECTS UNDER THE DELIVERY SYSTEM REFORM INCENTIVE PAYMENTS PROGRAM TO AVOID DUPLICATION OF REQUIREMENTS AND TO ALLOW THE INTEGRATED DELIVERY OF SERVICES IN A RATIONAL AND EFFICIENT MANNER.

S 48. Notwithstanding the provisions of sections 112 and 163 of the state finance law, or any other contrary provision of law, the commissioner of health is authorized to negotiate the extension of contract number C025673 with Mercer Health and Benefits, LLC, as currently in effect through October of 2014, through a period ending no later than December 31, 2016, without a competitive bid or request for proposal process.

S 49. Section 364-j of the social services law is amended by adding a new subdivision 29 to read as follows:

29. NOTWITHSTANDING THE PROVISIONS 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 CONTRARY PROVISION OF LAW, IN THE EVENT THAT THE DEPARTMENT RECEIVES APPROVAL FROM THE CENTERS FOR MEDICARE AND MEDICAID SERVICES TO AMEND ITS 1115 WAIVER KNOWN AS THE PARTNERSHIP PLAN OR RECEIVES APPROVAL FOR A NEW 1115 WAIVER FOR THE PURPOSE OF REINVESTING SAVINGS RESULTING FROM THE REDESIGN OF THE MEDICAL ASSISTANCE PROGRAM, THE COMMISSIONER IS AUTHORIZED TO ENTER INTO CONTRACTS, AND/OR TO AMEND THE TERMS OF CONTRACTS AWARDED PRIOR TO THE EFFECTIVE DATE OF THIS SUBDIVISION, WITHOUT A COMPETITIVE BID OR REQUEST FOR PROPOSAL PROCESS, FOR THE PURPOSE OF ASSISTING THE DEPARTMENT OF HEALTH WITH IMPLEMENTING PROJECTS AUTHORIZED UNDER SUCH WAIVER APPROVAL; PROVIDED, HOWEVER, IN THE CASE OF A CONTRACT ENTERED INTO AFTER THE EFFECTIVE DATE OF THIS SUBDIVISION, THAT:

(A) THE DEPARTMENT OF HEALTH 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 COMMISSIONER OF HEALTH; AND

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

1 S 50. Subdivision 1 of section 366 of the social services law is  
2 amended by adding a new paragraph (g) to read as follows:

3 (G) COVERAGE OF CERTAIN NONCITIZENS. (1) APPLICANTS AND RECIPIENTS WHO  
4 ARE LAWFULLY ADMITTED FOR PERMANENT RESIDENCE, OR WHO ARE PERMANENTLY  
5 RESIDING IN THE UNITED STATES UNDER COLOR OF LAW; WHO ARE MAGI ELIGIBLE  
6 PURSUANT TO PARAGRAPH (B) OF THIS SUBDIVISION; AND WHO WOULD BE INELIGI-  
7 BLE FOR MEDICAL ASSISTANCE COVERAGE UNDER SUBDIVISIONS ONE AND TWO OF  
8 SECTION THREE HUNDRED SIXTY-FIVE-A OF THIS TITLE SOLELY DUE TO THEIR  
9 IMMIGRATION STATUS IF THE PROVISIONS OF SECTION ONE HUNDRED TWENTY-TWO  
10 OF THIS CHAPTER WERE APPLIED, SHALL BE REQUIRED TO ENROLL IN A STANDARD  
11 HEALTH PLAN OFFERED BY A BASIC HEALTH PROGRAM ESTABLISHED PURSUANT TO  
12 SECTION THREE HUNDRED SIXTY-NINE-GG OF THIS ARTICLE IF SUCH PROGRAM IS  
13 ESTABLISHED AND OPERATING.

14 (2) WITH RESPECT TO A PERSON DESCRIBED IN SUBPARAGRAPH ONE OF THIS  
15 PARAGRAPH WHO IS ENROLLED IN A STANDARD HEALTH PLAN, MEDICAL ASSISTANCE  
16 COVERAGE SHALL MEAN:

17 (I) PAYMENT OF REQUIRED PREMIUMS AND OTHER COST-SHARING OBLIGATIONS  
18 UNDER THE STANDARD HEALTH PLAN THAT EXCEED THE PERSON'S CO-PAYMENT OBLI-  
19 GATION UNDER SUBDIVISION SIX OF SECTION THREE HUNDRED SIXTY-SEVEN-A OF  
20 THIS TITLE; AND

21 (II) PAYMENT FOR SERVICES AND SUPPLIES DESCRIBED IN SUBDIVISION ONE OR  
22 TWO OF SECTION THREE HUNDRED SIXTY-FIVE-A OF THIS TITLE, AS APPLICABLE,  
23 BUT ONLY TO THE EXTENT THAT SUCH SERVICES AND SUPPLIES ARE NOT COVERED  
24 BY THE STANDARD HEALTH PLAN.

25 (3) NOTHING IN THIS SUBDIVISION SHALL PREVENT A PERSON DESCRIBED IN  
26 SUBPARAGRAPH ONE OF THIS PARAGRAPH FROM QUALIFYING FOR OR RECEIVING  
27 MEDICAL ASSISTANCE FOR PERIODS PRIOR TO HIS OR HER ENROLLMENT IN A STAN-  
28 DARD HEALTH PLAN, IN ACCORDANCE WITH APPLICABLE PROVISIONS OF THIS  
29 TITLE.

30 S 51. The social services law is amended by adding a new section 369-  
31 gg to read as follows:

32 S 369-GG. BASIC HEALTH PROGRAM. 1. DEFINITIONS. FOR PURPOSES OF THIS  
33 SECTION:

34 (A) "ELIGIBLE ORGANIZATION" MEANS AN INSURER LICENSED PURSUANT TO  
35 ARTICLE THIRTY-TWO OR FORTY-TWO OF THE INSURANCE LAW, A CORPORATION OR  
36 AN ORGANIZATION UNDER ARTICLE FORTY-THREE OF THE INSURANCE LAW, OR AN  
37 ORGANIZATION CERTIFIED UNDER ARTICLE FORTY-FOUR OF THE PUBLIC HEALTH  
38 LAW, INCLUDING PROVIDERS CERTIFIED UNDER SECTION FORTY-FOUR HUNDRED  
39 THREE-E OF THE PUBLIC HEALTH LAW;

40 (B) "APPROVED ORGANIZATION" MEANS AN ELIGIBLE ORGANIZATION APPROVED BY  
41 THE COMMISSIONER TO UNDERWRITE A BASIC HEALTH INSURANCE PLAN PURSUANT TO  
42 THIS TITLE;

43 (C) "HEALTH CARE SERVICES" MEANS THE SERVICES AND SUPPLIES AS DEFINED  
44 BY THE COMMISSIONER IN CONSULTATION WITH THE SUPERINTENDENT OF FINANCIAL  
45 SERVICES, AND SHALL BE CONSISTENT WITH AND SUBJECT TO THE ESSENTIAL  
46 HEALTH BENEFITS AS DEFINED BY THE COMMISSIONER IN ACCORDANCE WITH THE  
47 PROVISIONS OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (P.L. 111-  
48 148) AND CONSISTENT WITH THE BENEFITS PROVIDED BY THE REFERENCE PLAN  
49 SELECTED BY THE COMMISSIONER FOR THE PURPOSES OF DEFINING SUCH BENEFITS;

