

STATE OF NEW YORK

2007--A

IN SENATE

January 23, 2017

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

AN ACT intentionally omitted (Part A); intentionally omitted (Part B); to amend the social services law, in relation to requiring monthly premium payments for the Essential Plan; to amend the insurance law, in relation to the definition of small group; to amend the insurance law, in relation to adjusting claims on behalf of municipal cooperative health benefit plans; and to repeal section 7 of chapter 12 of the laws of 2016 relating to directing the superintendent of financial services to contract with an independent entity to conduct an assessment regarding the impact of the prohibition on the sale of stop loss, catastrophic and reinsurance coverage to the small group market relating thereto (Part C); to amend the public health law, in relation to management of the cost of prescription drugs; to amend the social services law, in relation to Medicaid reimbursement of covered outpatient drugs; to amend the public health law and the general business law, in relation to price gouging on prescription drugs; to authorize the suspension of a provider's Medicaid enrollment for inappropriate prescribing of opioids; to amend the social services law, in relation to refills of controlled substances; to amend the social services law, in relation to aligning pharmacy copayment requirements with federal regulations, and to adjusting consumer price index penalties for generic drugs; to amend the public health law, in relation to establishing a Medicaid drug rebate remittance program; and directing the department of health to make biannual assessments of non-preferred drugs (Part D); to amend the social services law, in relation to hospice services covered under title XVIII of the federal social security act; to amend the public health law, in relation to defining home care aide; to amend the social services law, in relation to fiscal intermediary certification under the consumer directed personal assistance program; to amend part H of chapter 59 of the laws of 2011, amending the public health law and other laws relating to general hospital inpatient reimbursement for annual rates, in relation to state funding for nursing homes; to amend the public health law, in

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

LBD12571-03-7

relation to the distribution of moneys received by managed long term care programs from the state for medicaid patients; to amend the social services law, in relation to authorizing assisted living program beds for any applicant that can satisfactorily demonstrate the public need for such beds; to amend the social services law, in relation to the provision of services to certain persons suffering from traumatic brain injuries or qualifying for nursing home diversion and transition services; to amend the public health law, in relation to adequate reimbursement for managed care plan and home care agency-delivered services; to amend the social services law, in relation to enhancing rate adequacy for medicaid managed care and managed long term care plans; in relation to a study and report by the department of health on the need for and feasibility of repatriation of complex-needs patients placed in out-of-state facilities; and to repeal certain provisions of the social services law relating thereto (Part E); to amend the social services law, in relation to carving out transportation from the managed long term care benefit; and to repeal subdivision 5 of section 365-h of the social services law, relating to rural transit assistance payments to counties (Part F); 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 requiring the savings allocation plan to be approved by the legislature; to amend section 91 of part H of chapter 59 of the laws of 2011, amending the public health law and other laws relating to general hospital inpatient reimbursement for annual rates, in relation to the department of health state funds Medicaid spending; to amend part C of chapter 58 of the laws of 2005, authorizing reimbursements for expenditures made by or on behalf of social services districts for medical assistance for needy persons and the administration thereof, in relation to an administrative cap on such program; to preclude the commissioner of health from reducing emergency room payments; and to amend the social services law, in relation to rates paid to managed care organizations (Part G); 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 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 the public health law, in relation to the assessments on covered lives; 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 thereof; 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 the effectiveness thereof; to amend the public health law and the social services law, in relation to rates of payment for personal care services workers; and to amend the public health law, in relation to the comprehensive diagnostic and treatment centers indigent care program; 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 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 apportioning premium for certain policies; and to amend part J of chapter 63 of the laws of 2001 amending 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 certain provisions concerning the hospital excess liability pool (Part H); to amend chapter 884 of the laws of 1990, amending the public health law relating to authorizing bad debt and charity care allowances for certified home health agencies, in relation to the effectiveness thereof; to amend chapter 60 of the laws of 2014 amending the social services law relating to eliminating prescriber prevails for brand name drugs with generic equivalents, in relation to the effectiveness thereof; to amend the public health law, in relation to extending the nursing home cash assessment; to amend chapter 474 of the laws of 1996, amending the education law and other laws relating to rates for residential health care facilities, in relation to the effectiveness thereof; to amend chapter 58 of the laws of 2007, amending the social services law and other laws relating to enacting the major components of legislation necessary to implement the health and mental hygiene budget for the 2007-2008 state fiscal year, in relation to delay of certain administrative cost; to amend chapter 81 of the laws of 1995, amending the public health law and other laws relating to medical reimbursement and welfare reform, in relation to the effectiveness thereof; to amend chapter 109 of the laws of 2010, amending the social services law relating to transportation costs, in relation to the effectiveness thereof; to amend 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 the effectiveness thereof; 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 the effectiveness thereof; 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 the effectiveness thereof; to amend the public health law, in relation to continuing nursing home upper payment limit payments; to amend chapter 904 of the laws of 1984, amending the public health law and the social services law relating to encouraging comprehensive health services, in relation to the effectiveness thereof; to amend chapter 62 of the laws of 2003, amending the public health law relating to allowing for the use of funds of the office of professional medical conduct for activities of the patient health information and quality improvement act of 2000, in relation to extending the provisions thereof; to amend chapter 59 of the laws of 2011, amending the public health law relating to the statewide health information network of New York and the statewide planning and research cooperative system and general powers and duties, in relation to the effectiveness thereof; and to amend chapter 58 of the laws of 2008, amending the elder law and other laws relating to reimbursement to participating provider pharmacies and prescription drug coverage, in relation to extending the expiration of certain provisions thereof (Part I); to amend the general obligations law, in relation to pharma-

cy benefit managers; and to amend the public health law and the insurance law, in relation to contracts between pharmacy benefit managers and health insurers to protect consumers (Part J); intentionally omitted (Part K); to amend the public health law, in relation to establishing a health care regulation modernization team within the department of health (Part L); to amend the public health law, in relation to creating the "Emerging Contaminant Monitoring Act" (Part M); to amend the public health law, in relation to creating the "drinking water quality institute" (Part N); intentionally omitted (Part O); to amend 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 extending government rates for behavioral services and adding a value based payment requirement; and to amend 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 extending government rates for behavioral services and adding a value based payment requirement (Part P); 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 forgoing such adjustment during the 2017-2018 state fiscal year and the effectiveness thereof (Part Q); to amend the mental hygiene law, in relation to prohibiting the collocation of certain facilities (Part R); to require the commissioner of the office for people with developmental disabilities to establish the care demonstration program; and providing for the repeal of such provisions upon expiration thereof (Part S); to amend the public health law, the general business law, the administrative code of the city of New York, and the education law, in relation to tobacco products, herbal cigarettes, and vapor products (Part T); to amend the social services law, in relation to investigating reports of suspected elder abuse or maltreatment; to amend the elder law, in relation to an economically sustainable transportation demonstration program; and to amend the elder law, in relation to creating a statewide central register of elder abuse and maltreatment reports (Part U); to amend the social services law, in relation to requiring medical assistance coverage for the cost of donor breast milk in certain circumstances; to amend the public health law, in relation to payments to rural hospitals designated as critical access hospitals; to amend chapter 474 of the laws of 1996, amending the education law and other laws relating to rates for residential healthcare facilities, in relation to directing the department of health to make additional payments for inpatient services to certain public general hospitals; to amend the public health law, in relation to additional premium assistance for persons with acquired immune deficiency syndrome; to amend the social services law, in relation to school-based health centers; to amend the social services law, in relation to health homes, in relation to certain not-for-profit residential health care facilities in the county of Monroe; and to amend the social services law, in relation to medical assistance for infertility services (Part V); to amend the public health law, in relation to submission of information to the department of health for physician profiles; to amend the public health law, the tax law and the social services law, in relation to support of living organ donation; to amend the public health law, in relation to creating the lupus research enhancement program; to amend the state finance

law, in relation to creating the lupus research enhancement fund; to amend the public health law, in relation to authorizing collaborative programs for community paramedicine services; and to amend the public health law, in relation to maintenance of effort (Part W); and to enact the "clean water bond act of 2017"; to amend the public health law, the environmental conservation law, the state finance law and the public authorities law, in relation to the implementation of the "clean water act of 2017"; to enact the "New York state regional water infrastructure improvement act of 2017"; establishing a concentrated animal feeding operations assistance program; to establish a septic system rebate program; to establish an online tracking and mapping system for New York water; and to repeal certain provisions of the environmental conservation law and the state finance law relating thereto (Part X)

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 2017-2018
3 state fiscal year. Each component is wholly contained within a Part
4 identified as Parts A through X. 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, includ-
7 ing 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 Intentionally Omitted

14 PART B

15 Intentionally Omitted

16 PART C

17 Section 1. Subdivision 5 of section 369-gg of the social services law,
18 as added by section 51 of part C of chapter 60 of the laws of 2014, is
19 amended to read as follows:

20 5. Premiums and cost sharing. (a) Subject to federal approval, the
21 commissioner shall establish premium payments enrollees shall pay to
22 approved organizations for coverage of health care services pursuant to
23 this title. Such premium payments shall be established in the following
24 manner:

25 (i) up to twenty dollars monthly for an individual with a household
26 income above one hundred and [~~fifty~~ thirty-eight] percent of the federal
27 poverty line but at or below two hundred percent of the federal poverty
28 line defined and annually revised by the United States department of
29 health and human services for a household of the same size; beginning in

two thousand eighteen and annually thereafter, such amount shall be increased based on the percentage increase in the medical consumer price index, rounded up to the nearest dollar; and

(ii) no payment is required for individuals with a household income at or below one hundred and ~~[fifty]~~ thirty-eight percent of the federal poverty line defined and annually revised by the United States department of health and human services for a household of the same size.

(b) The commissioner shall establish cost sharing obligations for enrollees, subject to federal approval.

§ 2. Paragraph 1 of subsection (a) of section 3231 of the insurance law, as amended by section 69 of part D of chapter 56 of the laws of 2013, is amended to read as follows:

(1) No individual health insurance policy and no group health insurance policy covering between one and fifty employees or members of the group ~~[or between one and one hundred employees or members of the group for policies issued or renewed on or after January first, two thousand sixteen]~~ exclusive of spouses and dependents, hereinafter referred to as a small group, providing hospital and/or medical benefits, including medicare supplemental insurance, shall be issued in this state unless such policy is community rated and, notwithstanding any other provisions of law, the underwriting of such policy involves no more than the imposition of a pre-existing condition limitation if otherwise permitted by this article.

§ 3. Paragraph 3 of subsection (a) of section 3231 of the insurance law, as amended by section 69 of part D of chapter 56 of the laws of 2013, is amended to read as follows:

(3) Once accepted for coverage, an individual or small group cannot be terminated by the insurer due to claims experience. Termination of an individual or small group shall be based only on one or more of the reasons set forth in subsection (g) of section three thousand two hundred sixteen or subsection (p) of section three thousand two hundred twenty-one of this article. Group hospital and/or medical coverage, including medicare supplemental insurance, obtained through an out-of-state trust covering a group of fifty or fewer employees, ~~[or between one and one hundred employees for policies issued or renewed on or after January first, two thousand sixteen,]~~ or participating persons who are residents of this state must be community rated regardless of the situs of delivery of the policy. Notwithstanding any other provisions of law, the underwriting of such policy may involve no more than the imposition of a pre-existing condition limitation if permitted by this article, and once accepted for coverage, an individual or small group cannot be terminated due to claims experience. Termination of an individual or small group shall be based only on one or more of the reasons set forth in subsection (p) of section three thousand two hundred twenty-one of this article.

§ 4. Paragraph 1 of subsection (h) of section 3231 of the insurance law, as amended by chapter 12 of the laws of 2016, is amended to read as follows:

(1) Notwithstanding any other provision of this chapter, no insurer, subsidiary of an insurer, or controlled person of a holding company system may act as an administrator or claims paying agent, as opposed to an insurer, on behalf of small groups which, if they purchased insurance, would be subject to this section. No insurer may provide stop loss, catastrophic or reinsurance coverage to small groups which, if they purchased insurance, would be subject to this section. ~~[Provided, however, the provisions of this paragraph shall not apply to: (A) the~~

~~renewal of stop loss, catastrophic or reinsurance coverage issued and in effect on January first, two thousand fifteen to small groups covering between fifty one and one hundred employees or members of the group; and (B) the issuance between January first, two thousand sixteen and December thirty first, two thousand sixteen, of stop loss, catastrophic or reinsurance coverage, and any renewal thereof, to a small group covering between fifty one and one hundred employees or members of the group, provided that such group had stop loss, catastrophic or reinsurance coverage issued and in effect on January first, two thousand fifteen.]~~

§ 5. Paragraph 1 of subsection (a) of section 4317 of the insurance law, as amended by section 72 of part D of chapter 56 of the laws of 2013, is amended to read as follows:

(1) No individual health insurance contract and no group health insurance contract covering between one and fifty employees or members of the group, ~~[or between one and one hundred employees or members of the group for policies issued or renewed on or after January first, two thousand sixteen]~~ exclusive of spouses and dependents, including contracts for which the premiums are paid by a remitting agent for a group, hereinafter referred to as a small group, providing hospital and/or medical benefits, including Medicare supplemental insurance, shall be issued in this state unless such contract is community rated and, notwithstanding any other provisions of law, the underwriting of such contract involves no more than the imposition of a pre-existing condition limitation if otherwise permitted by this article.

§ 6. Paragraph 1 of subsection (e) of section 4317 of the insurance law, as amended by chapter 12 of the laws of 2016, is amended to read as follows:

(1) Notwithstanding any other provision of this chapter, no insurer, subsidiary of an insurer, or controlled person of a holding company system may act as an administrator or claims paying agent, as opposed to an insurer, on behalf of small groups which, if they purchased insurance, would be subject to this section. No insurer may provide stop loss, catastrophic or reinsurance coverage to small groups which, if they purchased insurance, would be subject to this section. ~~[Provided, however, the provisions of this paragraph shall not apply to: (A) the renewal of stop loss, catastrophic or reinsurance coverage issued and in effect on January first, two thousand fifteen to small groups covering between fifty one and one hundred employees or members of the group; and (B) the issuance between January first, two thousand sixteen, and December thirty first, two thousand sixteen, of stop loss, catastrophic or reinsurance coverage, and any renewal thereof, to a small group covering between fifty one and one hundred employees or members of the group, provided that such group had stop loss, catastrophic or reinsurance coverage issued and in effect on January first, two thousand fifteen.]~~

§ 7. Paragraph 1 of subsection (g) of section 3231 of the insurance law, as amended by chapter 12 of the laws of 2016, is amended to read as follows:

(1) ~~[(A)]~~ This section shall also apply to policies issued to a group defined in subsection (c) of section four thousand two hundred thirty-five of this chapter, including but not limited to an association or trust of employers, if the group includes one or more member employers or other member groups having ~~[one hundred]~~ **fifty** or fewer employees or members exclusive of spouses and dependents. For a policy issued or renewed on or after January first, two thousand fourteen, if the group includes one or more member small group employers eligible for coverage subject to this section, then such member employers shall be classified

1 as small groups for rating purposes and the remaining members shall be
2 rated consistent with the rating rules applicable to such remaining
3 members pursuant to paragraph two of this subsection. [~~(B) Subparagraph~~
4 ~~A of this paragraph shall not apply to either the renewal of a policy~~
5 ~~issued to a group or the issuance, between January first, two thousand~~
6 ~~sixteen and December thirty-first, two thousand sixteen, of a policy,~~
7 ~~and any renewal thereof, to a group, provided that the following three~~
8 ~~requirements are met: (I) the group had been issued a policy that was in~~
9 ~~effect on July first, two thousand fifteen; (II) the group had member~~
10 ~~employers, who, on or after July first, two thousand fifteen, have~~
11 ~~between fifty-one and one hundred employees, exclusive of spouses and~~
12 ~~dependents; and (III) the group is either: (i) comprised entirely of one~~
13 ~~or more municipal corporations or districts (as such terms are defined~~
14 ~~in section one hundred nineteen-n of the general municipal law); or (ii)~~
15 ~~comprised entirely of nonpublic schools providing education in any grade~~
16 ~~from pre-kindergarten through twelfth grade.]~~

17 § 8. Paragraph 1 of subsection (d) of section 4317 of the insurance
18 law, as amended by chapter 12 of the laws of 2016, is amended to read as
19 follows:

20 (1) [~~(A)~~] This section shall also apply to a contract issued to a
21 group defined in subsection (c) of section four thousand two hundred
22 thirty-five of this chapter, including but not limited to an association
23 or trust of employers, if the group includes one or more member employ-
24 ers or other member groups having [~~one hundred~~ **fifty**] or fewer employees
25 or members exclusive of spouses and dependents. For a contract issued or
26 renewed on or after January first, two thousand fourteen, if the group
27 includes one or more member small group employers eligible for coverage
28 subject to this section, then such member employers shall be classified
29 as small groups for rating purposes and the remaining members shall be
30 rated consistent with the rating rules applicable to such remaining
31 members pursuant to paragraph two of this subsection. [~~(B) Subparagraph~~
32 ~~A of this paragraph shall not apply to either the renewal of a contract~~
33 ~~issued to a group or the issuance, between January first, two thousand~~
34 ~~sixteen and December thirty-first, two thousand sixteen, of a contract,~~
35 ~~and any renewal thereof, to a group, provided that the following three~~
36 ~~requirements are met: (I) the group had been issued a contract that was~~
37 ~~in effect on July first, two thousand fifteen; (II) the group had member~~
38 ~~employers, who, on or after July first, two thousand fifteen, have~~
39 ~~between fifty-one and one hundred employees, exclusive of spouses and~~
40 ~~dependents; and (III) the group is either: (i) comprised entirely of one~~
41 ~~or more municipal corporations or districts (as such terms are defined~~
42 ~~in section one hundred nineteen-n of the general municipal law); or (ii)~~
43 ~~comprised entirely of nonpublic schools providing education in any grade~~
44 ~~from pre-kindergarten through twelfth grade.]~~

45 § 9. Section 7 of chapter 12 of the laws of 2016 relating to directing
46 the superintendent of financial services to contract with an independent
47 entity to conduct an assessment regarding the impact of the prohibition
48 on the sale of stop loss, catastrophic and reinsurance coverage to the
49 small group market, is REPEALED.