50 (D) "QUALIFIED HEALTH PLAN" MEANS A HEALTH PLAN THAT MEETS THE CRITE-  
51 RIA FOR CERTIFICATION DESCRIBED IN S 1311(C) OF THE PATIENT PROTECTION  
52 AND AFFORDABLE CARE ACT (P.L. 111-148), AND IS OFFERED TO INDIVIDUALS  
53 THROUGH THE HEALTH INSURANCE EXCHANGE MARKETPLACE; AND

54 (E) "BASIC HEALTH INSURANCE PLAN" MEANS A STANDARD HEALTH PLAN, SEPA-  
55 RATE AND APART FROM QUALIFIED HEALTH PLANS, THAT IS ISSUED BY AN  
56 APPROVED ORGANIZATION AND CERTIFIED IN ACCORDANCE WITH THIS SECTION.

1 2. AUTHORIZATION. IF IT IS IN THE FINANCIAL INTEREST OF THE STATE TO  
2 DO SO, THE COMMISSIONER OF HEALTH IS AUTHORIZED, WITH THE APPROVAL OF  
3 THE DIRECTOR OF THE BUDGET, TO ESTABLISH A BASIC HEALTH PROGRAM. THE  
4 COMMISSIONER'S AUTHORITY PURSUANT TO THIS SECTION IS CONTINGENT UPON  
5 OBTAINING AND MAINTAINING ALL NECESSARY APPROVALS FROM THE SECRETARY OF  
6 HEALTH AND HUMAN SERVICES TO OFFER A BASIC HEALTH PROGRAM IN ACCORDANCE  
7 WITH 42 U.S.C. 18051. THE COMMISSIONER MAY TAKE ANY AND ALL ACTIONS  
8 NECESSARY TO OBTAIN SUCH APPROVALS.

9 3. ELIGIBILITY. A PERSON IS ELIGIBLE TO RECEIVE COVERAGE FOR HEALTH  
10 CARE SERVICES PURSUANT TO THIS TITLE IF HE OR SHE:

11 (A) RESIDES IN NEW YORK STATE AND IS UNDER SIXTY-FIVE YEARS OF AGE;

12 (B) IS NOT ELIGIBLE FOR MEDICAL ASSISTANCE UNDER TITLE ELEVEN OF THIS  
13 ARTICLE OR FOR THE CHILD HEALTH INSURANCE PLAN DESCRIBED IN TITLE ONE-A  
14 OF ARTICLE TWENTY-FIVE OF THE PUBLIC HEALTH LAW;

15 (C) IS NOT ELIGIBLE FOR MINIMUM ESSENTIAL COVERAGE, AS DEFINED IN  
16 SECTION 5000A(F) OF THE INTERNAL REVENUE SERVICE CODE OF 1986, OR IS  
17 ELIGIBLE FOR AN EMPLOYER-SPONSORED PLAN THAT IS NOT AFFORDABLE, IN  
18 ACCORDANCE WITH SECTION 5000A OF SUCH CODE; AND

19 (D) (I) HAS HOUSEHOLD INCOME AT OR BELOW TWO HUNDRED PERCENT OF THE  
20 FEDERAL POVERTY LINE DEFINED AND ANNUALLY REVISED BY THE UNITED STATES  
21 DEPARTMENT OF HEALTH AND HUMAN SERVICES FOR A HOUSEHOLD OF THE SAME  
22 SIZE; AND (II) HAS HOUSEHOLD INCOME THAT EXCEEDS ONE HUNDRED  
23 THIRTY-THREE PERCENT OF THE FEDERAL POVERTY LINE DEFINED AND ANNUALLY  
24 REVISED BY THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES FOR  
25 A HOUSEHOLD OF THE SAME SIZE; HOWEVER, MAGI ELIGIBLE ALIENS LAWFULLY  
26 PRESENT IN THE UNITED STATES WITH HOUSEHOLD INCOMES AT OR BELOW ONE  
27 HUNDRED THIRTY-THREE PERCENT OF THE FEDERAL POVERTY LINE SHALL BE ELIGI-  
28 BLE TO RECEIVE COVERAGE FOR HEALTH CARE SERVICES PURSUANT TO THE  
29 PROVISIONS OF THIS TITLE IF SUCH ALIEN WOULD BE INELIGIBLE FOR MEDICAL  
30 ASSISTANCE UNDER TITLE ELEVEN OF THIS ARTICLE DUE TO HIS OR HER IMMI-  
31 GRATION STATUS.

32 AN APPLICANT WHO FAILS TO MAKE AN APPLICABLE PREMIUM PAYMENT SHALL  
33 LOSE ELIGIBILITY TO RECEIVE COVERAGE FOR HEALTH CARE SERVICES IN ACCORD-  
34 ANCE WITH TIME FRAMES AND PROCEDURES DETERMINED BY THE COMMISSIONER.

35 4. ENROLLMENT. (A) SUBJECT TO FEDERAL APPROVAL, THE COMMISSIONER IS  
36 AUTHORIZED TO ESTABLISH AN APPLICATION AND ENROLLMENT PROCEDURE FOR  
37 PROSPECTIVE ENROLLEES. SUCH PROCEDURE SHALL INCLUDE A VERIFICATION  
38 SYSTEM FOR APPLICANTS, WHICH SHALL BE CONSISTENT WITH 42 USC S 1320B-7.

39 (B) SUCH PROCEDURE SHALL ALLOW FOR CONTINUOUS ENROLLMENT FOR ENROLLEES  
40 TO THE BASIC HEALTH PROGRAM WHERE AN INDIVIDUAL MAY APPLY AND ENROLL FOR  
41 COVERAGE AT ANY POINT.

42 (C) UPON AN APPLICANT'S ENROLLMENT IN A BASIC HEALTH INSURANCE PLAN,  
43 COVERAGE FOR HEALTH CARE SERVICES PURSUANT TO THE PROVISIONS OF THIS  
44 TITLE SHALL BE PROSPECTIVE. COVERAGE SHALL BEGIN IN A MANNER CONSISTENT  
45 WITH THE REQUIREMENTS FOR QUALIFIED HEALTH PLANS OFFERED THROUGH THE  
46 HEALTH INSURANCE EXCHANGE MARKETPLACE, AS DELINEATED IN FEDERAL REGU-  
47 LATION AT 42 CFR 155.420(B)(1) OR ANY SUCCESSOR REGULATION THEREOF.