50 § 10. Item (i) of subparagraph (C) of paragraph 2 of subsection (c) of
51 section 4304 of the insurance law, as amended by chapter 388 of the laws
52 of 2014, is amended to read as follows:

53 (i) Discontinuance of a class of contract upon not less than [~~five~~
54 ~~months~~] **ninety days** prior written notice. In exercising the option to
55 discontinue coverage pursuant to this item, the corporation must act
56 uniformly without regard to any health status-related factor of enrolled

1 individuals or individuals who may become eligible for such coverage and
2 must offer to subscribers or group remitting agents, as may be appropri-
3 ate, the option to purchase all other individual health insurance cover-
4 age currently being offered by the corporation to applicants in that
5 market. Provided, however, the superintendent may, after giving due
6 consideration to the public interest, approve a request made by a corpo-
7 ration for the corporation to satisfy the requirements of this item
8 through the offering of contracts at each level of coverage as defined
9 in section 1302(d) of the affordable care act, 42 U.S.C. § 18022(d) that
10 contains the benefits described in paragraph one of subsection (b) of
11 section four thousand three hundred twenty-eight of this [~~chapter~~] arti-
12 cle by another corporation, insurer or health maintenance organization
13 within the corporation's same holding company system, as defined in
14 article fifteen of this chapter.

15 § 11. Subparagraph (B) of paragraph 1 of subsection (g) of section
16 2101 of the insurance law, as amended by chapter 301 of the laws of
17 2008, is amended to read as follows:

18 (B) any officer, director or regular salaried employee of an insurer
19 authorized to write accident and health insurance, a corporation
20 licensed under article forty-three of this chapter (collectively, as
21 used in this paragraph, a "health insurer") or a health maintenance
22 organization, or any manager thereof, individual or corporate, when the
23 claim to be adjusted is issued or administered by another health insurer
24 or health maintenance organization within the same holding company
25 system as the health insurer or health maintenance organization adjust-
26 ing the claim or is adjusted on behalf of a municipal cooperative health
27 benefit plan certified pursuant to article forty-seven of this chapter;

28 § 12. This act shall take effect immediately and shall be deemed to
29 have been in full force and effect on and after April 1, 2017; provided,
30 however that section one of this act shall be deemed to have been in
31 full force and effect on and after January 1, 2018; provided, however
32 that the amendments to paragraph 1 of subsection (g) and paragraph 1 of
33 subsection (h) of section 3231, and paragraph 1 of subsection (d) and
34 paragraph 1 of subsection (e) of section 4317 of the insurance law made
35 by sections seven, four, eight and six of this act respectively shall
36 not affect the expiration and reversion of such paragraphs and shall
37 expire and be deemed repealed therewith.

38 PART D

39 Section 1. Intentionally omitted.

40 § 1-a. The public health law is amended by adding a new section 280 to
41 read as follows:

42 § 280. High cost drugs. 1. The legislature hereby finds and declares
43 that there is a significant public interest for the state to manage the
44 cost of drugs in a manner that improves healthcare outcomes for patients
45 without restricting access or stifling innovation. It is therefore
46 intended that the department be permitted to limit unjustifiable and
47 sudden price increases on: (a) existing drugs through previously
48 enacted provisions of law; (b) offset the cost of similar increases on
49 existing brand drugs through federally enacted regulations; and (c)
50 impose an overall limit on the amount the state spends on drugs that
51 fail to generate corresponding healthcare offsets or savings for the
52 taxpayer.

53 2. Notwithstanding any inconsistent provision of state law, rule or
54 regulation to the contrary, subject to federal approval, the year to

1 year rate of growth of department of health state funds Medicaid drug
2 spending shall not exceed five percent plus the ten year rolling average
3 of the medical component of the consumer price index as published by the
4 United States department of labor, bureau of labor statistics, for the
5 preceding ten year or more than double the annual total Medicaid growth,
6 whichever is greater.

7 (a) For the purposes of this section, the Medicaid drug expenditure
8 shall mean the total amount of state funds expended for drugs in both
9 the Medicaid fee-for-service and Medicaid managed care programs.

10 (b) Drug expenditures shall be a separately accounted component within
11 the Medicaid global cap, as defined in section ninety-one of Part H of
12 chapter fifty-nine of the laws of two thousand eleven.

13 (c) The department in conjunction with the division of budget shall
14 maintain an accounting of the total amount expended for each drug and
15 its percentage of the total drug expenditure for all drugs covered in
16 the Medicaid program.

17 (d) The department and division of budget shall conduct an audit and
18 accounting of the Medicaid drug expenditure on a basis necessary for
19 management of the drug expenditure component.

20 (e) If on the basis of the audit and accounting requirements of this
21 section, a drug or drugs are determined to cause the total Medicaid drug
22 expenditure to exceed the annual growth limitation of this section,
23 without corresponding health care offsets or savings, the department may
24 impose a supplemental rebate in proportion to the amount the drug causes
25 the total Medicaid drug expenditure to exceed the annual growth limit.

26 (f) Supplemental rebate received by the state under this section that
27 are a result of drug utilization in the Medicaid managed care program
28 shall be credited to the Medicaid managed care organization in propor-
29 tion to the organization's corresponding drug utilization.

30 3. Annual drug expenditure growth shall be equal to the total amount
31 expended on drugs in both Medicaid fee-for-service and Medicaid managed
32 care less corresponding manufacturer rebates and corresponding health
33 care offsets and savings. The following shall not be accounted towards
34 the expenditure growth limitation of subdivision two of this section:

35 (a) The amount a drug reduces Medicaid costs through avoidance of
36 alternative pharmaceutical and clinical treatments covered under the
37 Medicaid program in proportion of the drug's attribution of such pharma-
38 ceutical and clinical offsets or savings.

39 (b) The amount expended on drugs for the treatment of emerging
40 diseases or conditions as determined by the commissioner.

41 (c) The amount expended on drugs for the treatment of outbreaks and
42 epidemics as determined by the commissioner.

43 (d) The amount expended on any drug or classes of drugs determined by
44 the drug utilization review board to be appropriately priced in consid-
45 eration of the investment necessary for research, development, and regu-
46 latory approval and the population the drug serves.

47 (e) The amount expended on any drug that the department has determined
48 not to include in the Medicaid drug expenditure growth limitation in
49 consideration of a supplemental rebate offered to the state by the
50 manufacturer.

51 4. The state shall use an independent actuary to determine:

52 (a) The amount expended on each drug available in the Medicaid
53 program.

54 (b) The total amount expended on all drugs in the Medicaid program.

1 (c) The total amount of all drug expenditures that are excluded from
2 the annual growth limitation pursuant to subdivision two of this
3 section.

4 (d) The proportional amount a drug causes the annual growth limitation
5 to be exceeded.

6 (e) The amount the total expenditure for a drug results in savings or
7 offset to costs that would have otherwise likely occurred in the state
8 Medicaid program. Savings and offsets to other Medicaid expenditures
9 shall be determined by calculating:

10 (i) The total state Medicaid expenditure, including current drug
11 expenditure, for each disease, medical condition, and other ailments
12 occurring in the prior fiscal year.

13 (ii) The total state Medicaid drug expenditure for each disease,
14 medical condition, and other ailments occurring in the prior fiscal
15 year.

16 (iii) The total cost of treatment for each disease, medical condition,
17 or other ailment, on a per patient basis, in the absence of each drug
18 subjected to the excessive drug growth supplemental rebate.

19 (iv) The cost or savings of treatment for each disease, medical condi-
20 tion, or other ailment, on a per patient basis, as a result of each drug
21 subjected to the excessive drug growth supplemental rebate.

22 (f) The amount of the supplemental rebate imposed on the manufacturer,
23 as determined by the amount the drug causes the annual growth limitation
24 to be exceeded that does not result in savings or offset to costs that
25 would have otherwise occurred in the state Medicaid program.

26 5. The department shall notify the manufacturer when a drug causes the
27 annual drug growth limit to be exceeded and the amount of any corre-
28 sponding supplemental rebate. The manufacturer shall have the right to
29 review any data the state is relying upon in determining the rebate.
30 The manufacturer shall have the right to appeal to the drug utilization
31 review board.

32 6. The department shall consider any information submitted by a drug
33 manufacturer regarding the manufacturing costs and fiscal savings and/or
34 offsets generated to the state for a drug product covered under the
35 state's Medicaid program prior to making a determination of annual
36 growth calculation or supplemental rebate imposition. The department
37 shall make such manufacturer information available to the drug utiliza-
38 tion review board and the independent actuary.

39 7. The department shall provide an annual report to the chairs of the
40 assembly and senate health committees regarding the Medicaid drug
41 expenditure detailing:

42 (a) The annual growth of the total Medicaid drug expenditure.

43 (b) Drugs that have caused the annual drug growth limitation to be
44 exceeded.

45 (c) Drugs requiring manufacturers to provide a rebate under this
46 section.

47 (d) Drugs that were excluded from annual growth calculation and the
48 basis for exclusion.

49 (e) A summary of all information required under subdivision four of
50 this section.

51 § 2. Intentionally omitted.

52 § 2-a. The public health law is amended by adding a new section 278-a
53 to read as follows:

54 § 278-a. Limitation on excessive price increases; prescription drugs:

55 1. In the event a manufacturer, as defined in subdivision twenty-one of
56 section sixty-eight hundred two of the education law, of a brand or

1 generic drug, made available in New York, increases the wholesale acqui-
2 sition cost (WAC) of a drug by a percent equal to or greater than one
3 hundred percent at any one time or in the aggregate in any twelve month
4 period or if a manufacturer of a generic drug with a fifty dollar whole-
5 sale acquisition cost (WAC) price for a thirty day supply increases
6 their supply by one hundred percent or more at any one time or in the
7 aggregate in any twelve month period:

8 (a) The manufacturer shall, not less than thirty days prior to insti-
9 tuting such increase, notify the commissioner and the drug utilization
10 review board established under section three hundred sixty-nine-bb of
11 the social services law. Notice shall be provided on the form estab-
12 lished pursuant to subdivision two of this section; and

13 (b) The commissioner shall require prior authorization and authorize
14 Medicaid managed care plans to require prior authorization for the drug
15 effective as of the date of the price increase and continuing until a
16 determination is made by the drug utilization review board.

17 2. The commissioner, in consultation with the drug utilization review
18 board, shall produce and make available to manufacturers a price
19 increase notification form that shall elicit:

20 (a) The most recent wholesale acquisition cost (WAC) of the drug prior
21 to an increase equal to or greater than one hundred percent at any one
22 time or in the aggregate in any twelve month period in either pricing
23 measure. For the purposes of this section wholesale acquisition cost
24 (WAC) shall include the prices for each dosage, size or concentration of
25 the drug offered or sold by the manufacturer;

26 (b) The wholesale acquisition cost (WAC) of the drug when exceeding
27 the one hundred percent threshold;

28 (c) Any material change in ingredient, production, or manufacturing
29 costs resulting in the price increase;

30 (d) In the case of a brand drug, the expiration date of the patent;

31 (e) In the case of a generic drug, whether the drug is a sole source
32 drug; and

33 (f) Any other information the manufacturer deems relevant to the
34 board's review.

35 3. Upon receipt of a price increase notification form, the drug utili-
36 zation review board shall review the price increase and make a determi-
37 nation as to whether the price increase is excessive. In making a deter-
38 mination the board shall consider:

39 (a) The wholesale acquisition cost (WAC) of the drug in comparison to
40 any generic equivalent or therapeutically equivalent drug;

41 (b) The FDA approved or compendium supported use of the drug and crit-
42 ical need to the patient;

43 (c) Any known market factors justifying the price increase, including
44 but not limited to:

45 (i) whether the drug has been absent from the market for any period of
46 time; and

47 (ii) changes in manufacturing or regulatory requirements or costs.

48 (d) Any material change in the prevalence or severity of the disease
49 or medical condition or conditions that the drug is approved to treat;

50 (e) In the case of a brand drug, the expiration date of the patent;
51 and

52 (f) In the case of a generic drug, whether the drug is a sole source
53 drug.

54 4. Upon a finding by the drug utilization review board that a manufac-
55 turer has instituted an excessive price increase, (a) the board shall
56 require prior authorization for the drug and authorize Medicaid managed

1 care plans to require prior authorization until the board determines
2 otherwise; and (b) the board may refer the matter to the attorney gener-
3 al with any information necessary for the investigation and prosecution
4 of price gouging violations under section three hundred ninety-six-rrr
5 of the general business law. In the event the board does not find that
6 the manufacturer has engaged in an excessive price increase, the board
7 shall remove the requirement for prior authorization and such authority
8 granted to Medicaid managed care plans to institute prior authorization
9 under this section shall cease.

10 § 2-b. The general business law is amended by adding a new section
11 396-rrr to read as follows:

12 § 396-rrr. Price gouging; prescription drugs. 1. Legislative findings
13 and declaration. The legislature hereby finds that excessive price
14 increases to prescription drugs that lack justification based on market
15 forces create a public health risk to consumers that rely on these
16 prescription drugs. In order to prevent a manufacturer, as defined in
17 subdivision twenty-one of section sixty-eight hundred two of the educa-
18 tion law, from taking unfair advantage of consumers who rely upon and
19 may lose access to the prescription drugs if the medication has a sudden
20 and excessive price increase, the legislature declares that the public
21 interest requires that such conduct be prohibited and made subject to
22 civil penalties.

23 2. In order to prevent a drug manufacturer, as defined in subdivision
24 twenty-one of section sixty-eight hundred two of the education law, from
25 imposing unconscionably and unjustifiably excessive price increases, the
26 attorney general may, upon referral from the drug utilization review
27 board as codified in section two hundred seventy-eight-a of the public
28 health law, apply in the name of the people of the state of New York to
29 the supreme court within the judicial district in which such violations
30 are alleged to have occurred, on notice of five days, for an order
31 enjoining or restraining commission or continuance of the alleged unlaw-
32 ful acts. In any such proceeding, the court may impose a civil penalty
33 in an amount not to exceed twenty-five thousand dollars and, where
34 appropriate, order restitution to aggrieved consumers.