48 (D) A PERSON WHO HAS ENROLLED FOR COVERAGE PURSUANT TO THIS TITLE, AND  
49 WHO LOSES ELIGIBILITY TO ENROLL IN THE BASIC HEALTH PROGRAM FOR A REASON  
50 OTHER THAN CITIZENSHIP STATUS, LACK OF STATE RESIDENCE, FAILURE TO  
51 PROVIDE A VALID SOCIAL SECURITY NUMBER, PROVIDING INACCURATE INFORMATION  
52 THAT WOULD AFFECT ELIGIBILITY WHEN REQUESTING OR RENEWING HEALTH COVER-  
53 AGE PURSUANT TO THIS TITLE, OR FAILURE TO MAKE AN APPLICABLE PREMIUM  
54 PAYMENT, BEFORE THE END OF A TWELVE MONTH PERIOD BEGINNING ON THE EFFEC-  
55 TIVE DATE OF THE PERSON'S INITIAL ELIGIBILITY FOR COVERAGE, OR BEFORE  
56 THE END OF A TWELVE MONTH PERIOD BEGINNING ON THE DATE OF ANY SUBSEQUENT



1 DETERMINATION OF ELIGIBILITY, SHALL HAVE HIS OR HER ELIGIBILITY FOR  
2 COVERAGE CONTINUED UNTIL THE END OF SUCH TWELVE MONTH PERIOD, PROVIDED  
3 THAT THE STATE RECEIVES FEDERAL APPROVAL FOR USING FUNDS FROM THE BASIC  
4 HEALTH PROGRAM TRUST FUND, ESTABLISHED UNDER SECTION 97-0000 OF THE  
5 STATE FINANCE LAW, FOR THE COSTS ASSOCIATED WITH SUCH ASSISTANCE.

6 5. PREMIUMS AND COST SHARING. (A) SUBJECT TO FEDERAL APPROVAL, THE  
7 COMMISSIONER SHALL ESTABLISH PREMIUM PAYMENTS ENROLLEES SHALL PAY TO  
8 APPROVED ORGANIZATIONS FOR COVERAGE OF HEALTH CARE SERVICES PURSUANT TO  
9 THIS TITLE. SUCH PREMIUM PAYMENTS SHALL BE ESTABLISHED IN THE FOLLOWING  
10 MANNER:

11 (I) UP TO TWENTY DOLLARS MONTHLY FOR AN INDIVIDUAL WITH A HOUSEHOLD  
12 INCOME ABOVE ONE HUNDRED AND FIFTY PERCENT OF THE FEDERAL POVERTY LINE  
13 BUT AT OR BELOW TWO HUNDRED PERCENT OF THE FEDERAL POVERTY LINE DEFINED  
14 AND ANNUALLY REVISED BY THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN  
15 SERVICES FOR A HOUSEHOLD OF THE SAME SIZE; AND

16 (II) NO PAYMENT IS REQUIRED FOR INDIVIDUALS WITH A HOUSEHOLD INCOME AT  
17 OR BELOW ONE HUNDRED AND FIFTY PERCENT OF THE FEDERAL POVERTY LINE  
18 DEFINED AND ANNUALLY REVISED BY THE UNITED STATES DEPARTMENT OF HEALTH  
19 AND HUMAN SERVICES FOR A HOUSEHOLD OF THE SAME SIZE.

20 (B) THE COMMISSIONER SHALL ESTABLISH COST SHARING OBLIGATIONS FOR  
21 ENROLLEES, SUBJECT TO FEDERAL APPROVAL.

22 6. ANY FUNDS TRANSFERRED BY THE SECRETARY OF HEALTH AND HUMAN SERVICES  
23 TO THE STATE PURSUANT TO 42 U.S.C. 18051(D) SHALL BE DEPOSITED IN TRUST.  
24 FUNDS FROM THE TRUST SHALL BE USED FOR PROVIDING HEALTH BENEFITS THROUGH  
25 AN APPROVED ORGANIZATION, WHICH, AT A MINIMUM, SHALL INCLUDE ESSENTIAL  
26 HEALTH BENEFITS AS DEFINED IN 42 U.S.C. 18022(B); TO REDUCE THE PREMIUMS  
27 AND COST SHARING OF PARTICIPANTS IN THE BASIC HEALTH PROGRAM; OR FOR  
28 SUCH OTHER PURPOSES AS MAY BE ALLOWED BY THE SECRETARY OF HEALTH AND  
29 HUMAN SERVICES. HEALTH BENEFITS AVAILABLE THROUGH THE BASIC HEALTH  
30 PROGRAM SHALL BE PROVIDED BY ONE OR MORE APPROVED ORGANIZATIONS PURSUANT  
31 TO AN AGREEMENT WITH THE DEPARTMENT OF HEALTH AND SHALL MEET THE  
32 REQUIREMENTS OF APPLICABLE FEDERAL AND STATE LAWS AND REGULATIONS.

33 7. AN INDIVIDUAL WHO IS LAWFULLY ADMITTED FOR PERMANENT RESIDENCE OR  
34 PERMANENTLY RESIDING IN THE UNITED STATES UNDER COLOR OF LAW, AND WHO  
35 WOULD BE INELIGIBLE FOR MEDICAL ASSISTANCE UNDER TITLE ELEVEN OF THIS  
36 ARTICLE DUE TO HIS OR HER IMMIGRATION STATUS IF THE PROVISIONS OF  
37 SECTION ONE HUNDRED TWENTY-TWO OF THIS CHAPTER WERE APPLIED, SHALL BE  
38 CONSIDERED TO BE INELIGIBLE FOR MEDICAL ASSISTANCE FOR PURPOSES OF PARA-  
39 GRAPHS (B) AND (C) OF SUBDIVISION THREE OF THIS SECTION.

40 S 52. Subparagraph 2 of paragraph (e) of subdivision 3 of section  
41 367-a of the social services law, as added by section 16 of part D of  
42 chapter 56 of the laws of 2013, is amended to read as follows:

43 (2) Payment pursuant to this paragraph shall be for premium obli-  
44 gations of the individual under the qualified health plan and shall  
45 continue only if and for so long as the individual's MAGI household  
46 income exceeds one hundred thirty-three percent, but does not exceed one  
47 hundred fifty percent, of the federal poverty line for the applicable  
48 family size, OR, IF EARLIER, UNTIL THE INDIVIDUAL IS ELIGIBLE FOR  
49 ENROLLMENT IN A STANDARD HEALTH PLAN PURSUANT TO SECTION THREE HUNDRED  
50 SIXTY-NINE-GG OF THIS ARTICLE.

51 S 53. The state finance law is amended by adding a new section 97-0000  
52 to read as follows:

53 S 97-0000. BASIC HEALTH PROGRAM TRUST FUND. 1. THERE IS HEREBY ESTAB-  
54 LISHED IN THE JOINT CUSTODY OF THE COMPTROLLER AND THE COMMISSIONER OF  
55 TAXATION AND FINANCE A FUND, TO BE KNOWN AS THE "BASIC HEALTH PROGRAM  
56 TRUST FUND".

1 2. SUCH FUND SHALL CONSIST OF MONEYS TRANSFERRED FROM THE FEDERAL  
2 GOVERNMENT PURSUANT TO 42 U.S.C. S 18051(D) FOR THE PURPOSE OF REDUCING  
3 THE PREMIUMS AND COST-SHARING OF, OR PROVIDING BENEFITS FOR, ELIGIBLE  
4 INDIVIDUALS ENROLLED IN THE BASIC HEALTH PROGRAM, ESTABLISHED PURSUANT  
5 TO SECTION THREE HUNDRED SIXTY-NINE-GG OF THE SOCIAL SERVICES LAW.

6 3. UPON FEDERAL APPROVAL, ALL MONIES IN SUCH FUND SHALL BE USED TO  
7 IMPLEMENT AND OPERATE THE BASIC HEALTH PLAN, PURSUANT TO SECTION THREE  
8 HUNDRED SIXTY-NINE-GG OF THE SOCIAL SERVICES LAW, EXCEPT TO THE EXTENT  
9 THAT THE PROVISIONS OF SUCH SECTION CONFLICT OR ARE INCONSISTENT WITH  
10 FEDERAL LAW, IN WHICH CASE THE PROVISIONS OF SUCH FEDERAL LAW SHALL  
11 SUPERSEDE SUCH STATE LAW PROVISIONS.

12 S 54. Subdivision 12 of section 367-a of the social services law, as  
13 amended by section 63-a of part C of chapter 58 of the laws of 2007, is  
14 amended to read as follows:

15 12. Prior to receiving medical assistance under subparagraphs [twelve]  
16 FIVE and [thirteen] SIX of paragraph [(a)] (C) of subdivision one of  
17 section three hundred sixty-six of this title, a person whose net avail-  
18 able income is at least one hundred fifty percent of the applicable  
19 federal income official poverty line, as defined and updated by the  
20 United States department of health and human services, must pay a month-  
21 ly premium, in accordance with a procedure to be established by the  
22 commissioner. The amount of such premium shall be twenty-five dollars  
23 for an individual who is otherwise eligible for medical assistance under  
24 such subparagraphs, and fifty dollars for a couple, both of whom are  
25 otherwise eligible for medical assistance under such subparagraphs. No  
26 premium shall be required from a person whose net available income is  
27 less than one hundred fifty percent of the applicable federal income  
28 official poverty line, as defined and updated by the United States  
29 department of health and human services.

30 S 55. Section 364-i of the social services law is amended by adding a  
31 new subdivision 8 to read as follows:

32 8. (A) THE FOLLOWING INDIVIDUALS SHALL BE PRESUMED TO BE ELIGIBLE FOR  
33 MEDICAL ASSISTANCE UNDER THIS TITLE BEGINNING ON THE DATE THAT A QUALI-  
34 FIED HOSPITAL, AS DEFINED IN PARAGRAPH (B) OF THIS SUBDIVISION, DETER-  
35 MINES, ON THE BASIS OF PRELIMINARY INFORMATION, THAT:

36 (1) A CHILD HAS MAGI HOUSEHOLD INCOME THAT DOES NOT EXCEED THE APPLI-  
37 CABLE LEVEL FOR ELIGIBILITY AS PROVIDED FOR PURSUANT TO SUBPARAGRAPH TWO  
38 OR THREE OF PARAGRAPH (B) OF SUBDIVISION ONE OF SECTION THREE HUNDRED  
39 SIXTY-SIX OF THIS TITLE;

40 (2) A PREGNANT WOMAN HAS MAGI HOUSEHOLD INCOME THAT DOES NOT EXCEED  
41 THE MAGI-EQUIVALENT OF TWO HUNDRED PERCENT OF THE FEDERAL POVERTY LINE  
42 FOR THE APPLICABLE FAMILY SIZE;

43 (3) A PARENT OR CARETAKER RELATIVE HAS MAGI HOUSEHOLD INCOME THAT DOES  
44 NOT EXCEED THE MAGI-EQUIVALENT OF ONE HUNDRED THIRTY PERCENT OF THE  
45 HIGHEST AMOUNT THAT ORDINARILY WOULD HAVE BEEN PAID TO A PERSON WITHOUT  
46 ANY INCOME OR RESOURCES UNDER THE FAMILY ASSISTANCE PROGRAM AS IT  
47 EXISTED ON THE FIRST DAY OF NOVEMBER, NINETEEN HUNDRED NINETY-SEVEN, OR  
48 HAS NET AVAILABLE INCOME, INCLUDING AVAILABLE SUPPORT FROM RESPONSIBLE  
49 RELATIVES, THAT DOES NOT EXCEED THE AMOUNTS SET FORTH IN PARAGRAPH (A)  
50 OF SUBDIVISION TWO OF SECTION THREE HUNDRED SIXTY-SIX OF THIS TITLE;

51 (4) AN INDIVIDUAL IN NEED OF TREATMENT OF BREAST, CERVICAL, COLON, OR  
52 PROSTATE CANCER MEETS THE REQUIREMENTS OF PARAGRAPH (D) OR (E) OF SUBDI-  
53 VISION FOUR OF SECTION THREE HUNDRED SIXTY-SIX OF THIS TITLE;

54 (5) AN INDIVIDUAL AGE NINETEEN OR OLDER AND UNDER AGE SIXTY-FIVE MEETS  
55 THE REQUIREMENTS OF SUBPARAGRAPH ONE OF PARAGRAPH (B) OF SUBDIVISION ONE  
56 OF SECTION THREE HUNDRED SIXTY-SIX OF THIS TITLE;

(6) AN INDIVIDUAL UNDER TWENTY-SIX YEARS OF AGE MEETS THE REQUIREMENTS OF SUBPARAGRAPH NINE OF PARAGRAPH (C) OF SUBDIVISION ONE OF SECTION THREE HUNDRED SIXTY-SIX OF THIS TITLE; AND

(7) AN INDIVIDUAL HAS INCOME THAT DOES NOT EXCEED THE MAGI-EQUIVALENT OF TWO HUNDRED PERCENT OF THE FEDERAL POVERTY LINE FOR THE APPLICABLE FAMILY SIZE, AND THE INDIVIDUAL MEETS THE REQUIREMENTS OF SUBPARAGRAPH SIX OF PARAGRAPH (B) OF SUBDIVISION ONE OF SECTION THREE HUNDRED SIXTY-SIX OF THIS TITLE; COVERAGE PURSUANT TO THIS SUBPARAGRAPH SHALL BE LIMITED TO FAMILY PLANNING SERVICES REIMBURSED BY THE FEDERAL GOVERNMENT AT A RATE OF NINETY PERCENT.

(B) FOR THE PURPOSES OF THIS SUBDIVISION, "QUALIFIED HOSPITAL" MEANS A HOSPITAL THAT:

(1) IS LICENSED UNDER ARTICLE TWENTY-EIGHT OF THE PUBLIC HEALTH LAW;

(2) IS ENROLLED AS A PROVIDER IN THE PROGRAM OF MEDICAL ASSISTANCE UNDER THIS TITLE;

(3) HAS NOTIFIED THE DEPARTMENT OF HEALTH OF ITS ELECTION TO MAKE PRESUMPTIVE ELIGIBILITY DETERMINATIONS UNDER THIS SUBDIVISION, AND AGREES TO MAKE SUCH DETERMINATIONS IN ACCORDANCE WITH POLICIES AND PROCEDURES ESTABLISHED BY THE DEPARTMENT;

(4) HAS BEEN DESIGNATED BY THE DEPARTMENT OF HEALTH AS A CERTIFIED APPLICATION COUNSELOR TO PROVIDE INFORMATION TO INDIVIDUALS CONCERNING QUALIFIED HEALTH PLANS OFFERED THROUGH A HEALTH INSURANCE EXCHANGE AND OTHER INSURANCE AFFORDABILITY PROGRAMS, ASSIST INDIVIDUALS TO APPLY FOR COVERAGE THROUGH A QUALIFIED HEALTH PLAN OR INSURANCE AFFORDABILITY PROGRAM, AND HELP FACILITATE THE ENROLLMENT OF ELIGIBLE INDIVIDUALS IN SUCH PLANS OR PROGRAMS; AND

(5) HAS NOT BEEN DISQUALIFIED BY THE DEPARTMENT OF HEALTH PURSUANT TO PARAGRAPH (C) OF THIS SUBDIVISION.