35 3. Whether a price is unconscionably and unjustifiably excessive is a
36 question of law for the court. The court's determination that a
37 violation of this section has occurred shall be based upon the following
38 factors:

39 (a) the increase in price is unconscionably extreme;
40 (b) the drug is vital and medically necessary to the health of the
41 consumer;
42 (c) the drug is a sole source drug without a therapeutic equivalent;
43 and
44 (d) the price increase was within the control of the manufacturer and
45 not caused by costs imposed on or factors beyond the control of the
46 manufacturer.

47 § 3. Intentionally omitted.

48 § 4. Intentionally omitted.

49 § 5. Intentionally omitted.

50 § 6. Intentionally omitted.

51 § 7. The opening paragraph and subparagraphs (i) and (ii) of paragraph
52 (b) and paragraph (d) of subdivision 9 of section 367-a of the social
53 services law, the opening paragraph and paragraph (d) as amended by
54 chapter 19 of the laws of 1998, subparagraphs (i) and (ii) of paragraph
55 (b) as amended by section 2 of part C of chapter 60 of the laws of 2014,
56 subparagraph (i) of paragraph (d) as amended by section 10-a of part H

1 of chapter 59 of the laws of 2011 and subparagraph (ii) of paragraph (d)
2 as amended by section 48 of part C of chapter 58 of the laws of 2009,
3 are amended to read as follows:

4 Notwithstanding any inconsistent provision of law or regulation to the
5 contrary, for those drugs which may not be dispensed without a
6 prescription as required by section sixty-eight hundred ten of the
7 education law and for which payment is authorized pursuant to paragraph
8 (g) of subdivision two of section three hundred sixty-five-a of this
9 title, and for those drugs that are available without a prescription as
10 required by section sixty-eight hundred ten of the education law but are
11 reimbursed as items of medical assistance pursuant to paragraph (a) of
12 subdivision four of section three hundred sixty-five-a of this title,
13 payments under this title shall be made at the following amounts:

14 (i) [~~if the drug dispensed is a multiple source prescription drug for~~
15 ~~which an upper limit has been set by the federal centers for medicare~~
16 ~~and medicaid services, the lower of: (A) an amount equal to the specific~~
17 ~~upper limit set by such federal agency for the multiple source~~
18 ~~prescription drug; (B) the estimated acquisition cost of such drug to~~
19 ~~pharmacies which, for purposes of this subparagraph, shall mean the~~
20 ~~average wholesale price of a prescription drug based on the package size~~
21 ~~dispensed from, as reported by the prescription drug pricing service~~
22 ~~used by the department, less twenty five percent thereof; (C) the maxi-~~
23 ~~mum acquisition cost, if any, established pursuant to paragraph (e) of~~
24 ~~this subdivision, provided that the methodology used by the department~~
25 ~~to establish a maximum acquisition cost shall not include average acqui-~~
26 ~~sition cost as determined by department surveys; or (D) the dispensing~~
27 ~~pharmacy's usual and customary price charged to the general public; and]~~
28 if the drug dispensed is a generic prescription drug, or is a drug that
29 is available without a prescription as required by section sixty-eight
30 hundred ten of the education law but is reimbursed as an item of medical
31 assistance pursuant to paragraph (a) of subdivision four of section
32 three hundred sixty-five-a of this title, the lower of: (A) an amount
33 equal to the national average drug acquisition cost set by the federal
34 centers for medicare and medicaid services for the drug, if any, or if
35 such amount if not available, the wholesale acquisition cost of the drug
36 based on the package size dispensed from, as reported by the
37 prescription drug pricing service used by the department; (B) the feder-
38 al upper limit, if any, established by the federal centers for medicare
39 and medicaid services; (C) the state maximum acquisition cost, if any,
40 established pursuant to paragraph (e) of this subdivision; or (D) the
41 dispensing pharmacy's usual and customary price charged to the general
42 public;

43 (ii) if the drug dispensed is [~~a multiple source prescription drug or~~
44 ~~a brand-name prescription drug [for which no specific upper limit has~~
45 ~~been set by such federal agency], the lower of [the estimated acquisi-~~
46 ~~tion cost of such drug to pharmacies or the dispensing pharmacy's usual~~
47 ~~and customary price charged to the general public. For sole and multiple~~
48 ~~source brand name drugs, estimated acquisition cost means the average~~
49 ~~wholesale price of a prescription drug based upon the package size~~
50 ~~dispensed from, as reported by the prescription drug pricing service~~
51 ~~used by the department, less seventeen percent thereof or the wholesale~~
52 ~~acquisition cost of a prescription drug based upon package size~~
53 ~~dispensed from, as reported by the prescription drug pricing service~~
54 ~~used by the department, minus zero and forty-one hundredths percent~~
55 ~~thereof, and updated monthly by the department. For multiple source~~
56 ~~generic drugs, estimated acquisition cost means the lower of the average~~

~~wholesale price of a prescription drug based on the package size dispensed from, as reported by the prescription drug pricing service used by the department, less twenty-five percent thereof, or the maximum acquisition cost, if any, established pursuant to paragraph (e) of this subdivision, provided that the methodology used by the department to establish a maximum acquisition cost shall not include average acquisition cost as determined by department surveys.];~~

(A) an amount equal to the national average drug acquisition cost set by the federal centers for medicare and medicaid services for the drug, if any, or if such amount is not available, the wholesale acquisition cost of the drug based on the package size dispensed from, as reported by the prescription drug pricing service used by the department; or (B) the dispensing pharmacy's usual and customary price charged to the general public; and

(d) In addition to the amounts paid pursuant to paragraph (b) of this subdivision ~~[to pharmacies for those drugs which may not be dispensed without a prescription, as required by section sixty-eight hundred ten of the education law and for which payment is authorized pursuant to paragraph (g) of subdivision two of section three hundred sixty-five-a of this title]~~, the department shall pay a professional pharmacy dispensing fee for each such ~~[prescription]~~ drug dispensed~~[, which dispensing fee shall not be less than the following amounts:~~

~~(i) for prescription drugs categorized as generic by the prescription drug pricing service used by the department, three dollars and fifty cents per prescription; and~~

~~(ii) for prescription drugs categorized as brand name prescription drugs by the prescription drug pricing service used by the department, three dollars and fifty cents per prescription, provided, however, that for brand name prescription drugs reimbursed pursuant to subparagraph (ii) of paragraph (a-1) of subdivision four of section three hundred sixty-five-a of this title, the dispensing fee shall be four dollars and fifty cents per prescription]~~ in the amount of twelve dollars per prescription or written order of a practitioner; provided, however that this professional dispensing fee will not apply to drugs that are available without a prescription as required by section sixty-eight hundred ten of the education law but do not meet the definition of a covered outpatient drug pursuant to Section 1927K of the Social Security Act.

§ 8. It shall be an unacceptable practice in the Medicaid program established pursuant to title 11 of article 5 of the social services law for a provider to prescribe opioids in violation of the requirements of paragraph (g-1) of subdivision 2 of section 365-a of such law, in violation of any other applicable law limiting or restricting the prescribing of opioids, and/or contrary to recommendations issued by the drug utilization review board established by section 369-bb of the social services law, and such practice may result in the provider being excluded from participation in the Medicaid program. Exclusion of a provider from the Medicaid program under this section may not occur unless there has been an order issued pursuant to a proceeding initiated under section twelve-a of the public health law.

§ 9. Paragraph (g-1) of subdivision 2 of section 365-a of the social services law, as amended by section 5 of part C of chapter 60 of the laws of 2014, is amended to read as follows:

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

1 hundred ten of the education law and which the commissioner of health
2 shall determine to be reimbursable based upon such factors as the avail-
3 ability of such drugs or alternatives at low cost if purchased by a
4 medicaid recipient, or the essential nature of such drugs as described
5 by such commissioner in regulations, provided, however, that such drugs,
6 exclusive of long-term maintenance drugs, shall be dispensed in quanti-
7 ties no greater than a thirty day supply or one hundred doses, whichever
8 is greater; provided further that the commissioner of health is author-
9 ized to require prior authorization for any refill of a prescription
10 when more than a ten day supply of the previously dispensed amount
11 should remain were the product used as normally indicated, or in the
12 case of a controlled substance, as defined in section thirty-three
13 hundred two of the public health law, when more than a seven day supply
14 of the previously dispensed amount should remain were the product used
15 as normally indicated; provided further that the commissioner of health
16 is authorized to require prior authorization of prescriptions of opioid
17 analgesics in excess of four prescriptions in a thirty-day period in
18 accordance with section two hundred seventy-three of the public health
19 law; medical assistance shall not include any drug provided on other
20 than an in-patient basis for which a recipient is charged or a claim is
21 made in the case of a prescription drug, in excess of the maximum reim-
22 bursable amounts to be established by department regulations in accord-
23 ance with standards established by the secretary of the United States
24 department of health and human services, or, in the case of a drug not
25 requiring a prescription, in excess of the maximum reimbursable amount
26 established by the commissioner of health pursuant to paragraph (a) of
27 subdivision four of this section;

28 § 10. Intentionally omitted.

29 § 11. Intentionally omitted.

30 § 12. Intentionally omitted.

31 § 13. Intentionally omitted.

32 § 14. Intentionally omitted.

33 § 15. Intentionally omitted.

34 § 16. Subparagraph (iii) of paragraph (c) of subdivision 6 of section
35 367-a of the social services law, as amended by section 9 of part C of
36 chapter 60 of the laws of 2014, is amended to read as follows:

37 (iii) Notwithstanding any other provision of this paragraph, co-pay-
38 ments charged for each generic prescription drug dispensed shall be one
39 dollar and for each brand name prescription drug dispensed shall be
40 ~~[three dollars]~~ two dollars and fifty cents; provided, however, that the
41 co-payments charged for ~~[each brand name prescription drug on the~~
42 ~~preferred drug list established pursuant to section two hundred seven-~~
43 ~~ty-two of the public health law or, for managed care providers operating~~
44 ~~pursuant to section three hundred sixty-four-j of this title, for each~~
45 ~~brand name prescription drug on a managed care provider's formulary that~~
46 ~~such provider has designated as a preferred drug, and the co-payments~~
47 ~~charged for]~~ each brand name prescription drug reimbursed pursuant to
48 subparagraph (ii) of paragraph (a-1) of subdivision four of section
49 three hundred sixty-five-a of this title shall be one dollar.

50 § 17. Intentionally omitted.

51 § 18. The public health law is amended by adding a new section 276-a
52 to read as follows:

53 § 276-a. Medicaid drug rebate remittance program. 1. The department
54 shall establish a Medicaid drug rebate remittance program for the
55 purpose of working collaboratively with a qualified third party vendor,
56 selected in a manner to be determined by the commissioner without a

1 competitive bid or request for proposal, to validate the existing Medi-
2 caid drug rebate claims and determine whether the data contains dupli-
3 cate claims or claims on which rebates may already have been paid all or
4 in part to Medicare Part D plans or some other third parties, or were
5 otherwise subject to a discount pursuant to section 340B of the Public
6 Health Service Act, 42 U.S.C. § 256b, in order to rectify disputed
7 claims and reduce invalid disputes before the department. A qualified
8 third party vendor must possess and maintain, at the time of application
9 to the department: (a) secure data infrastructure to house large claim
10 data sets; (b) proven experience in the collection and standardization
11 of multiple state Medicaid data sets; (c) an established secure web
12 portal for manufacturers to access the manufacturer's labeler claim
13 level data; and (d) a robust validation tool for manufacturers to iden-
14 tify valid disputes.

15 2. For the purposes of this program, the department shall provide
16 utilization information tying to invoices sent to pharmaceutical
17 manufacturers, which have entered into a rebate agreement with the
18 department or with the federal secretary of health and human services on
19 behalf of the department under section 1927 of the federal social secu-
20 rity act, and to third party data vendors, for the purpose of validating
21 claims submitted under such rebate agreement or program including but
22 not limited to, the program for elderly pharmaceutical insurance cover-
23 age, and the Medicaid drug rebate program in general for the period from
24 January first, two thousand fourteen through June thirtieth, two thou-
25 sand eighteen. Such utilization information shall include, but not be
26 limited to: prescription numbers, national drug codes, number of units
27 dispensed, claims paid date, date of service, prescribing physician
28 state identification number, amount billed for each prescription, amount
29 of reimbursement received for each prescription (including any adjust-
30 ment codes), dispensing pharmacy's state identification number, dispens-
31 ing fee, any applicable third-party payments, applicable co-payments,
32 refill code, internal claim number of the prescription, days supply,
33 J-Code claims including single source and multisource physician adminis-
34 tered drugs, NPI numbers, MCO plan identifier, MCO plan name, and the
35 name, address, city, state and zip code of the prescribing practitioner
36 and pharmacy. The prescription drug utilization information shall be
37 provided to the third party data vendor as soon as practicable following
38 establishment of this program. There shall be no cost to the department
39 for services performed by the third party data vendor. Any prescription
40 drug utilization data provided to the third party data vendor under this
41 program shall not be shared with other parties, except participating
42 drug manufacturers who have entered into a rebate agreement with the
43 department or with the federal secretary of health and human services on
44 behalf of the department under section 1927 of the federal social secu-
45 rity act. Utilization data provided under this section shall be used for
46 the following purpose: rebate validation services for the benefit of
47 drug companies and state/federal agencies including drug use trend
48 review. Individual patient identifying information shall be kept confi-
49 dential by any person or entity to whom or to which it is provided under
50 this section. The disclosure of the foregoing data by the department
51 shall be considered, for purposes of section three hundred sixty-nine of
52 the social services law, to be directly connected with the adminis-
53 tration of medical assistance for needy persons.

54 3. The department shall select a qualified vendor no later than June
55 first, two thousand seventeen. The department shall subsequently provide
56 a report on the results of the program, with input from stakeholders, to

1 the governor, the director of the division of budget, the state comp-
2 troller and the legislature on or before December thirty-first, two
3 thousand eighteen. The report shall include findings as to the
4 program's contribution to improving the ability of the department to
5 validate drug rebate claims and rectify disputed claims.

6 § 19. 1. Medicaid FFS, the department of health shall make biannual
7 assessments of non-preferred drugs in the best clinical interests of New
8 York Medicaid beneficiaries. The department of health shall include, at
9 the manufacturer's option, a non-preferred drug as a preferred drug when
10 at least thirty-five percent of prescriptions filled in that drug's
11 class in the previous two quarters were for a non-preferred drug on the
12 PDL, provided that the manufacturer of such previously non-preferred
13 drug agrees to the rebate required under section 1927 of the Social
14 Security Act and an additional supplemental rebate. The department of
15 health and the manufacturer may negotiate the alternative supplemental
16 rebate. The previously non-preferred drug will not be disadvantaged,
17 including but not limited to imposing prior authorization or utilization
18 management requirements, to the other preferred drugs in its class other
19 than what is required by the FDA-approved label.

20 2. The department of health shall provide an annual report to the
21 legislature that outlines, with respect to any drug class on the PDL in
22 which only a single therapeutic pathway, which may involve one or more
23 drugs prescribed in combination for the same patient, is preferred, the
24 financial impact of the state's PDL decision, the clinical evidence the
25 state relied on in establishing preferences for the class, and the clin-
26 ical criteria that permit beneficiaries to access non-preferred drug in
27 such a class.

28 § 20. Severability. If any clause, sentence, paragraph, or subdivision
29 of this section shall be adjudged by any court of competent jurisdiction
30 to be invalid, such judgment shall not affect, impair, or invalidate the
31 remainder thereof, but shall be confined in its operation to the clause,
32 sentence, paragraph, or subdivision directly involved in the controversy
33 in which such judgment shall have been rendered. It is hereby declared
34 to be the intent of the legislature that this section would have been
35 enacted even if such invalid provisions had not been included herein.

36 § 21. This act shall take effect immediately and shall be deemed to
37 have been in full force and effect on and after April 1, 2017; provided,
38 however, that sections nine and sixteen of this act shall take effect
39 July 1, 2017; provided, further, that the amendments to paragraph (c) of
40 subdivision 6 of section 367-a of the social services law made by
41 section sixteen of this act shall not affect the repeal of such para-
42 graph and shall be deemed repealed therewith; and provided, further,
43 that the amendments to subdivision 9 of section 367-a of the social
44 services law made by section seven of this act shall not affect the
45 expiration of such subdivision and shall be deemed to expire therewith.

46 PART E

47 Section 1. Intentionally omitted.

48 § 2. Intentionally omitted.

49 § 3. Intentionally omitted.

50 § 4. Intentionally omitted.

51 § 5. Intentionally omitted.

52 § 6. Paragraph (m) of subdivision 2 of section 365-a of the social
53 services law, as amended by chapter 725 of the laws of 1989, is amended
54 to read as follows:

(m) hospice services provided by a hospice certified pursuant to article forty of the public health law, to the extent that federal financial participation is available and that such services are covered under title XVIII of the federal social security act, to the extent that such coverage does not result in a rate or reimbursement reduction to the health care plan or provider, and, notwithstanding federal financial participation, coverage under title XVIII of the federal social security act to the extent that such coverage does not result in a rate or reimbursement reduction to the health care plan or provider, and any provision of law or regulation to the contrary, for hospice services provided pursuant to the hospice supplemental financial assistance program for persons with special needs as provided for in article forty of the public health law.

§ 6-a. Paragraph (d) of subdivision 1 of section 3614-c of the public health law, as amended by chapter 56 of the laws of 2016, is amended to read as follows:

(d) "Home care aide" means a home health aide, personal care aide, home attendant or other licensed or unlicensed person whose primary responsibility includes the provision of in-home assistance with activities of daily living, instrumental activities of daily living or health-related tasks; provided, however, that home care aide does not include any individual ~~[(i)] working on a casual basis[, or (ii) who is a relative through blood, marriage or adoption of: (1) the employer, or (2) the person for whom the worker is delivering services, under a program funded or administered by federal, state or local government]~~.

§ 6-b. Section 365-f of the social services law is amended by adding two new subdivisions 4-a and 4-b to read as follows:

4-a. Fiscal intermediary services. (a) For the purposes of this section:

(i) "Fiscal intermediary" means an entity that provides fiscal intermediary services and has a contract for providing such services with:

(A) a local department of social services;

(B) an organization licensed under article forty-four of the public health law; or

(C) an accountable care organization certified under article twenty-nine-E of the public health law or an integrated delivery system composed primarily of health care providers recognized by the department as a performing provider system under the delivery system reform incentive payment program.

(ii) Fiscal intermediary services shall include the following services, performed on behalf of the consumer to facilitate his or her role as the employer:

(A) wage and benefit processing for consumer directed personal assistants;

(B) processing all income tax and other required wage withholdings;

(C) complying with workers' compensation, disability and unemployment requirements;

(D) maintaining personnel records for each consumer directed personal assistant, including time sheets and other documentation needed for wages and benefit processing and a copy of the medical documentation required pursuant to regulations established by the commissioner;

(E) ensuring that the health status of each consumer directed personal assistant is assessed prior to service delivery pursuant to regulations issued by the commissioner;

(F) maintaining records of authorizations or reauthorizations of services;

1 (G) monitoring the consumer's or, if applicable, the designated repre-
2 sentative's continuing ability to fulfill the consumer's responsibil-
3 ities under the program and promptly notifying the authorizing entity of
4 any circumstance that may affect the consumer's or, if applicable, the
5 designated representative's ability to fulfill such responsibilities;

6 (H) complying with regulations established by the commissioner speci-
7 fying the responsibilities of providers providing services under this
8 title; and

9 (I) entering into a department approved memorandum of understanding
10 with the consumer that describes the parties' responsibilities under
11 this program.

12 (iii) Fiscal intermediaries are not responsible for, and fiscal inter-
13 mediary services shall not include, fulfillment of the responsibilities
14 of the consumer or, if applicable, the consumer's designated represen-
15 tative as established by the commissioner. A fiscal intermediary's
16 responsibilities shall not include, and a fiscal intermediary shall not
17 engage in: managing the plan of care including recruiting and hiring a
18 sufficient number of individuals who meet the definition of consumer
19 directed personal assistant, as such term is defined by the commission-
20 er, to provide authorized services that are included on the consumer's
21 plan of care; training, supervising and scheduling each consumer
22 directed personal assistant; terminating the consumer directed personal
23 assistant's employment; or assuring that each consumer directed personal
24 assistant competently and safely performs the personal care services,
25 home health aide services and skilled nursing tasks that are included on
26 the consumer's plan of care. A fiscal intermediary shall exercise
27 reasonable care in properly carrying out its responsibilities under the
28 program.

29 (b) No entity shall provide, directly or through contract, fiscal
30 intermediary services without a certification as a fiscal intermediary
31 issued by the commissioner in accordance with this subdivision.

32 (c) An application for certification as a fiscal intermediary shall be
33 filed with the commissioner, together with such other forms and informa-
34 tion as shall be prescribed by, or acceptable to the commissioner. Such
35 information shall include, but not be limited to:

36 (i) the name, employer identification number, and Medicaid provider
37 identification number of the organization, including any subsidiary
38 corporations, if applicable, and any name under which the entity does
39 business;

40 (ii) all addresses at which the organization operates;

41 (iii) the names, titles and contact information of all officers and
42 directors in a not-for-profit company or business, or managers in a
43 limited liability company, as well as the name and employment history of
44 the individual ultimately accountable for operation of the fiscal inter-
45 mediary; and for a not-for-profit entity, the number of director posi-
46 tions set by the company's by-laws, and how many are currently filled;

47 (iv) a history of the organization, along with an overview of the
48 organization and all services it offers, including any relationships
49 with outside agencies that may influence in any way the ability of the
50 organization to provide fiscal intermediary services consistent with the
51 manner described in its application;

52 (v) all policies and procedures of the fiscal intermediary, including
53 any contracts or other documents used in communications with consumers;

54 (vi) plans to solicit and consider input from the fiscal interme-
55 diary's consumers, staff, personal assistants and other interested
56 parties which may be charged with roles including, but not limited to,

1 quality assurance review, referral, program monitoring or development or
2 establishing and responding to community needs; such input may be in the
3 form of a board of directors, committee, survey, or other mechanism,
4 provided that the majority of input obtained as part of this process
5 must be from individual consumers and consumer advocates of the fiscal
6 intermediary;

7 (vii) the organization's plan to address the needs of consumers and
8 their personal assistants in a timely manner, regardless of where they
9 live, including, but not limited to, input from consumers, obtaining
10 physicals and other health information from personal assistants, obtain-
11 ing time records for payroll, and timely processing of payroll; and

12 (viii) a written sworn statement by an officer of the entity disclos-
13 ing any pending litigation, unsatisfied judgments or penalties,
14 convictions for fraud or sanctions imposed by government authorities.

15 (d) The entity shall reasonably promptly notify the department of any
16 change in the information submitted to the department for certification
17 under this subdivision.

18 (e) The commissioner shall not approve an application for certifi-
19 cation unless he or she is satisfied as to the character, competence
20 and standing in the community of the applicant's incorporators, direc-
21 tors, sponsors, stockholders or operators and finds that the personnel,
22 rules, consumer contracts or agreements, and fiscal intermediary
23 services are fit and adequate, and that the fiscal intermediary services
24 will be provided in the manner required by this subdivision and the
25 rules and regulations hereunder, in a manner determined by the commis-
26 sioner.

27 (f) The commissioner may contract with an entity with appropriate
28 knowledge, expertise and experience possessing extensive knowledge of
29 consumer directed personal assistance fiscal intermediary services and
30 which has a history of providing similar services in relation to a self-
31 directed program to develop and to assist the commissioner in evaluating
32 applicants for certifications or readiness reviews to be a fiscal inter-
33 mediary.

34 (g) Neither public need, tax status nor profit-making status shall be
35 a criterion for certification under this subdivision. Status as a
36 licensed home care services agency or other health provider shall not
37 positively or negatively affect an application for certification under
38 this subdivision. An organization authorized pursuant to article
39 forty-four of the public health law shall not be a fiscal intermediary.

40 (h) A certification under this subdivision shall last for a period of
41 five years. Upon application for a renewal, the fiscal intermediary
42 shall submit up to date information to the commissioner.

43 (i) The commissioner shall charge applicants for the certification an
44 application fee of one thousand dollars.

45 4-b. Proceedings involving the certification of a fiscal intermediary.

46 (a) A certification of a fiscal intermediary may be revoked, suspended,
47 limited or annulled by the commissioner on proof that it has failed to
48 comply with the provisions of this subdivision or regulations promulgat-
49 ed hereunder.

50 (b) No such certification shall be revoked, suspended, limited,
51 annulled or denied without a hearing. However, a certification may be
52 temporarily suspended or limited without a hearing for a period not in
53 excess of thirty days upon written notice to the fiscal intermediary
54 following a finding by the department that the public health or safety
55 is in imminent danger. Such period may be renewed upon written notice
56 and a continued finding under this paragraph.

(c) The commissioner shall fix a time and place for the hearing. A copy of the charges, together with the notice of the time and place of the hearing, shall be served in person or mailed by registered or certified mail to the fiscal intermediary at least twenty-one days before the date fixed for the hearing. The fiscal intermediary shall file with the department not less than eight days prior to the hearing, a written answer to the charges.

(d) All orders or determinations under this subdivision shall be subject to review as provided in article seventy-eight of the civil practice law and rules.

§ 6-c. Subdivision (a) of section 90 of part H of chapter 59 of the laws of 2011, amending the public health law and other laws, relating to general hospital inpatient reimbursement for annual rates, as amended by section 38 of part C of chapter 60 of the laws of 2014, is amended to read as follows:

(a) (1) Notwithstanding any other provision of law to the contrary, for the state fiscal years beginning April 1, 2011 and ending on March 31, 2014, all Medicaid payments made for services provided on and after April 1, 2011, shall, except as hereinafter provided, be subject to a uniform two percent reduction and such reduction shall be applied, to the extent practicable, in equal amounts during the fiscal year, provided, however, that an alternative method may be considered at the discretion of the commissioner of health and the director of the budget based upon consultation with the health care industry including but not limited to, a uniform reduction in Medicaid rates of payments or other reductions provided that any method selected achieves up to \$345,000,000 in Medicaid state share savings in state fiscal year 2011-12 and up to \$357,000,000 annually in state fiscal years 2012-13 and 2013-14 except as hereinafter provided, for services provided on and after April 1, 2011 through March 31, 2014. Any alternative methods to achieve the reduction must be provided in writing and shall be filed with the senate finance committee and the assembly ways and means committee not less than thirty days before the date on which implementation is expected to begin. Nothing in this section shall be deemed to prevent all or part of such alternative reduction plan from taking effect retroactively, to the extent permitted by the federal centers for medicare and medicaid services.

(2) Alternative methods of cost containment as authorized and implemented pursuant to paragraph one of this subdivision shall continue to be applied and maintained for periods on and after April 1, 2014, provided, however, that the commissioner of health, in consultation with the director of the budget, is authorized to terminate such alternative methods upon a finding that they are no longer necessary to maintain essential cost savings.

(3) Notwithstanding any other provision of law to the contrary, for the state fiscal years beginning April 1, 2014, and until such time as the state receives approval of its state plan amendment #15-0056 to the title XIX Medicaid state plan for long term care, the state shall fund nursing homes the Medicaid state share of the federal medical assistance percentage.

§ 6-d. Paragraph (b) of subdivision 10 of section 3614 of the public health law, as amended by section 5 of part C of chapter 109 of the laws of 2006, is amended and a new paragraph (e) is added to read as follows:

(b) Programs which have their rates adjusted pursuant to this subdivision shall use such funds solely for the purposes of recruitment, training and retention of non-supervisory home care services workers or other

1 personnel with direct patient care responsibility. Such purpose shall
2 include the recruitment, training and retention of non-supervisory home
3 care services workers or any worker with direct patient care responsi-
4 bility employed in licensed home care services agencies under contract
5 with such agencies. Such agencies are prohibited from using such fund
6 for any other purpose. For purposes of the long term home health care
7 program, such payment shall be treated as supplemental payments and not
8 effect any current cost cap requirement. For purposes of the managed
9 long term care program, plans shall distribute such funds in their
10 entirety using a reasonable methodology. Such payments shall be supple-
11 mental to reimbursement rates, and plans shall provide written notifica-
12 tion to each contracted agency indicating the amount of funds disbursed
13 for the purpose of recruitment, training and retention of non-superviso-
14 ry home care services workers or any personnel with direct patient care
15 responsibility. Each such agency shall submit, at a time and in a manner
16 determined by the commissioner, a written certification attesting that
17 such funds will be used solely for the purpose of recruitment, training
18 and retention of non-supervisory home health aides or any personnel with
19 direct patient care responsibility. When submitting attestations to the
20 department, managed long term care plans shall include the methodology
21 utilized in the disbursement of funds. The commissioner is authorized to
22 audit each such agency or program to ensure compliance with the written
23 certification required by this subdivision and shall recoup any funds
24 determined to have been used for purposes other than recruitment and
25 retention of non-supervisory home health aides or other personnel with
26 direct patient care responsibility. Such recoupment shall be in addition
27 to any other penalties provided by law.

28 (e) The department shall provide a report to the chairs of the senate
29 finance committee, assembly ways and means committee, and senate health
30 and assembly health committees. Such report shall be submitted on or
31 before January first, two thousand eighteen and shall include the
32 distribution of monies by plan and provider of the funds set forth in
33 this subdivision.

34 § 6-e. Subdivision 3 of section 461-1 of the social services law, as
35 added by chapter 165 of the laws of 1991, subparagraph (iii) of para-
36 graph (a) as amended by chapter 438 of the laws of 1994, paragraphs (b),
37 (c), (e) and (f) as amended by section 82 of part A of chapter 58 of the
38 laws of 2010, paragraph (d) as amended by chapter 591 of the laws of
39 1999, paragraph (g) as amended by chapter 397 of the laws of 2012, para-
40 graph (h) as added by section 20 of part B of chapter 58 of the laws of
41 2007, paragraph (i) as amended by section 67 of part C of chapter 60 of
42 the laws of 2014 and paragraph (j) as added by section 70 of part A of
43 chapter 56 of the laws of 2013, is amended to read as follows:

44 3. Assisted living program approval. (a) An eligible applicant propos-
45 ing to operate an assisted living program or increase the number of beds
46 within an existing program shall submit an application to the [~~depart-~~
47 ~~ment. Upon receipt, the department shall transmit a copy of the applica-~~
48 ~~tion and accompanying documents to the~~] department of health. Such
49 application shall be in a format and a quantity determined by the
50 department of health and shall include, but not be limited to:

51 (i) a copy of or an application for an adult care facility operating
52 certificate;

53 (ii) a copy of or an application for a home care services agency
54 license or a copy of a certificate for a certified home health agency or
55 authorization as a long term home health care program;

1 (iii) a copy of a proposed contract with a social services district or
2 in a social services district with a population of one million or more,
3 a copy of a proposed contract with the social services district or the
4 department;

5 (iv) if the applicant is not a long term home health care program or
6 certified home health agency, a copy of a proposed contract with a long
7 term home health care program or certified home health agency for the
8 provisions of services in accordance with article thirty-six of the
9 public health law; and

10 (v) a detailed description of the proposed program including budget,
11 staffing and services.

12 (b) If the application for the proposed program includes an applica-
13 tion for licensure as a home care service agency, the department of
14 health shall forward the application for the proposed program and accom-
15 panying documents to the public health and health planning council for
16 its written approval in accordance with the provisions of section thir-
17 ty-six hundred five of the public health law.