(C) THE DEPARTMENT OF HEALTH MAY DISQUALIFY A HOSPITAL AS A QUALIFIED HOSPITAL IF THE DEPARTMENT DETERMINES THAT THE HOSPITAL IS NOT:

(1) MAKING, OR IS NOT CAPABLE OF MAKING, PRESUMPTIVE ELIGIBILITY DETERMINATIONS IN ACCORDANCE WITH THE POLICIES AND PROCEDURES ESTABLISHED BY THE DEPARTMENT; OR

(2) MEETING SUCH STANDARDS AS MAY BE ESTABLISHED BY THE DEPARTMENT WITH RESPECT TO THE PROPORTION OF INDIVIDUALS DETERMINED PRESUMPTIVELY ELIGIBLE BY THE HOSPITAL WHO ARE FOUND BY THE MEDICAL ASSISTANCE PROGRAM TO BE ELIGIBLE FOR ONGOING MEDICAL ASSISTANCE AFTER THE END OF THE PRESUMPTIVE ELIGIBILITY PERIOD.

(D) CARE, SERVICES AND SUPPLIES, AS SET FORTH IN SECTION THREE HUNDRED SIXTY-FIVE-A OF THIS TITLE, THAT ARE FURNISHED TO AN INDIVIDUAL DURING A PRESUMPTIVE ELIGIBILITY PERIOD UNDER THIS SUBDIVISION BY AN ENTITY THAT IS ELIGIBLE FOR PAYMENTS UNDER THIS TITLE SHALL BE DEEMED TO BE MEDICAL ASSISTANCE FOR PURPOSES OF PAYMENT AND STATE REIMBURSEMENT.

S 56. Subdivision 1 of section 366 of the social services law is amended by adding a new paragraph (f) to read as follows:

(F) NOTWITHSTANDING ANY INCONSISTENT PROVISION OF THIS TITLE, FOR AN INDIVIDUAL WHO HAS INCOME IN EXCESS OF AN APPLICABLE INCOME ELIGIBILITY STANDARD AND IS ALLOWED TO ACHIEVE ELIGIBILITY FOR MEDICAL ASSISTANCE UNDER THIS TITLE BY INCURRING MEDICAL EXPENSES EQUAL TO THE AMOUNT OF SUCH EXCESS INCOME, THE AMOUNT OF EXCESS INCOME MAY BE CALCULATED BY COMPARING THE INDIVIDUAL'S MAGI HOUSEHOLD INCOME TO THE MAGI-EQUIVALENT OF THE APPLICABLE INCOME ELIGIBILITY STANDARD; PROVIDED, HOWEVER, THAT MEDICAL ASSISTANCE SHALL BE FURNISHED PURSUANT TO THIS PARAGRAPH ONLY IF, FOR SO LONG AS, AND TO THE EXTENT THAT FEDERAL FINANCIAL PARTICIPATION IS AVAILABLE THEREFOR. THE COMMISSIONER OF HEALTH SHALL MAKE ANY AMENDMENTS TO THE STATE PLAN FOR MEDICAL ASSISTANCE, OR APPLY FOR ANY

1 WAIVER OR APPROVAL UNDER THE FEDERAL SOCIAL SECURITY ACT THAT ARE NECES-  
2 SARY TO CARRY OUT THE PROVISIONS OF THIS PARAGRAPH.

3 S 56-a. Section 364-j of the social services law is amended by adding  
4 a new subdivision 30 to read as follows:

5 30. NOTWITHSTANDING THE PROVISIONS OF SECTIONS ONE HUNDRED TWELVE AND  
6 ONE HUNDRED SIXTY-THREE OF THE STATE FINANCE LAW, OR SECTIONS ONE  
7 HUNDRED FORTY-TWO AND ONE HUNDRED FORTY-THREE OF THE ECONOMIC DEVELOP-  
8 MENT LAW, OR ANY CONTRARY PROVISION OF LAW, IN THE EVENT THAT THE STATE  
9 RECEIVES PRIOR APPROVAL AND ENHANCED FINANCIAL PARTICIPATION FROM THE  
10 CENTERS FOR MEDICAID AND MEDICARE SERVICES, ADMINISTRATION FOR CHILDREN  
11 AND FAMILIES AND THE FEDERAL FOOD AND NUTRITION SERVICES FOR REIMBURSE-  
12 MENT PURSUANT TO AN A-87 COST ALLOCATION WAIVER FOR ENHANCED FUNDING FOR  
13 INTEGRATED ELIGIBILITY SYSTEMS, THE STATE IS AUTHORIZED TO ENTER INTO  
14 CONTRACTS, AND/OR TO AMEND THE TERMS OF CONTRACTS AWARDED PRIOR TO THE  
15 EFFECTIVE DATE OF THIS SUBDIVISION, WITHOUT A COMPETITIVE BID OR REQUEST  
16 FOR PROPOSAL PROCESS, CONSISTENT WITH FEDERAL REQUIREMENTS, FOR THE  
17 PURPOSE OF IMPLEMENTING PROJECTS AUTHORIZED UNDER SUCH WAIVER AMENDMENT;  
18 PROVIDED, HOWEVER, IN THE CASE OF A CONTRACT ENTERED INTO AFTER THE  
19 EFFECTIVE DATE OF THIS SUBDIVISION, THAT:

20 (A) THE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE, OR ANOTHER  
21 STATE AGENCY, SHALL POST ON ITS WEBSITE, FOR A PERIOD OF NO LESS THAN  
22 THIRTY DAYS:

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

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

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

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

31 (B) ALL REASONABLE AND RESPONSIVE SUBMISSIONS THAT ARE RECEIVED FROM  
32 PROSPECTIVE CONTRACTORS IN TIMELY FASHION SHALL BE REVIEWED BY THE  
33 COMMISSIONER OF TEMPORARY AND DISABILITY ASSISTANCE OR OTHER STATE AGEN-  
34 CY; AND

35 (C) THE COMMISSIONERS OF THE DEPARTMENT OF HEALTH, THE OFFICE OF  
36 TEMPORARY AND DISABILITY ASSISTANCE AND THE OFFICE OF CHILDREN AND FAMI-  
37 LY SERVICES, WORKING IN COOPERATION WITH THE STATE CHIEF INFORMATION  
38 OFFICER, SHALL SELECT SUCH CONTRACTOR OR CONTRACTORS THAT, IN THEIR  
39 DISCRETION, ARE BEST SUITED TO SERVICE THE PURPOSES OF THIS SECTION.