18 (c) An application for an assisted living program or an expansion of
19 an existing program shall not be approved unless the commissioner is
20 satisfied as to:

21 (i) the character, competence and standing in the community of the
22 operator of the adult care facility;

23 (ii) the financial responsibility of the operator of the adult care
24 facility;

25 (iii) that the buildings, equipment, staff, standards of care and
26 records of the adult care facility to be employed in the operation
27 comply with applicable law, rule and regulation;

28 (iv) the commissioner of health is satisfied that the licensed home
29 care agency has received the written approval of the public health and
30 health planning council as required by paragraph (b) of this subdivision
31 and the equipment, personnel, rules, standards of care, and home care
32 services provided by the licensed home care agency and certified home
33 health agency or long term home health care program are fit and adequate
34 and will be provided in the manner required by article thirty-six of the
35 public health law and the rules and regulations thereunder; and

36 (v) [~~the commissioner and~~] the commissioner of health [~~are~~] is satis-
37 fied as to the public need for the assisted living program beds being
38 proposed after giving consideration to the relative concentration of
39 assisted living program beds in existence in the area to be served, the
40 need for alternative levels of care in the area served, the impact on
41 other providers of care and the overall availability of assisted living
42 program beds in the state.

43 (d) The department of health shall not approve an application for an
44 assisted living program or an expansion of an existing program for any
45 eligible applicant who does not meet the requirements of this article,
46 including but not limited to, an eligible applicant who is already or
47 within the past ten years has been an incorporator, director, sponsor,
48 principal stockholder, member or owner of any adult care facility which
49 has been issued an operating certificate by the board or the department,
50 or of a halfway house, hostel or other residential facility or institu-
51 tion for the care, custody or treatment of the mentally disabled which
52 is subject to approval by an office of the department of mental hygiene,
53 or of any residential health care facility or home care agency as
54 defined in the public health law, unless [~~the department, in conjunction~~
55 ~~with the department of health,~~] it finds by substantial evidence as to
56 each such applicant that a substantially consistent high level of care

1 has been rendered in each such facility or institution under which such
2 person is or was affiliated. For the purposes of this paragraph, there
3 may be a finding that a substantially consistent high level of care has
4 been rendered despite a record of violations of applicable rules and
5 regulations, if such violations (i) did not threaten to directly affect
6 the health, safety or welfare of any patient or resident, and (ii) were
7 promptly corrected and not recurrent.

8 (e) ~~[The commissioner of health shall provide written notice of~~
9 ~~approval or disapproval of portions of the proposed application concern-~~
10 ~~ing a licensed home care agency, certified home health agency or long~~
11 ~~term home health care program, and, where applicable, of the approval or~~
12 ~~disapproval of the public health and health planning council to the~~
13 ~~commissioner.]~~ If an application receives all the necessary approvals,
14 the commissioner of health shall notify the applicant in writing. The
15 commissioner's written approval shall constitute authorization to oper-
16 ate an assisted living program.

17 (f) No assisted living program may be operated without the written
18 approval of ~~[the department,]~~ the department of health and, where appli-
19 cable, the public health and health planning council.

20 (g) Notwithstanding any other provision of law to the contrary, any
21 assisted living program having less than seventy-five authorized bed
22 slots, located in a county with a population of more than one hundred
23 ten thousand and less than one hundred fifty thousand persons based upon
24 the decennial federal census for the year two thousand, and which at any
25 point in time is unable to accommodate individuals awaiting placement
26 into the assisted living program, shall be authorized to increase the
27 number of assisted living beds available for a specified period of time
28 as part of a demonstration program by up to thirty percent of its
29 approved bed level; provided, however, that such program shall otherwise
30 satisfy all other assisted living program requirements as set forth in
31 this section. In addition, any program which receives such authorization
32 and which at any point on or after July first, two thousand five is
33 unable to accommodate individuals awaiting placement into the assisted
34 program, shall be authorized to further increase the number of assisted
35 living beds available as part of this demonstration program by up to
36 twenty-five percent of its bed level as of July first, two thousand
37 five; provided, however, that such program shall otherwise satisfy all
38 other assisted living program requirements as set forth in this section.

39 (h) The commissioner is authorized to add one thousand five hundred
40 assisted living program beds to the gross number of assisted living
41 program beds having been determined to be available as of April first,
42 two thousand seven.

43 (i) (a) The commissioner of health is authorized to add up to six
44 thousand assisted living program beds to the gross number of assisted
45 living program beds having been determined to be available as of April
46 first, two thousand nine. Nothing herein shall be interpreted as prohib-
47 iting any eligible applicant from submitting an application for any
48 assisted living program bed so added. The commissioner of health shall
49 not be required to review on a comparative basis applications submitted
50 for assisted living program beds made available under this paragraph.
51 The commissioner of health shall only authorize the addition of six
52 thousand beds pursuant to a seven year plan ending prior to January
53 first, two thousand seventeen.

54 (b) The commissioner of health shall provide an annual written report
55 to the chair of the senate standing committee on health and the chair of
56 the assembly health committee no later than January first of each year.

1 Such report shall include, but not be limited to, the number of assisted
2 living program beds made available pursuant to this section by county,
3 the total number of assisted living program beds by county, the number
4 of vacant assisted living program beds by county, and any other informa-
5 tion deemed necessary and appropriate.

6 (j) The commissioner of health is authorized to add up to four thou-
7 sand five hundred assisted living program beds to the gross number of
8 assisted living program beds having been determined to be available as
9 of April first, two thousand twelve. Applicants eligible to submit an
10 application under this paragraph shall be limited to adult homes estab-
11 lished pursuant to section four hundred sixty-one-b of this article
12 with, as of September first, two thousand twelve, a certified capacity
13 of eighty beds or more in which twenty-five percent or more of the resi-
14 dent population are persons with serious mental illness as defined in
15 regulations promulgated by the commissioner of health. The commissioner
16 of health shall not be required to review on a comparative basis appli-
17 cations submitted for assisted living program beds made available under
18 this paragraph.

19 (k) Beginning on April first, two thousand seventeen, the commissioner
20 of health is authorized to approve assisted living program beds for any
21 eligible applicant that satisfactorily demonstrates the public need for
22 such beds in the area to be served and meets all other applicable
23 requirements of this section. Assisted living program bed availability
24 determinations and limitations in place prior to April first, two thou-
25 sand seventeen shall no longer be applicable, and assisted living
26 program beds shall be generally available to meet demonstrated public
27 need on a case by case basis whenever the commissioner is satisfied
28 public need exists at the time and place and under circumstances
29 proposed by the applicant; provided, however, the prior bed authori-
30 zations in paragraphs (h), (i) and (j) of this subdivision shall contin-
31 ue in full force and effect.

32 § 6-f. Paragraph (d-2) of subdivision 3 of section 364-j of the
33 social services law, as added by section 20-a of part B of chapter 59 of
34 the laws of 2016, is amended to read as follows:

35 (d-2) Services provided pursuant to waivers, granted pursuant to
36 subsection (c) of section 1915 of the federal social security act, to
37 persons suffering from traumatic brain injuries or qualifying for nurs-
38 ing home diversion and transition services, shall not be provided to
39 medical assistance recipients through managed care programs [~~until at~~
40 ~~least January first, two thousand eighteen~~] established pursuant to this
41 section, and shall continue to be provided outside of managed care
42 programs and in accordance with such waiver programs as they existed on
43 January first, two thousand fifteen; provided, further that the commis-
44 sioner of health is hereby directed to take any action required, includ-
45 ing but not limited to filing waivers and waiver extensions as necessary
46 with the federal government, to continue the provision of such services.

47 § 6-g. Subdivision 8 of section 4403-f of the public health law, as
48 amended by section 21 of part B of chapter 59 of the laws of 2016, is
49 amended as follows:

50 8. Payment rates for managed long term care plan enrollees eligible
51 for medical assistance. The commissioner shall establish payment rates
52 for services provided to enrollees eligible under title XIX of the
53 federal social security act. Such payment rates shall be subject to
54 approval by the director of the division of the budget and shall reflect
55 savings to both state and local governments when compared to costs which
56 would be incurred by such program if enrollees were to receive compara-

ble health and long term care services on a fee-for-service basis in the geographic region in which such services are proposed to be provided. In addition, the commissioner shall be authorized to apply a positive, geographic adjustment to the rates for managed long term care plans serving either rural or other regions where costs are increased due to elements of geography, regional resource limitations, population density and/or other regional factors, and where such rate adjustment is necessary in order to ensure adequate service capacity and quality care in the region. Payment rates shall be risk-adjusted to take into account the characteristics of enrollees, or proposed enrollees, including, but not limited to: frailty, disability level, health and functional status, age, gender, the nature of services provided to such enrollees, and other factors as determined by the commissioner. The risk adjusted premiums may also be combined with disincentives or requirements designed to mitigate any incentives to obtain higher payment categories. In setting such payment rates, the commissioner shall consider costs borne by the managed care program plans and service providers to ensure actuarially sound and adequate rates of payment to ensure quality of care shall comply with all applicable laws and regulations, state and federal, including regulations as to actuarial soundness for medicaid managed care. To ensure quality care, the commissioner shall also consider the need for any necessary positive adjustments in the premium and rate calculations based on critical costs and need not be reflected in the managed care program historical cost and encounter statistical base, including but not limited to cost and need for direct care personnel wages and benefits and related cost to ensure workforce/service capacity to meet community need, provider technology capacity, quality innovation, essential direct care staff training, addressing public health priorities, and other system infrastructure and transition needs. In setting actuarially sound and adequate payment rates, the commissioner shall follow the analysis and recommendations of an independent actuary, which shall also provide his or her certification and analysis directly to the chairs of the senate and assembly committees on health, the chair of the senate finance committee and the chair of the assembly committee on ways and means. The commissioner shall submit to the director of the budget, rates that are actuarially sound to cover these costs.

§ 6-h. Paragraph (c) of subdivision 18 of section 364-j of the social services law, as added by section 40-c of part B of chapter 57 of the laws of 2015 is REPEALED.

§ 6-i. Paragraph (c) of subdivision 18 of section 364-j of the social services law, as added by section 55 of part B of chapter 57 of the laws of 2015, is amended to read as follows:

(c) (i) In setting such reimbursement methodologies, the department shall consider costs borne by the managed care program to ensure that each plan receives actuarially sound and adequate rates of payment to ensure quality of care for its enrollees. The department of health shall require the independent actuary selected pursuant to paragraph (b) of this subdivision to provide a complete actuarial memorandum, along with all actuarial assumptions made and all other data, materials and methodologies used in the development of rates, to managed care providers thirty days prior to submission of such rates to the centers for medicare and medicaid services for approval. Managed care providers may request additional review of the actuarial soundness of the rate setting process and/or methodology.

(ii) In fulfilling the requirements of this paragraph, the department of health, in consultation with the independent actuary, the affected managed care providers and other interested parties, shall develop and utilize statistically validated assessment tools to determine the care needs of individuals enrolled in managed care plans, which shall involve consideration of variables including, but not limited to, physical and behavioral functioning, activities of daily living and instrumental activities of daily living, and primary or secondary diagnoses of cognitive impairment or mental illness.

(iii) The department shall establish separate rate cells to reflect the costs of care for specific high-need and/or high-cost enrollees of managed care providers operating on a full capitation basis and in managed long term care plans operating in accordance with the provisions of section forty-four hundred three-f of the public health law. By June thirtieth, two thousand seventeen the commissioner shall submit to the Centers for Medicare and Medicaid Services a state plan amendment or other appropriate approval of a capitated rate which includes a separate rate cell or cells and shall also include policies and procedures to ensure Americans with Disability Act and federal Olmstead compliance for covering the cost of care for each of the following:

(A) individuals in managed care providers operating on a full capitation basis and individuals in managed long term care plans that are either already residing in a skilled nursing home or are placed in a skilled nursing home;

(B) individuals in managed long term care plans, who remain in the community and who daily receive live-in or twelve hours or more of personal care or home health services;

(C) individuals in fully-capitated plans who satisfy the criteria for inclusion in a health and recovery plan for persons with serious mental illness, but have not been enrolled in such a plan; and

(D) such other individuals who, based on the assessment of their care needs, their diagnosis or other factors, are determined to present uniquely high-needs and are likely to generate high costs, as may be identified by the department.

(iv) Should the commissioner not receive authorization by the Centers for Medicare and Medicaid Services to implement a separate nursing home facility rate cell or cells under clause (A) of subparagraph (iii) of this paragraph by December thirty-first, two thousand seventeen, the commissioner shall direct managed care organizations licensed under article forty-four of the public health law, article forty-three of the insurance law, and this section, to continue to reimburse nursing home facilities for services provided to persons eligible for medical assistance who are enrolled in such managed care organizations at a benchmark rate which is to be the fee-for-service rate calculated pursuant to section twenty-eight hundred eight of the public health law paid by the Medicaid program for such services. The commissioner shall further insure that the premium paid to managed care organizations for such services is commensurate with the benchmark rate. The benchmark fee-for-service rate shall continue to be paid by such managed care organizations for all services provided by residential health care facilities from the effective date of this subparagraph at least until March thirty-first, two thousand nineteen.

§ 6-j. The department of health shall study and report to the legislature by June 1, 2017 on the need for and feasibility of repatriation of complex-needs patients placed in out-of-state facilities and funded through medical assistance.

§ 7. This act shall take effect immediately; provided, however, that:

a. section six of this act shall take effect June 1, 2017;

b. section six-b of this act shall take effect on the first of January after it shall have become a law; provided that prior to that date, the commissioner of health shall make regulations and take other actions reasonably necessary to implement section six-b of this act on that date; and provided further that any entity operating as a fiscal intermediary prior to this act becoming a law may continue to do so for one year after this act takes effect, and may continue to do so after that time only upon obtaining certification under this act;

c. the amendments to section 364-j of the social services law, made by sections six-f and six-i of this act, shall not affect the expiration and repeal of such section, and shall expire and be deemed repealed therewith; and

d. the amendments to section 4403-f of the public health law made by section six-g of this act shall not affect the repeal of such section and shall be deemed repealed therewith.

PART F

Section 1. Subdivision 4 of section 365-h of the social services law, as separately amended by section 50 of part B and section 24 of part D of chapter 57 of the laws of 2015, is amended to read as follows:

4. The commissioner of health is authorized to assume responsibility from a local social services official for the provision and reimbursement of transportation costs under this section. If the commissioner elects to assume such responsibility, the commissioner shall notify the local social services official in writing as to the election, the date upon which the election shall be effective and such information as to transition of responsibilities as the commissioner deems prudent. The commissioner is authorized to contract with a transportation manager or managers to manage transportation services in any local social services district, other than transportation services provided or arranged for enrollees of managed long term care plans issued certificates of authority under section forty-four hundred three-f of the public health law; and adult day health care programs located at a licensed residential health care facility as defined by section twenty-eight hundred one of the public health law or any approved extension site thereof. Any transportation manager or managers selected by the commissioner to manage transportation services shall have proven experience in coordinating transportation services in a geographic and demographic area similar to the area in New York state within which the contractor would manage the provision of services under this section. Such a contract or contracts may include responsibility for: review, approval and processing of transportation orders; management of the appropriate level of transportation based on documented patient medical need; and development of new technologies leading to efficient transportation services. If the commissioner elects to assume such responsibility from a local social services district, the commissioner shall examine and, if appropriate, adopt quality assurance measures that may include, but are not limited to, global positioning tracking system reporting requirements and service verification mechanisms. Any and all reimbursement rates developed by transportation managers under this subdivision shall be subject to the review and approval of the commissioner.

§ 2. Subdivision 5 of section 365-h of the social services law is REPEALED.

§ 3. Intentionally omitted.

§ 4. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2017; provided, further, that the amendments to section 365-h of the social services law made by section one of this act shall not affect the repeal of such section and shall be deemed repealed therewith.