40 S 57. Paragraph (e) of subdivision 8 of section 2511 of the public  
41 health law, as added by section 21-a of part B of chapter 109 of the  
42 laws of 2010, is amended and a new paragraph (h) is added to read as  
43 follows:

44 (e) The commissioner shall adjust subsidy payments to approved organ-  
45 izations made on and after April first, two thousand ten THROUGH MARCH  
46 THIRTY-FIRST, TWO THOUSAND FOURTEEN, so that the amount of each such  
47 payment, as otherwise calculated pursuant to this subdivision, is  
48 reduced by twenty-eight percent of the amount by which such calculated  
49 payment exceeds the statewide average subsidy payment for all approved  
50 organizations in effect on April first, two thousand ten. Such statewide  
51 average subsidy payment shall be calculated by the commissioner and  
52 shall not reflect adjustments made pursuant to this paragraph.

53 (H) NOTWITHSTANDING ANY INCONSISTENT PROVISION OF THIS TITLE, ARTICLES  
54 THIRTY-TWO AND FORTY-THREE OF THE INSURANCE LAW AND SUBSECTION (E) OF  
55 SECTION ELEVEN HUNDRED TWENTY OF THE INSURANCE LAW, EFFECTIVE APRIL  
56 FIRST, TWO THOUSAND FOURTEEN:

(I) THE COMMISSIONER SHALL, SUBJECT TO APPROVAL OF THE DIRECTOR OF THE DIVISION OF THE BUDGET, DEVELOP REIMBURSEMENT METHODOLOGIES FOR DETERMINING THE AMOUNT OF SUBSIDY PAYMENTS MADE TO APPROVED ORGANIZATIONS FOR THE COST OF COVERED HEALTH CARE SERVICES COVERAGE PROVIDED PURSUANT TO THIS TITLE.

(II) THE COMMISSIONER, IN CONSULTATION WITH ENTITIES REPRESENTING APPROVED ORGANIZATIONS, SHALL SELECT AND CONTRACT WITH AN INDEPENDENT ACTUARY TO REVIEW SUCH REIMBURSEMENT METHODOLOGIES; PROVIDED, HOWEVER, NOTWITHSTANDING SECTION ONE HUNDRED SIXTY-THREE OF THE STATE FINANCE LAW, THE COMMISSIONER MAY SELECT AND CONTRACT WITH THE INDEPENDENT ACTUARY SELECTED PURSUANT TO SUBDIVISION EIGHTEEN OF SECTION THREE HUNDRED SIXTY-FOUR-J OF THE SOCIAL SERVICES LAW, WITHOUT A COMPETITIVE BID OR REQUEST FOR PROPOSAL PROCESS. SUCH INDEPENDENT ACTUARY SHALL REVIEW AND MAKE RECOMMENDATIONS CONCERNING APPROPRIATE ACTUARIAL ASSUMPTIONS RELEVANT TO THE ESTABLISHMENT OF REIMBURSEMENT METHODOLOGIES, INCLUDING BUT NOT LIMITED TO THE ADEQUACY OF SUBSIDY PAYMENT AMOUNTS IN RELATION TO THE POPULATION TO BE SERVED ADJUSTED FOR CASE MIX, THE SCOPE OF SERVICES APPROVED ORGANIZATIONS MUST PROVIDE, THE UTILIZATION OF SUCH SERVICES AND THE NETWORK OF PROVIDERS REQUIRED TO MEET STATE STANDARDS.

(III) FOR THE PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND FIFTEEN, SUBSIDY PAYMENTS MADE TO APPROVED ORGANIZATIONS SHALL BE AT AMOUNTS APPROVED PRIOR TO APRIL FIRST, TWO THOUSAND FOURTEEN. ON AND AFTER APRIL FIRST, TWO THOUSAND FIFTEEN, SUBSIDY PAYMENTS MADE TO APPROVED ORGANIZATIONS SHALL BE AT AMOUNTS DETERMINED BY THE COMMISSIONER IN ACCORDANCE WITH THIS PARAGRAPH.

S 58. Paragraph (b) of subdivision 7 of section 2511 of the public health law, as amended by chapter 923 of the laws of 1990, is amended to read as follows:

(b) The commissioner, in consultation with the superintendent, shall make a determination whether to approve, disapprove or recommend modification of the proposal. In order for a proposal to be approved by the commissioner, the proposal must also be approved by the superintendent with respect to the provisions of subparagraphs (viii) [through], (IX) AND (xii) of paragraph (a) of this subdivision.

S 59. Paragraph (d) of subdivision 2 of section 2511 of the public health law is REPEALED.

S 60. Subparagraphs (iv) and (v) of paragraph (b) of subdivision 9 of section 2511 of the public health law, subparagraph (iv) as amended by section 33 of part D of chapter 56 of the laws of 2013 and subparagraph (v) as amended by chapter 2 of the laws of 1998, are amended to read as follows:

(iv) outstationing of persons who are authorized to provide assistance to families in completing the enrollment application process under this title and title eleven of article five of the social services law, in locations, such as community settings, which are geographically accessible to large numbers of children who may be eligible for benefits under such titles, and at times, including evenings and weekends, when large numbers of children who may be eligible for benefits under such titles are likely to be encountered. Persons outstationed in accordance with this subparagraph shall be authorized to make determinations of presumptive eligibility in accordance with paragraph [(g)] (F) of subdivision two of THIS section [two thousand five hundred and eleven of this title]; and

(v) notice by local social services districts to medical assistance applicants of the availability of benefits under paragraph [(g)] (F) of

1 subdivision two of THIS section [two thousand five hundred and eleven of  
2 this title].

3 S 61. Subdivisions 3, 4 and 5 of section 47 of chapter 2 of the laws  
4 of 1998, amending the public health law and other laws relating to  
5 expanding the child health insurance plan, as amended by section 19 of  
6 part D of chapter 59 of the laws of 2011, are amended to read as  
7 follows:

8 3. section six of this act shall take effect January 1, 1999;  
9 [provided, however, that subparagraph (iii) of paragraph (c) of subdivi-  
10 sion 9 of section 2510 of the public health law, as added by this act,  
11 shall expire on July 1, 2014;]

12 4. sections two, three, four, seven, eight, nine, fourteen, fifteen,  
13 sixteen, eighteen, eighteen-a, [twenty-three,] twenty-four, and twenty-  
14 nine of this act shall take effect January 1, 1999 and SECTION EIGH-  
15 TEEN-A shall expire on July 1, 2014; section twenty-five of this act  
16 shall take effect on January 1, 1999 and shall expire on April 1, 2005;

17 5. section twelve of this act shall take effect January 1, 1999;  
18 [provided, however, paragraphs (g) and (h) of subdivision 2 of section  
19 2511 of the public health law, as added by such section, shall expire on  
20 July 1, 2014;]

21 S 62. Subdivision (g) of section 129 of part C of chapter 58 of the  
22 laws of 2009, amending the public health law relating to the ADIRONDACK  
23 MEDICAL HOME MULTIPAYOR DEMONSTRATION PROGRAM, is amended to read as  
24 follows:

25 (g) section twenty-six-a of this act shall expire and be deemed  
26 repealed April 1, [2014] 2017;

27 S 63. Section 4 of chapter 779 of the laws of 1986, amending the  
28 social services law relating to authorizing services for non-residents  
29 in adult homes, residences for adults and enriched housing programs, as  
30 amended by chapter 108 of the laws of 2011, is amended to read as  
31 follows:

32 S 4. This act shall take effect on the one hundred twentieth day after  
33 it shall have become a law and shall remain in full force and effect  
34 until July 1, [2014] 2017, provided however, that effective immediately,  
35 the addition, amendment and/or repeal of any rules or regulations neces-  
36 sary for the implementation of the foregoing sections of this act on its  
37 effective date are authorized and directed to be made and completed on  
38 or before such effective date.