PART G

Section 1. Subdivision 1 of section 92 of 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, as separately amended by section 1 of part JJ of chapter 54 of the laws of 2016 and section 18 of part B of chapter 59 of the laws of 2016, is amended to read as follows:

1. For state fiscal years 2011-12 through 2017-18, the director of the budget, in consultation with the commissioner of health referenced as "commissioner" for purposes of this section, shall assess on a monthly basis, as reflected in monthly reports pursuant to subdivision five of this section known and projected department of health state funds medicaid expenditures by category of service and by geographic regions, as defined by the commissioner, and if the director of the budget determines that such expenditures are expected to cause medicaid disbursements for such period to exceed the projected department of health medicaid state funds disbursements in the enacted budget financial plan pursuant to subdivision 3 of section 23 of the state finance law, the commissioner of health, in consultation with the director of the budget, shall develop a medicaid savings allocation plan to limit such spending to the aggregate limit level specified in the enacted budget financial plan, provided, however, such ~~[projections may be adjusted by the director of the budget to account for any changes in the New York state federal medical assistance percentage amount established pursuant to the federal social security act, changes in provider revenues, reductions to local social services district medical assistance administration, minimum wage increases, and beginning April 1, 2012 the operational costs of the New York state medical indemnity fund and state costs or savings from the basic health plan. Such projections may be adjusted by the director of the budget to account for increased or expedited department of health state funds medicaid expenditures as a result of a natural or other type of disaster, including a governmental declaration of emergency]~~ savings allocation plan must be approved by legislation prior to implementation.

§ 1-a. Section 91 of part H of chapter 59 of the laws of 2011, amending the public health law and other laws relating to general hospital inpatient reimbursement for annual rates, as amended by section 5 of part F of chapter 56 of the laws of 2012 and subdivision 1 as amended by section 2 of part A of chapter 56 of the laws of 2013, is amended to read as follows:

§ 91. 1. Notwithstanding any inconsistent provision of state law, rule or regulation to the contrary, subject to federal approval, the year to year rate of growth of department of health state funds Medicaid medical assistance spending on programs that (a) receive federal financial participation; (b) are required to be made by the state under the federal medical assistance program laws, rules or regulations; (c) are required under the state's Medicaid state plan; or (d) are otherwise enumerated in this section shall not exceed the ten year rolling average

1 of the medical component of the consumer price index as published by the
2 United States department of labor, bureau of labor statistics, for the
3 preceding ten years; provided, however, that for state fiscal year
4 2013-14 and for each fiscal year thereafter, the maximum allowable annu-
5 al increase in the amount of department of health state funds Medicaid
6 spending shall be calculated by multiplying the department of health
7 state funds Medicaid spending for the previous year, minus the amount of
8 any department of health state operations spending included therein, by
9 such ten year rolling average.

10 2. Except as provided in subdivision three of this section, for state
11 fiscal year 2013-14 and for each fiscal year thereafter, the spending
12 limit calculated pursuant to subdivision one of this section shall be
13 increased by an amount equal to the difference between the total social
14 services district medical assistance expenditure amounts calculated for
15 such period in conformance with subdivisions (b), (c), (c-1), and (d) of
16 section 1 of part C of chapter 58 of the laws of 2005 and the total
17 social services district medical expenditure amounts that would have
18 resulted if the provisions of subdivision (c-1) of such section had not
19 been applied.

20 3. With respect to a social services district that rescinds the exer-
21 cise of the option provided in paragraph (i) of subdivision (b) of
22 section 2 of part C of chapter 58 of the laws of 2005, for state fiscal
23 year 2013-14 and for each fiscal year thereafter, the spending limit
24 calculated pursuant to subdivision one of this section shall be reduced
25 by the amount of the medical assistance expenditure amount calculated
26 for such district for such period.

27 4. The year to year rate of growth shall be rebased as of April 1,
28 2017 in proportion to the elimination of funds currently calculated in
29 the annual department of health state funds Medicaid spending that do
30 not satisfy subdivision one of this section.

31 § 2. Intentionally omitted.

32 § 3. Section 4-a of part C of chapter 58 of the laws of 2005, author-
33 izing reimbursements for expenditures made by or on behalf of social
34 services districts for medical assistance for needy persons and the
35 administration thereof, is amended by adding a new subdivision (e) to
36 read as follows:

37 (e) Beginning with state fiscal year 2017-18, the amount due to be
38 reimbursed under subdivision (a) of this section to a social services
39 district which includes a city with a population of more than five
40 million shall be reduced annually by 50 million dollars unless:

41 (i) By June 30, 2017, such district has a shared savings allocation
42 plan approved by the commissioner of health to increase by 100 million
43 dollars the current annual dollar amount of the city's finally submitted
44 and payable Medicaid claims for preschool and school supportive health
45 services eligible for federal financial participation; the department of
46 health will provide technical assistance as needed to assist the social
47 services district in implementing the plan, which must detail: how the
48 city will identify preschool and school-aged children who are receiving
49 preschool and school supportive health services reimbursable under the
50 current Medicaid state plan and submit claims for reimbursement; and how
51 the plan will generate fifty million dollars in state savings to the
52 Medicaid program. Such plan may be revised, subject to the review and
53 approval of the commissioner of health, as necessary to maintain the
54 increased level of claiming and to generate the required Medicaid state
55 savings in subsequent fiscal years; and

(ii) On October 1, 2017 and annually thereafter, the commissioner of health determines that ongoing activities under the approved shared savings allocation plan approved pursuant to subparagraph (i) of this paragraph are likely to achieve the targeted dollar amount of payable Medicaid claims for preschool and school supportive health services for the applicable fiscal year; the social services district and city shall provide such information and documentation as the commissioner of health may require in order to make such determination.

(iii) The non-federal share of the costs of services for which claims are submitted as a result of the implementation of the shared savings allocation plan established pursuant to this paragraph shall be the responsibility of the social services district.

(iv) Any reduction in the amount due to be reimbursed under subdivision (a) of this section as a result of the operation of this subdivision shall be in addition to any reduction imposed pursuant to subdivision (c) of this section or authorized pursuant to any other applicable law.

§ 3-a. Notwithstanding any contrary provision of law, the commissioner of health shall not take any action with the purpose of reducing payment for general hospital emergency services visits provided to patients eligible for medical assistance pursuant to title 11 of article 5 of the social services law, including such patients enrolled in organizations operating in accordance with the provisions of article 44 of the public health law or in health maintenance organizations organized and operating in accordance with article 43 of the insurance law.

§ 3-b. Section 364-j of the social services law is amended by adding a new subdivision 33 to read as follows:

33. Rates paid to managed care organizations participating in a managed care program pursuant to this section may not be reduced as part of any administrative action if:

(a) any managed care organization participating in the same managed care program has reported on the fourth quarter operating reports of the immediately preceding calendar year that the sum of the reported medical expenses and administrative expenses exceeded rates paid to the managed care organization for the managed care program; or

(b) any managed care organization participating in the same managed care program has reported a medical loss ratio exceeding ninety percent in the preceding calendar year; or

(c) the reduction is applicable to a rate period that began prior to the date that the rates for that period have been implemented.

For purposes of this subdivision "rates" shall include the total payments made to plans for purposes of distributions under a quality pool program. While the amount paid to each plan may vary depending on plan performance under the quality payment metrics, the total amount paid to all plans for quality pool payments shall constitute "rates" and are subject to the provisions of this section. "Rates" shall not include specifically identified amounts added to reimburse plans for payments due to providers or other entities pursuant to statutory obligations, taxes or waiver program participation.

§ 4. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2017; provided, however, that the amendments made to section 364-j of the social services law made by section three-b of this act shall not affect the repeal of such section and shall be deemed to be repealed therewith.

1 Section 1. Subdivision 5 of section 168 of chapter 639 of the laws of
2 1996, constituting the New York Health Care Reform Act of 1996, as
3 amended by section 1 of part B of chapter 60 of the laws of 2014, is
4 amended to read as follows:

5 5. sections 2807-c, 2807-j, 2807-s and 2807-t of the public health
6 law, as amended or as added by this act, shall expire on December 31,
7 ~~2017~~ 2020, and shall be thereafter effective only in respect to any
8 act done on or before such date or action or proceeding arising out of
9 such act including continued collections of funds from assessments and
10 allowances and surcharges established pursuant to sections 2807-c,
11 2807-j, 2807-s and 2807-t of the public health law, and administration
12 and distributions of funds from pools established pursuant to sections
13 2807-c, 2807-j, 2807-k, 2807-l, 2807-m, 2807-s and 2807-t of the public
14 health law related to patient services provided before December 31,
15 ~~2017~~ 2020, and continued expenditure of funds authorized for programs
16 and grants until the exhaustion of funds therefor;

17 § 2. Subdivision 1 of section 138 of chapter 1 of the laws of 1999,
18 constituting the New York Health Care Reform Act of 2000, as amended by
19 section 2 of part B of chapter 60 of the laws of 2014, is amended to
20 read as follows:

21 1. sections 2807-c, 2807-j, 2807-s, and 2807-t of the public health
22 law, as amended by this act, shall expire on December 31, ~~2017~~ 2020,
23 and shall be thereafter effective only in respect to any act done before
24 such date or action or proceeding arising out of such act including
25 continued collections of funds from assessments and allowances and
26 surcharges established pursuant to sections 2807-c, 2807-j, 2807-s and
27 2807-t of the public health law, and administration and distributions of
28 funds from pools established pursuant to sections 2807-c, 2807-j,
29 2807-k, 2807-l, 2807-m, 2807-s, 2807-t, 2807-v and 2807-w of the public
30 health law, as amended or added by this act, related to patient services
31 provided before December 31, ~~2017~~ 2020, and continued expenditure of
32 funds authorized for programs and grants until the exhaustion of funds
33 therefor;

34 § 3. Subparagraph (xv) of paragraph (a) of subdivision 6 of section
35 2807-s of the public health law, as amended by section 3 of part B of
36 chapter 60 of the laws of 2014, is amended to read as follows:

37 (xv) A gross annual statewide amount for the period January first, two
38 thousand fifteen through December thirty-first, two thousand ~~seventeen~~
39 ~~twenty~~, shall be one billion forty-five million dollars.

40 § 4. Subparagraph (xiii) of paragraph (a) of subdivision 7 of section
41 2807-s of the public health law, as amended by section 4 of part B of
42 chapter 60 of the laws of 2014, is amended to read as follows:

43 (xiii) twenty-three million eight hundred thirty-six thousand dollars
44 each state fiscal year for the period April first, two thousand twelve
45 through March thirty-first, two thousand ~~seventeen~~ ~~twenty~~;

46 § 5. Subparagraphs (iv) and (v) of paragraph (a) of subdivision 9 of
47 section 2807-j of the public health law, as amended by section 5 of part
48 B of chapter 60 of the laws of 2014, are amended to read as follows:

49 (iv) seven hundred sixty-five million dollars annually of the funds
50 accumulated for the periods January first, two thousand through December
51 thirty-first, two thousand ~~sixteen~~ ~~nineteen~~, and

52 (v) one hundred ninety-one million two hundred fifty thousand dollars
53 of the funds accumulated for the period January first, two thousand
54 ~~seventeen~~ ~~twenty~~ through March thirty-first, two thousand ~~seventeen~~
55 ~~twenty~~.

§ 6. Subdivisions 5-a and 7 of section 2807-m of the public health law, as amended by section 9 of part B of chapter 60 of the laws of 2014, subparagraphs (iv), (v) and (vi) of paragraph (d) of subdivision 5-a as added by section 4 of part W of chapter 57 of the laws of 2015, are amended to read as follows:

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

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

(b) Empire clinical research investigator program (ECRIP). Nine million one hundred twenty thousand dollars annually for the period January first, two thousand nine through December thirty-first, two thousand ten, and two million two hundred eighty thousand dollars for the period January first, two thousand eleven, through March thirty-first, two thousand eleven, nine million one hundred twenty thousand dollars each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen, ~~and~~ up to eight million six hundred twelve thousand dollars each state fiscal year for the period April first, two thousand fourteen through March thirty-first, two thousand seventeen, and up to eight million six hundred twelve thousand dollars each state fiscal year for the period April first, two thousand seventeen through March thirty-first, two thousand twenty, 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 subpar-

1 agraph. Such distributions shall be made in accordance with the follow-
2 ing methodology:

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

10 (B) Distributions made to a consortium or teaching general hospital
11 shall equal the product of the total number of clinical research posi-
12 tions submitted by a consortium or teaching general hospital and
13 accepted by the commissioner as meeting the criteria set forth in para-
14 graph (b) of subdivision one of this section, subject to the reduction
15 calculation set forth in clause (C) of this subparagraph, times one
16 hundred ten thousand dollars.

17 (C) If the dollar amount for the total number of clinical research
18 positions in the region calculated pursuant to clause (B) of this
19 subparagraph exceeds the total amount appropriated for purposes of this
20 paragraph, including clinical research positions that continue from and
21 were funded in prior distribution periods, the commissioner shall elimi-
22 nate one-half of the clinical research positions submitted by each
23 consortium or teaching general hospital rounded down to the nearest one
24 position. Such reduction shall be repeated until the dollar amount for
25 the total number of clinical research positions in the region does not
26 exceed the total amount appropriated for purposes of this paragraph. If
27 the repeated reduction of the total number of clinical research posi-
28 tions in the region by one-half does not render a total funding amount
29 that is equal to or less than the total amount reserved for that region
30 within the appropriation, the funding for each clinical research posi-
31 tion in that region shall be reduced proportionally in one thousand
32 dollar increments until the total dollar amount for the total number of
33 clinical research positions in that region does not exceed the total
34 amount reserved for that region within the appropriation. Any reduction
35 in funding will be effective for the duration of the award. No clinical
36 research positions that continue from and were funded in prior distrib-
37 ution periods shall be eliminated or reduced by such methodology.

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

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

48 (II) Each consortium or teaching general hospital with a two-year
49 ECRIP award shall receive its first annual distribution amount in full
50 upon completion of the requirements set forth in items (I) and (II) of
51 clause (G) of this subparagraph. Each consortium or teaching general
52 hospital will receive its second annual distribution amount in full upon
53 completion of the requirements set forth in item (III) of clause (G) of
54 this subparagraph. The requirements set forth in items (IV) and (V) of
55 clause (G) of this subparagraph must be completed by the consortium or
56 teaching general hospital in order for the consortium or teaching gener-

1 al hospital to be eligible to apply for ECRIP funding in any subsequent
2 funding cycle.

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

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

13 (G) In order to be eligible for distributions pursuant to this subpar-
14 agraph, each consortium and teaching general hospital shall provide to
15 the commissioner by July first of each distribution period, the follow-
16 ing data and information on a hospital-specific basis. Such data and
17 information shall be certified as to accuracy and completeness by the
18 chief executive officer, chief financial officer or chair of the consor-
19 tium governing body of each consortium or teaching general hospital and
20 shall be maintained by each consortium and teaching general hospital for
21 five years from the date of submission:

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

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

37 (III) Information on the status of the clinical research plan, accom-
38 plishments, changes in research activities, progress, and performance of
39 the researcher shall be provided upon completion of one-half of the
40 award term;

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

45 (V) Tracking information concerning past researchers, including but
46 not limited to (A) background information, (B) employment history, (C)
47 research status, (D) current research activities, (E) publications and
48 presentations, (F) research support, and (G) any other information
49 necessary to track the researcher; and

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

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

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

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

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

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

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

16 (c) Ambulatory care training. Four million nine hundred thousand
17 dollars for the period January first, two thousand eight through Decem-
18 ber thirty-first, two thousand eight, four million nine hundred thousand
19 dollars for the period January first, two thousand nine through December
20 thirty-first, two thousand nine, four million nine hundred thousand
21 dollars for the period January first, two thousand ten through December
22 thirty-first, two thousand ten, one million two hundred twenty-five
23 thousand dollars for the period January first, two thousand eleven
24 through March thirty-first, two thousand eleven, four million three
25 hundred thousand dollars each state fiscal year for the period April
26 first, two thousand eleven through March thirty-first, two thousand
27 fourteen, ~~and~~ up to four million sixty thousand dollars each state
28 fiscal year for the period April first, two thousand fourteen through
29 March thirty-first, two thousand seventeen, and up to four million sixty
30 thousand dollars each fiscal year for the period April first, two thou-
31 sand seventeen through March thirty-first, two thousand twenty, shall be
32 set aside and reserved by the commissioner from the regional pools
33 established pursuant to subdivision two of this section and shall be
34 available for distributions to sponsoring institutions to be directed to
35 support clinical training of medical students and residents in free-
36 standing ambulatory care settings, including community health centers
37 and private practices. Such funding shall be allocated regionally with
38 two-thirds of the available funding going to New York city and one-third
39 of the available funding going to the rest of the state and shall be
40 distributed to sponsoring institutions in each region pursuant to a
41 request for application or request for proposal process with preference
42 being given to sponsoring institutions which provide training in sites
43 located in underserved rural or inner-city areas and those that include
44 medical students in such training.

45 (d) Physician loan repayment program. One million nine hundred sixty
46 thousand dollars for the period January first, two thousand eight
47 through December thirty-first, two thousand eight, one million nine
48 hundred sixty thousand dollars for the period January first, two thou-
49 sand nine through December thirty-first, two thousand nine, one million
50 nine hundred sixty thousand dollars for the period January first, two
51 thousand ten through December thirty-first, two thousand ten, four
52 hundred ninety thousand dollars for the period January first, two thou-
53 sand eleven through March thirty-first, two thousand eleven, one million
54 seven hundred thousand dollars each state fiscal year for the period
55 April first, two thousand eleven through March thirty-first, two thou-
56 sand fourteen, ~~and~~ up to one million seven hundred five thousand

1 dollars each state fiscal year for the period April first, two thousand
2 fourteen through March thirty-first, two thousand seventeen, and up to
3 one million seven hundred five thousand dollars each state fiscal year
4 for the period April first, two thousand seventeen through March thir-
5 ty-first, two thousand twenty, shall be set aside and reserved by the
6 commissioner from the regional pools established pursuant to subdivision
7 two of this section and shall be available for purposes of physician
8 loan repayment in accordance with subdivision ten of this section.

9 Notwithstanding any contrary provision of this section, sections one
10 hundred twelve and one hundred sixty-three of the state finance law, or
11 any other contrary provision of law, such funding shall be allocated
12 regionally with one-third of available funds going to New York city and
13 two-thirds of available funds going to the rest of the state and shall
14 be distributed in a manner to be determined by the commissioner without
15 a competitive bid or request for proposal process as follows:

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

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

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

30 (iv) In addition to the funds allocated under this paragraph, for the
31 period April first, two thousand fifteen through March thirty-first, two
32 thousand sixteen, two million dollars shall be available for the
33 purposes described in subdivision ten of this section;

34 (v) In addition to the funds allocated under this paragraph, for the
35 period April first, two thousand sixteen through March thirty-first, two
36 thousand seventeen, two million dollars shall be available for the
37 purposes described in subdivision ten of this section;

38 (vi) Notwithstanding any provision of law to the contrary, and subject
39 to the extension of the Health Care Reform Act of 1996, sufficient funds
40 shall be available for the purposes described in subdivision ten of this
41 section in amounts necessary to fund the remaining year commitments for
42 awards made pursuant to subparagraphs (iv) and (v) of this paragraph.

43 (e) Physician practice support. Four million nine hundred thousand
44 dollars for the period January first, two thousand eight through Decem-
45 ber thirty-first, two thousand eight, four million nine hundred thousand
46 dollars annually for the period January first, two thousand nine through
47 December thirty-first, two thousand ten, one million two hundred twen-
48 ty-five thousand dollars for the period January first, two thousand
49 eleven through March thirty-first, two thousand eleven, four million
50 three hundred thousand dollars each state fiscal year for the period
51 April first, two thousand eleven through March thirty-first, two thou-
52 sand fourteen, ~~and~~ up to four million three hundred sixty thousand
53 dollars each state fiscal year for the period April first, two thousand
54 fourteen through March thirty-first, two thousand seventeen, and up to
55 four million three hundred sixty thousand dollars for each state fiscal
56 year for the period April first, two thousand seventeen through March

1 thirty-first, two thousand twenty, shall be set aside and reserved by
2 the commissioner from the regional pools established pursuant to subdi-
3 vision two of this section and shall be available for purposes of physi-
4 cian practice support. Notwithstanding any contrary provision of this
5 section, sections one hundred twelve and one hundred sixty-three of the
6 state finance law, or any other contrary provision of law, such funding
7 shall be allocated regionally with one-third of available funds going to
8 New York city and two-thirds of available funds going to the rest of the
9 state and shall be distributed in a manner to be determined by the
10 commissioner without a competitive bid or request for proposal process
11 as follows:

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

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

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

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

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

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

40 (f) Study on physician workforce. Five hundred ninety thousand dollars
41 annually for the period January first, two thousand eight through Decem-
42 ber thirty-first, two thousand ten, one hundred forty-eight thousand
43 dollars for the period January first, two thousand eleven through March
44 thirty-first, two thousand eleven, five hundred sixteen thousand dollars
45 each state fiscal year for the period April first, two thousand eleven
46 through March thirty-first, two thousand fourteen, ~~and~~ up to four
47 hundred eighty-seven thousand dollars each state fiscal year for the
48 period April first, two thousand fourteen through March thirty-first,
49 two thousand seventeen, and up to four hundred eighty-seven thousand
50 dollars for each state fiscal year for the period April first, two thou-
51 sand seventeen through March thirty-first, two thousand twenty, shall be
52 set aside and reserved by the commissioner from the regional pools
53 established pursuant to subdivision two of this section and shall be
54 available to fund a study of physician workforce needs and solutions
55 including, but not limited to, an analysis of residency programs and
56 projected physician workforce and community needs. The commissioner

1 shall enter into agreements with one or more organizations to conduct
2 such study based on a request for proposal process.

3 (g) Diversity in medicine/post-baccalaureate program. Notwithstanding
4 any inconsistent provision of section one hundred twelve or one hundred
5 sixty-three of the state finance law or any other law, one million nine
6 hundred sixty thousand dollars annually for the period January first,
7 two thousand eight through December thirty-first, two thousand ten, four
8 hundred ninety thousand dollars for the period January first, two thou-
9 sand eleven through March thirty-first, two thousand eleven, one million
10 seven hundred thousand dollars each state fiscal year for the period
11 April first, two thousand eleven through March thirty-first, two thou-
12 sand fourteen, ~~[and]~~ up to one million six hundred five thousand dollars
13 each state fiscal year for the period April first, two thousand fourteen
14 through March thirty-first, two thousand seventeen, and up to one
15 million six hundred five thousand dollars each state fiscal year for the
16 period April first, two thousand seventeen through March thirty-first,
17 two thousand twenty, shall be set aside and reserved by the commissioner
18 from the regional pools established pursuant to subdivision two of this
19 section and shall be available for distributions to the Associated
20 Medical Schools of New York to fund its diversity program including
21 existing and new post-baccalaureate programs for minority and econom-
22 ically disadvantaged students and encourage participation from all
23 medical schools in New York. The associated medical schools of New York
24 shall report to the commissioner on an annual basis regarding the use of
25 funds for such purpose in such form and manner as specified by the
26 commissioner.

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

32 7. Notwithstanding any inconsistent provision of section one hundred
33 twelve or one hundred sixty-three of the state finance law or any other
34 law, up to one million dollars for the period January first, two thou-
35 sand through December thirty-first, two thousand, one million six
36 hundred thousand dollars annually for the periods January first, two
37 thousand one through December thirty-first, two thousand eight, one
38 million five hundred thousand dollars annually for the periods January
39 first, two thousand nine through December thirty-first, two thousand
40 ten, three hundred seventy-five thousand dollars for the period January
41 first, two thousand eleven through March thirty-first, two thousand
42 eleven, one million three hundred twenty thousand dollars each state
43 fiscal year for the period April first, two thousand eleven through
44 March thirty-first, two thousand fourteen, ~~[and]~~ up to two million
45 seventy-seven thousand dollars each state fiscal year for the period
46 April first, two thousand fourteen through March thirty-first, two thou-
47 sand seventeen, and up to two million seventy-seven thousand dollars for
48 each state fiscal year for the period April first, two thousand seven-
49 teen through March thirty-first, two thousand twenty, shall be set aside
50 and reserved by the commissioner from the regional pools established
51 pursuant to subdivision two of this section and shall be available for
52 distributions to the New York state area health education center program
53 for the purpose of expanding community-based training of medical
54 students. In addition, one million dollars annually for the period Janu-
55 ary first, two thousand eight through December thirty-first, two thou-
56 sand ten, two hundred fifty thousand dollars for the period January

1 first, two thousand eleven through March thirty-first, two thousand
2 eleven, and eight hundred eighty thousand dollars each state fiscal year
3 for the period April first, two thousand eleven through March thirty-
4 first, two thousand fourteen, shall be set aside and reserved by the
5 commissioner from the regional pools established pursuant to subdivision
6 two of this section and shall be available for distributions to the New
7 York state area health education center program for the purpose of post-
8 secondary training of health care professionals who will achieve specif-
9 ic program outcomes within the New York state area health education
10 center program. The New York state area health education center program
11 shall report to the commissioner on an annual basis regarding the use of
12 funds for each purpose in such form and manner as specified by the
13 commissioner.

14 § 7. Paragraph (a) of subdivision 12 of section 367-b of the social
15 services law, as amended by section 10 of part B of chapter 60 of the
16 laws of 2014, is amended to read as follows:

17 (a) For the purpose of regulating cash flow for general hospitals, the
18 department shall develop and implement a payment methodology to provide
19 for timely payments for inpatient hospital services eligible for case
20 based payments per discharge based on diagnosis-related groups provided
21 during the period January first, nineteen hundred eighty-eight through
22 March thirty-first two thousand [~~seventeen~~] twenty, by such hospitals
23 which elect to participate in the system.

24 § 8. Section 2 of chapter 600 of the laws of 1986 amending the public
25 health law relating to the development of pilot reimbursement programs
26 for ambulatory care services, as amended by section 11 of part B of
27 chapter 60 of the laws of 2014, is amended to read as follows:

28 § 2. This act shall take effect immediately, except that this act
29 shall expire and be of no further force and effect on and after April 1,
30 [~~2017~~] 2020; provided, however, that the commissioner of health shall
31 submit a report to the governor and the legislature detailing the objec-
32 tive, impact, design and computation of any pilot reimbursement program
33 established pursuant to this act, on or before March 31, 1994 and annu-
34 ally thereafter. Such report shall include an assessment of the finan-
35 cial impact of such payment system on providers, as well as the impact
36 of such system on access to care.

37 § 9. Paragraph (i) of subdivision (b) of section 1 of chapter 520 of
38 the laws of 1978 relating to providing for a comprehensive survey of
39 health care financing, education and illness prevention and creating
40 councils for the conduct thereof, as amended by section 12 of part B of
41 chapter 60 of the laws of 2014, is amended to read as follows:

42 (i) oversight and evaluation of the inpatient financing system in
43 place for 1988 through March 31, [~~2017~~] 2020, and the appropriateness
44 and effectiveness of the bad debt and charity care financing provisions;

45 § 10. Paragraph (l) of subdivision 9 of section 3614 of the public
46 health law, as added by section 13 of part B of chapter 60 of the laws
47 of 2014, is amended and three new paragraphs (m), (n) and (o) are added
48 to read as follows:

49 (l) for the period April first, two thousand sixteen through March
50 thirty-first, two thousand seventeen, up to one hundred million
51 dollars[+];

52 (m) for the period April first, two thousand seventeen through March
53 thirty-first, two thousand eighteen, up to one hundred million dollars;

54 (n) for the period April first, two thousand eighteen through March
55 thirty-first, two thousand nineteen, up to one hundred million dollars;

1 (o) for the period April first, two thousand nineteen through March
2 thirty-first, two thousand twenty, up to one hundred million dollars.

3 § 11. Paragraph (p) of subdivision 1 of section 367-q of the social
4 services law, as added by section 14 of part B of chapter 60 of the laws
5 of 2014, is amended and three new paragraphs (q), (r) and (s) are added
6 to read as follows:

7 (p) for the period April first, two thousand sixteen through March
8 thirty-first, two thousand seventeen, up to twenty-eight million five
9 hundred thousand dollars[-];

10 (q) for the period April first, two thousand seventeen through March
11 thirty-first, two thousand eighteen, up to twenty-two million four
12 hundred thousand dollars;

13 (r) for the period April first, two thousand eighteen through March
14 thirty-first, two thousand nineteen, twenty-two million four hundred
15 thousand dollars;

16 (s) for the period April first, two thousand nineteen through March
17 thirty-first, two thousand twenty, twenty-two million four hundred thou-
18 sand dollars.

19 § 12. Subdivision 6 of section 2807-t of the public health law, as
20 amended by section 15 of part B of chapter 60 of the laws of 2014, is
21 amended to read as follows:

22 6. Prospective adjustments. (a) The commissioner shall annually recon-
23 cile the sum of the actual payments made to the commissioner or the
24 commissioner's designee for each region pursuant to section twenty-eight
25 hundred seven-s of this article and pursuant to this section for the
26 prior year with the regional allocation of the gross annual statewide
27 amount specified in subdivision six of section twenty-eight hundred
28 seven-s of this article for such prior year. The difference between the
29 actual amount raised for a region and the regional allocation of the
30 specified gross annual amount for such prior year shall be applied as a
31 prospective adjustment to the regional allocation of the specified gross
32 annual payment amount for such region for the year next following the
33 calculation of the reconciliation. The authorized dollar value of the
34 adjustments shall be the same as if calculated retrospectively.

35 (b) Notwithstanding the provisions of paragraph (a) of this subdivi-
36 sion, for covered lives assessment rate periods on and after January
37 first, two thousand fifteen through December thirty-first, two thousand
38 [~~seventeen~~] twenty, for amounts collected in the aggregate in excess of
39 one billion forty-five million dollars on an annual basis, prospective
40 adjustments shall be suspended if the annual reconciliation calculation
41 from the prior year would otherwise result in a decrease to the regional
42 allocation of the specified gross annual payment amount for that region,
43 provided, however, that such suspension shall be lifted upon a determi-
44 nation by the commissioner, in consultation with the director of the
45 budget, that sixty-five million dollars in aggregate collections on an
46 annual basis over and above one billion forty-five million dollars on an
47 annual basis have been reserved and set aside for deposit in the HCRA
48 resources fund. Any amounts collected in the aggregate at or below one
49 billion forty-five million dollars on an annual basis, shall be subject
50 to regional adjustments reconciling any decreases or increases to the
51 regional allocation in accordance with paragraph (a) of this subdivi-
52 sion.