39 S 64. Subdivision (i-1) of section 79 of part C of chapter 58 of the  
40 laws of 2008, amending the social services law and the public health law  
41 relating to adjustments of rates, as amended by section 21 of part D of  
42 chapter 59 of the laws of 2011, is amended to read as follows:

43 (i-1) section thirty-one-a of this act shall be deemed repealed July  
44 1, [2014] 2017;

45 S 65. Section 4 of chapter 19 of the laws of 1998, amending the social  
46 services law relating to limiting the method of payment for prescription  
47 drugs under the medical assistance program, as amended by section 107 of  
48 part H of chapter 59 of the laws of 2011, is amended to read as follows:

49 S 4. This act shall take effect 120 days after it shall have become a  
50 law and shall expire and be deemed repealed March 31, [2014] 2017.

51 S 66. Paragraph (e-1) of subdivision 12 of section 2808 of the public  
52 health law, as amended by section 63 of part A of chapter 56 of the laws  
53 of 2013, is amended to read as follows:

54 (e-1) Notwithstanding any inconsistent provision of law or regulation,  
55 the commissioner shall provide, in addition to payments established  
56 pursuant to this article prior to application of this section, addi-

1 tional payments under the medical assistance program pursuant to title  
2 eleven of article five of the social services law for non-state operated  
3 public residential health care facilities, including public residential  
4 health care facilities located in the county of Nassau, the county of  
5 Westchester and the county of Erie, but excluding public residential  
6 health care facilities operated by a town or city within a county, in  
7 aggregate annual amounts of up to one hundred fifty million dollars in  
8 additional payments for the state fiscal year beginning April first, two  
9 thousand six and for the state fiscal year beginning April first, two  
10 thousand seven and for the state fiscal year beginning April first, two  
11 thousand eight and of up to three hundred million dollars in such aggre-  
12 gate annual additional payments for the state fiscal year beginning  
13 April first, two thousand nine, and for the state fiscal year beginning  
14 April first, two thousand ten and for the state fiscal year beginning  
15 April first, two thousand eleven, and for the state fiscal years begin-  
16 ning April first, two thousand twelve and April first, two thousand  
17 thirteen, AND FOR THE STATE FISCAL YEARS BEGINNING APRIL FIRST, TWO  
18 THOUSAND FOURTEEN, APRIL FIRST, TWO THOUSAND FIFTEEN AND APRIL FIRST,  
19 TWO THOUSAND SIXTEEN. The amount allocated to each eligible public resi-  
20 dential health care facility for this period shall be computed in  
21 accordance with the provisions of paragraph (f) of this subdivision,  
22 provided, however, that patient days shall be utilized for such computa-  
23 tion reflecting actual reported data for two thousand three and each  
24 representative succeeding year as applicable, and provided further,  
25 however, that, in consultation with impacted providers, of the funds  
26 allocated for distribution in the state fiscal year beginning April  
27 first, two thousand thirteen, up to thirty-two million dollars may be  
28 allocated in accordance with paragraph (f-1) of this subdivision.

29 S 67. Paragraph (i) of subdivision 3 of section 461-1 of the social  
30 services law, as amended by section 4 of part D of chapter 56 of the  
31 laws of 2012, is amended to read as follows:

32 (i) The commissioner of health is authorized to add up to six thousand  
33 assisted living program beds to the gross number of assisted living  
34 program beds having been determined to be available as of April first,  
35 two thousand nine. Nothing herein shall be interpreted as prohibiting  
36 any eligible applicant from submitting an application for any assisted  
37 living program bed so added. The commissioner of health shall not be  
38 required to review on a comparative basis applications submitted for  
39 assisted living program beds made available under this paragraph. The  
40 commissioner of health shall only authorize the addition of six thousand  
41 beds pursuant to a [five] SEVEN year plan.

42 S 68. Notwithstanding any inconsistent provision of law, rule or regu-  
43 lation, for purposes of implementing the provisions of the public health  
44 law and the social services law, references to titles XIX and XXI of the  
45 federal social security act in the public health law and the social  
46 services law shall be deemed to include and also to mean any successor  
47 titles thereto under the federal social security act.

48 S 69. Notwithstanding any inconsistent provision of law, rule or regu-  
49 lation, the effectiveness of the provisions of sections 2807 and 3614 of  
50 the public health law, section 18 of chapter 2 of the laws of 1988, and  
51 18 NYCRR 505.14(h), as they relate to time frames for notice, approval  
52 or certification of rates of payment, are hereby suspended and without  
53 force or effect for purposes of implementing the provisions of this act.

54 S 70. Severability clause. If any clause, sentence, paragraph, subdi-  
55 vision, section or part of this act shall be adjudged by any court of  
56 competent jurisdiction to be invalid, such judgment shall not affect,

1 impair or invalidate the remainder thereof, but shall be confined in its  
2 operation to the clause, sentence, paragraph, subdivision, section or  
3 part thereof directly involved in the controversy in which such judgment  
4 shall have been rendered. It is hereby declared to be the intent of the  
5 legislature that this act would have been enacted even if such invalid  
6 provisions had not been included herein.

7 S 71. This act shall take effect immediately and shall be deemed to  
8 have been in full force and effect on and after April 1, 2013 provided  
9 that:

10 1. sections one, two, three, four, five, fifty-nine and sixty of this  
11 act shall take effect July 1, 2014;

12 2. section eight of this act shall take effect October 1, 2014;

13 3. section twenty-six of this act shall take effect immediately and be  
14 deemed to have been in full force and effect on and after March 1, 2014;

15 4. section nine of this act shall take effect May 1, 2014; provided,  
16 however, that the amendments to subparagraph (iii) of paragraph (c) of  
17 subdivision 6 of section 367-a of the social services law made by  
18 section nine of this act shall not affect the repeal of such paragraph  
19 and shall be deemed repealed therewith;

20 5. section ten of this act shall expire and be deemed repealed March  
21 31, 2016;

22 5-a. the amendments to section 1 of part H of chapter 111 of the laws  
23 of 2010 made by section fifteen of this act shall not affect the expira-  
24 tion of such section and shall be deemed expired therewith;

25 6. section fifty-five of this act shall take effect January 1, 2015;

26 7. the amendments to section 364-j of the social services law made by  
27 sections one, two, thirty-six, forty-nine and fifty-six-a of this act  
28 shall not affect the repeal of such section and shall be deemed repealed  
29 therewith;

30 8. the amendments to subparagraph (vii) of paragraph (b) of subdivi-  
31 sion 7 of section 4403-f of the public health law made by section thir-  
32 ty-seven of this act shall not affect the expiration of such paragraph  
33 and the repeal of such section and shall be deemed expired and repealed  
34 therewith;

35 8-a. the amendments to section 48-a of part A of chapter 56 of the  
36 laws of 2013 made by section thirteen of this act shall not affect the  
37 repeal of such section and shall be deemed repealed therewith;

38 9. the amendments to subdivision (a) of section 364-jj of the social  
39 services law made by section thirty-nine of this act shall not affect  
40 the expiration of such section and shall be deemed expired therewith;

41 9-a. the amendments to subdivision 9 of section 2511 of the public  
42 health law made by section sixty of this act shall not affect the expi-  
43 ration of such subdivision and shall expire therewith;

44 10. any rules or regulations necessary to implement the provisions of  
45 this act may be promulgated and any procedures, forms, or instructions  
46 necessary for such implementation may be adopted and issued on or after  
47 the date this act shall have become a law;

48 11. this act shall not be construed to alter, change, affect, impair  
49 or defeat any rights, obligations, duties or interests accrued, incurred  
50 or conferred prior to the effective date of this act;

51 12. the commissioner of health and the superintendent of the depart-  
52 ment of financial services and any appropriate council may take any  
53 steps necessary to implement this act prior to its effective date;

54 13. notwithstanding any inconsistent provision of the state adminis-  
55 trative procedure act or any other provision of law, rule or regulation,  
56 the commissioner of health and the superintendent of the department 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 14. the provisions of this act shall become effective notwithstanding  
6 the failure of the commissioner of health or the superintendent of the  
7 department of financial services or any council to adopt or amend or  
8 promulgate regulations implementing this act.

9

## PART D

10 Section 1. Subparagraph (iv) of paragraph a of subdivision 1 of  
11 section 6908 of the education law, as amended by chapter 160 of the laws  
12 of 2003, is amended and a new subparagraph (v) is added to read as  
13 follows:

14 (iv) the furnishing of nursing assistance in case of an emergency; OR  
15 (V) TASKS PROVIDED BY A DIRECT SUPPORT STAFF IN PROGRAMS FUNDED,  
16 AUTHORIZED OR APPROVED BY THE OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISA-  
17 BILITIES, WHEN PERFORMED UNDER THE SUPERVISION OF A REGISTERED PROFES-  
18 SIONAL NURSE, INCLUDING TRAINING AND PERIODIC INSPECTION OF SUCH TASKS,  
19 IN ACCORDANCE WITH AN AUTHORIZED PRACTITIONER'S ORDERED CARE;

20 S 2. This act shall take effect immediately.

21

## PART E

22 Section 1. Section 3 of part A of chapter 111 of the laws of 2010  
23 amending the mental hygiene law relating to the receipt of federal and  
24 state benefits received by individuals receiving care in facilities  
25 operated by an office of the department of mental hygiene, is amended to  
26 read as follows:

27 S 3. This act shall take effect immediately; and shall expire and be  
28 deemed repealed June 30, [2014] 2017.

29 S 2. This act shall take effect immediately.

30

## PART F

31 Section 1. Subdivisions (d), (e), (f) and (g) of section 41.44 of the  
32 mental hygiene law are relettered subdivisions (e), (f), (g), and (h)  
33 and a new subdivision (d) is added to read as follows:

34 (D) THE COMMISSIONER IS AUTHORIZED TO RECOVER FUNDING FROM PROVIDERS  
35 OF COMMUNITY RESIDENCES LICENSED BY THE OFFICE OF MENTAL HEALTH,  
36 CONSISTENT WITH CONTRACTUAL OBLIGATIONS OF SUCH PROVIDERS, AND NOTWITH-  
37 STANDING ANY OTHER INCONSISTENT PROVISION OF LAW TO THE CONTRARY, SUCH  
38 RECOVERY AMOUNT SHALL EQUAL FIFTY PERCENT OF THE MEDICAID REVENUE  
39 RECEIVED BY SUCH PROVIDERS WHICH EXCEEDS THE FIXED AMOUNT OF ANNUAL  
40 MEDICAID REVENUE LIMITATIONS, AS ESTABLISHED BY THE COMMISSIONER.

41 S 2. This act shall take effect immediately, and shall be deemed to  
42 have been in full force and effect on and after April 1, 2014.

43

## PART G

44 Section 1. Subdivisions 3-b and 3-c of section 1 and section 4 of part  
45 C of chapter 57 of the laws of 2006, relating to establishing a cost of  
46 living adjustment for designated human services programs, as amended by  
47 section 1 of part N of chapter 56 of the laws of 2013, are amended to  
48 read as follows:

1 3-b. Notwithstanding any inconsistent provision of law, beginning  
2 April 1, 2009 and ending March 31, [2014] 2015, the commissioners shall  
3 not include a COLA for the purpose of establishing rates of payments,  
4 contracts or any other form of reimbursement.

5 3-c. Notwithstanding any inconsistent provision of law, beginning  
6 April 1, [2014] 2015 and ending March 31, [2017] 2018, the commissioners  
7 shall develop the COLA under this section using the actual U.S. consumer  
8 price index for all urban consumers (CPI-U) published by the United  
9 States department of labor, bureau of labor statistics for the twelve  
10 month period ending in July of the budget year prior to such state  
11 fiscal year, for the purpose of establishing rates of payments,  
12 contracts or any other form of reimbursement.

13 S 4. This act shall take effect immediately and shall be deemed to  
14 have been in full force and effect on and after April 1, 2006; provided  
15 section one of this act shall expire and be deemed repealed April 1,  
16 [2017] 2018; provided, further, that sections two and three of this act  
17 shall expire and be deemed repealed December 31, 2009.

18 S 2. This act shall take effect immediately and shall be deemed to  
19 have been in full force and effect on and after April 1, 2014; provided,  
20 however, that the amendments to section 1 of part C of chapter 57 of the  
21 laws of 2006 made by section one of this act shall not affect the repeal  
22 of such section and shall be deemed repealed therewith.

23 S 2. Severability clause. If any clause, sentence, paragraph, subdivi-  
24 sion, section or part of this act shall be adjudged by any court of  
25 competent jurisdiction to be invalid, such judgment shall not affect,  
26 impair, or invalidate the remainder thereof, but shall be confined in  
27 its operation to the clause, sentence, paragraph, subdivision, section  
28 or part thereof directly involved in the controversy in which such judg-  
29 ment shall have been rendered. It is hereby declared to be the intent of  
30 the legislature that this act would have been enacted even if such  
31 invalid provisions had not been included herein.

32 S 3. This act shall take effect immediately provided, however, that  
33 the applicable effective date of Parts A through G of this act shall be  
34 as specifically set forth in the last section of such Parts.