53 § 13. Subdivision 4-c of section 2807-p of the public health law, as
54 amended by section 16 of part B of chapter 60 of the laws of 2014, is
55 amended to read as follows:

1 4-c. Notwithstanding any provision of law to the contrary, the commis-
2 sioner shall make additional payments for uncompensated care to volun-
3 tary non-profit diagnostic and treatment centers that are eligible for
4 distributions under subdivision four of this section in the following
5 amounts: for the period June first, two thousand six through December
6 thirty-first, two thousand six, in the amount of seven million five
7 hundred thousand dollars, for the period January first, two thousand
8 seven through December thirty-first, two thousand seven, seven million
9 five hundred thousand dollars, for the period January first, two thou-
10 sand eight through December thirty-first, two thousand eight, seven
11 million five hundred thousand dollars, for the period January first, two
12 thousand nine through December thirty-first, two thousand nine, fifteen
13 million five hundred thousand dollars, for the period January first, two
14 thousand ten through December thirty-first, two thousand ten, seven
15 million five hundred thousand dollars, for the period January first, two
16 thousand eleven through December thirty-first, two thousand eleven, seven
17 million five hundred thousand dollars, for the period January first, two
18 thousand twelve through December thirty-first, two thousand twelve,
19 seven million five hundred thousand dollars, for the period January
20 first, two thousand thirteen through December thirty-first, two thousand
21 thirteen, seven million five hundred thousand dollars, for the period
22 January first, two thousand fourteen through December thirty-first, two
23 thousand fourteen, seven million five hundred thousand dollars, for the
24 period January first, two thousand fifteen through December thirty-
25 first, two thousand fifteen, seven million five hundred thousand
26 dollars, for the period January first two thousand sixteen through
27 December thirty-first, two thousand sixteen, seven million five hundred
28 thousand dollars, for the period January first, two thousand seventeen
29 through December thirty-first, two thousand seventeen, seven million
30 five hundred thousand dollars, for the period January first, two thou-
31 sand eighteen through December thirty-first, two thousand eighteen,
32 seven million five hundred thousand dollars, for the period January
33 first, two thousand nineteen through December thirty-first, two thousand
34 nineteen, seven million five hundred thousand dollars, and for the peri-
35 od January first, two thousand [~~seventeen~~] twenty through March thirty-
36 first, two thousand [~~seventeen~~] twenty, in the amount of one million six
37 hundred thousand dollars, provided, however, that for periods on and
38 after January first, two thousand eight, such additional payments shall
39 be distributed to voluntary, non-profit diagnostic and treatment centers
40 and to public diagnostic and treatment centers in accordance with para-
41 graph (g) of subdivision four of this section. In the event that federal
42 financial participation is available for rate adjustments pursuant to
43 this section, the commissioner shall make such payments as additional
44 adjustments to rates of payment for voluntary non-profit diagnostic and
45 treatment centers that are eligible for distributions under subdivision
46 four-a of this section in the following amounts: for the period June
47 first, two thousand six through December thirty-first, two thousand six,
48 fifteen million dollars in the aggregate, and for the period January
49 first, two thousand seven through June thirtieth, two thousand seven,
50 seven million five hundred thousand dollars in the aggregate. The
51 amounts allocated pursuant to this paragraph shall be aggregated with
52 and distributed pursuant to the same methodology applicable to the
53 amounts allocated to such diagnostic and treatment centers for such
54 periods pursuant to subdivision four of this section if federal finan-
55 cial participation is not available, or pursuant to subdivision four-a
56 of this section if federal financial participation is available.

1 Notwithstanding section three hundred sixty-eight-a of the social
2 services law, there shall be no local share in a medical assistance
3 payment adjustment under this subdivision.

4 § 14. Section 34 of part A3 of chapter 62 of the laws of 2003 amending
5 the general business law and other laws relating to enacting major
6 components necessary to implement the state fiscal plan for the 2003-04
7 state fiscal year, as amended by section 6 of part B of chapter 60 of
8 the laws of 2014, is amended to read as follows:

9 § 34. (1) Notwithstanding any inconsistent provision of law, rule or
10 regulation and effective April 1, 2008 through March 31, ~~2017~~ 2020,
11 the commissioner of health is authorized to transfer and the state comp-
12 troller is authorized and directed to receive for deposit to the credit
13 of the department of health's special revenue fund - other, health care
14 reform act (HCRA) resources fund - 061, provider collection monitoring
15 account, within amounts appropriated each year, those funds collected
16 and accumulated pursuant to section 2807-v of the public health law,
17 including income from invested funds, for the purpose of payment for
18 administrative costs of the department of health related to adminis-
19 tration of statutory duties for the collections and distributions
20 authorized by section 2807-v of the public health law.

21 (2) Notwithstanding any inconsistent provision of law, rule or regu-
22 lation and effective April 1, 2008 through March 31, ~~2017~~ 2020, the
23 commissioner of health is authorized to transfer and the state comp-
24 troller is authorized and directed to receive for deposit to the credit
25 of the department of health's special revenue fund - other, health care
26 reform act (HCRA) resources fund - 061, provider collection monitoring
27 account, within amounts appropriated each year, those funds collected
28 and accumulated and interest earned through surcharges on payments for
29 health care services pursuant to section 2807-s of the public health law
30 and from assessments pursuant to section 2807-t of the public health law
31 for the purpose of payment for administrative costs of the department of
32 health related to administration of statutory duties for the collections
33 and distributions authorized by sections 2807-s, 2807-t, and 2807-m of
34 the public health law.

35 (3) Notwithstanding any inconsistent provision of law, rule or regu-
36 lation and effective April 1, 2008 through March 31, ~~2017~~ 2020, the
37 commissioner of health is authorized to transfer and the comptroller is
38 authorized to deposit, within amounts appropriated each year, those
39 funds authorized for distribution in accordance with the provisions of
40 paragraph (a) of subdivision 1 of section 2807-l of the public health
41 law for the purposes of payment for administrative costs of the depart-
42 ment of health related to the child health insurance plan program
43 authorized pursuant to title 1-A of article 25 of the public health law
44 into the special revenue funds - other, health care reform act (HCRA)
45 resources fund - 061, child health insurance account, established within
46 the department of health.

47 (4) Notwithstanding any inconsistent provision of law, rule or regu-
48 lation and effective April 1, 2008 through March 31, ~~2017~~ 2020, 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 authorized for distribution in accordance with the provisions of
52 paragraph (e) of subdivision 1 of section 2807-l of the public health
53 law for the purpose of payment for administrative costs of the depart-
54 ment of health related to the health occupation development and work-
55 place demonstration program established pursuant to section 2807-h and
56 the health workforce retraining program established pursuant to section

1 2807-g of the public health law into the special revenue funds - other,
2 health care reform act (HCRA) resources fund - 061, health occupation
3 development and workplace demonstration program account, established
4 within the department of health.

5 (5) Notwithstanding any inconsistent provision of law, rule or regu-
6 lation and effective April 1, 2008 through March 31, [~~2017~~] 2020, the
7 commissioner of health is authorized to transfer and the comptroller is
8 authorized to deposit, within amounts appropriated each year, those
9 funds allocated pursuant to paragraph (j) of subdivision 1 of section
10 2807-v of the public health law for the purpose of payment for adminis-
11 trative costs of the department of health related to administration of
12 the state's tobacco control programs and cancer services provided pursu-
13 ant to sections 2807-r and 1399-ii of the public health law into such
14 accounts established within the department of health for such purposes.

15 (6) Notwithstanding any inconsistent provision of law, rule or regu-
16 lation and effective April 1, 2008 through March 31, [~~2017~~] 2020, the
17 commissioner of health is authorized to transfer and the comptroller is
18 authorized to deposit, within amounts appropriated each year, the funds
19 authorized for distribution in accordance with the provisions of section
20 2807-l of the public health law for the purposes of payment for adminis-
21 trative costs of the department of health related to the programs funded
22 pursuant to section 2807-l of the public health law into the special
23 revenue funds - other, health care reform act (HCRA) resources fund -
24 061, pilot health insurance account, established within the department
25 of health.

26 (7) Notwithstanding any inconsistent provision of law, rule or regu-
27 lation and effective April 1, 2008 through March 31, [~~2017~~] 2020, the
28 commissioner of health is authorized to transfer and the comptroller is
29 authorized to deposit, within amounts appropriated each year, those
30 funds authorized for distribution in accordance with the provisions of
31 subparagraph (ii) of paragraph (f) of subdivision 19 of section 2807-c
32 of the public health law from monies accumulated and interest earned in
33 the bad debt and charity care and capital statewide pools through an
34 assessment charged to general hospitals pursuant to the provisions of
35 subdivision 18 of section 2807-c of the public health law and those
36 funds authorized for distribution in accordance with the provisions of
37 section 2807-l of the public health law for the purposes of payment for
38 administrative costs of the department of health related to programs
39 funded under section 2807-l of the public health law into the special
40 revenue funds - other, health care reform act (HCRA) resources fund -
41 061, primary care initiatives account, established within the department
42 of health.

43 (8) Notwithstanding any inconsistent provision of law, rule or regu-
44 lation and effective April 1, 2008 through March 31, [~~2017~~] 2020, the
45 commissioner of health is authorized to transfer and the comptroller is
46 authorized to deposit, within amounts appropriated each year, those
47 funds authorized for distribution in accordance with section 2807-l of
48 the public health law for the purposes of payment for administrative
49 costs of the department of health related to programs funded under
50 section 2807-l of the public health law into the special revenue funds -
51 other, health care reform act (HCRA) resources fund - 061, health care
52 delivery administration account, established within the department of
53 health.

54 (9) Notwithstanding any inconsistent provision of law, rule or regu-
55 lation and effective April 1, 2008 through March 31, [~~2017~~] 2020, the
56 commissioner of health is authorized to transfer and the comptroller is

1 authorized to deposit, within amounts appropriated each year, those
2 funds authorized pursuant to sections 2807-d, 3614-a and 3614-b of the
3 public health law and section 367-i of the social services law and for
4 distribution in accordance with the provisions of subdivision 9 of
5 section 2807-j of the public health law for the purpose of payment for
6 administration of statutory duties for the collections and distributions
7 authorized by sections 2807-c, 2807-d, 2807-j, 2807-k, 2807-l, 3614-a
8 and 3614-b of the public health law and section 367-i of the social
9 services law into the special revenue funds - other, health care reform
10 act (HCRA) resources fund - 061, provider collection monitoring account,
11 established within the department of health.

12 § 15. Section 2807-l of the public health law, as amended by section 7
13 of part B of chapter 60 of the laws of 2014, is amended to read as
14 follows:

15 § 2807-l. Health care initiatives pool distributions. 1. Funds accumu-
16 lated in the health care initiatives pools pursuant to paragraph (b) of
17 subdivision nine of section twenty-eight hundred seven-j of this arti-
18 cle, or the health care reform act (HCRA) resources fund established
19 pursuant to section ninety-two-dd of the state finance law, whichever is
20 applicable, including income from invested funds, shall be distributed
21 or retained by the commissioner or by the state comptroller, as applica-
22 ble, in accordance with the following.

23 (a) Funds shall be reserved and accumulated from year to year and
24 shall be available, including income from invested funds, for purposes
25 of distributions to programs to provide health care coverage for unin-
26 sured or underinsured children pursuant to sections twenty-five hundred
27 ten and twenty-five hundred eleven of this chapter from the respective
28 health care initiatives pools established for the following periods in
29 the following amounts:

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

33 (ii) from the pool for the period January first, nineteen hundred
34 ninety-eight through December thirty-first, nineteen hundred ninety-
35 eight, up to one hundred sixty-four million five hundred thousand
36 dollars;

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

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

42 (v) from the pool for the period January first, two thousand one
43 through December thirty-first, two thousand one, two hundred thirty-five
44 million dollars;

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

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

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

54 (ix) from the pool or the health care reform act (HCRA) resources
55 fund, whichever is applicable, for the period January first, two thou-

1 sand five through December thirty-first, two thousand five, up to one
2 hundred fifty-three million eight hundred thousand dollars;

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

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

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

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

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

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

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

31 (xvii) from the health care reform act (HCRA) resources fund for each
32 state fiscal year for periods on and after April first, two thousand
33 fourteen, within amounts appropriated.

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

42 (i) (A) an amount not to exceed six million dollars on an annualized
43 basis for the periods January first, nineteen hundred ninety-seven
44 through December thirty-first, nineteen hundred ninety-nine; up to six
45 million dollars for the period January first, two thousand through
46 December thirty-first, two thousand; up to five million dollars for the
47 period January first, two thousand one through December thirty-first,
48 two thousand one; up to four million dollars for the period January
49 first, two thousand two through December thirty-first, two thousand two;
50 up to two million six hundred thousand dollars for the period January
51 first, two thousand three through December thirty-first, two thousand
52 three; up to one million three hundred thousand dollars for the period
53 January first, two thousand four through December thirty-first, two
54 thousand four; up to six hundred seventy thousand dollars for the period
55 January first, two thousand five through June thirtieth, two thousand
56 five; up to one million three hundred thousand dollars for the period

1 April first, two thousand six through March thirty-first, two thousand
2 seven; and up to one million three hundred thousand dollars annually for
3 the period April first, two thousand seven through March thirty-first,
4 two thousand nine, shall be allocated to individual subsidy programs;
5 and

6 (B) an amount not to exceed seven million dollars on an annualized
7 basis for the periods during the period January first, nineteen hundred
8 ninety-seven through December thirty-first, nineteen hundred ninety-nine
9 and four million dollars annually for the periods January first, two
10 thousand through December thirty-first, two thousand two, and three
11 million dollars for the period January first, two thousand three through
12 December thirty-first, two thousand three, and two million dollars for
13 the period January first, two thousand four through December thirty-
14 first, two thousand four, and two million dollars for the period January
15 first, two thousand five through June thirtieth, two thousand five shall
16 be allocated to the catastrophic health care expense program.

17 (ii) Notwithstanding any law to the contrary, the characterizations of
18 the New York state small business health insurance partnership program
19 as in effect prior to June thirtieth, two thousand three, voucher
20 program as in effect prior to December thirty-first, two thousand one,
21 individual subsidy program as in effect prior to June thirtieth, two
22 thousand five, and catastrophic health care expense program, as in
23 effect prior to June thirtieth, two thousand five, may, for the purposes
24 of identifying matching funds for the community health care conversion
25 demonstration project described in a waiver of the provisions of title
26 XIX of the federal social security act granted to the state of New York
27 and dated July fifteenth, nineteen hundred ninety-seven, may continue to
28 be used to characterize the insurance programs in sections four thousand
29 three hundred twenty-one-a, four thousand three hundred twenty-two-a,
30 four thousand three hundred twenty-six and four thousand three hundred
31 twenty-seven of the insurance law, which are successor programs to these
32 programs.

33 (c) Up to seventy-eight million dollars shall be reserved and accumu-
34 lated from year to year from the pool for the period January first,
35 nineteen hundred ninety-seven through December thirty-first, nineteen
36 hundred ninety-seven, for purposes of public health programs, up to
37 seventy-six million dollars shall be reserved and accumulated from year
38 to year from the pools for the periods January first, nineteen hundred
39 ninety-eight through December thirty-first, nineteen hundred ninety-
40 eight and January first, nineteen hundred ninety-nine through December
41 thirty-first, nineteen hundred ninety-nine, up to eighty-four million
42 dollars shall be reserved and accumulated from year to year from the
43 pools for the period January first, two thousand through December thir-
44 ty-first, two thousand, up to eighty-five million dollars shall be
45 reserved and accumulated from year to year from the pools for the period
46 January first, two thousand one through December thirty-first, two thou-
47 sand one, up to eighty-six million dollars shall be reserved and accumu-
48 lated from year to year from the pools for the period January first, two
49 thousand two through December thirty-first, two thousand two, up to
50 eighty-six million one hundred fifty thousand dollars shall be reserved
51 and accumulated from year to year from the pools for the period January
52 first, two thousand three through December thirty-first, two thousand
53 three, up to fifty-eight million seven hundred eighty thousand dollars
54 shall be reserved and accumulated from year to year from the pools for
55 the period January first, two thousand four through December thirty-
56 first, two thousand four, up to sixty-eight million seven hundred thirty

1 thousand dollars shall be reserved and accumulated from year to year
2 from the pools or the health care reform act (HCRA) resources fund,
3 whichever is applicable, for the period January first, two thousand five
4 through December thirty-first, two thousand five, up to ninety-four
5 million three hundred fifty thousand dollars shall be reserved and accu-
6 mulated from year to year from the health care reform act (HCRA)
7 resources fund for the period January first, two thousand six through
8 December thirty-first, two thousand six, up to seventy million nine
9 hundred thirty-nine thousand dollars shall be reserved and accumulated
10 from year to year from the health care reform act (HCRA) resources fund
11 for the period January first, two thousand seven through December thir-
12 ty-first, two thousand seven, up to fifty-five million six hundred
13 eighty-nine thousand dollars annually shall be reserved and accumulated
14 from year to year from the health care reform act (HCRA) resources fund
15 for the period January first, two thousand eight through December thir-
16 ty-first, two thousand ten, up to thirteen million nine hundred twenty-
17 two thousand dollars shall be reserved and accumulated from year to year
18 from the health care reform act (HCRA) resources fund for the period
19 January first, two thousand eleven through March thirty-first, two thou-
20 sand eleven, and for periods on and after April first, two thousand
21 eleven, up to funding amounts specified below and shall be available,
22 including income from invested funds, for:

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

49 (ii) deposit by the commissioner, within amounts appropriated, and the
50 state comptroller is hereby authorized and directed to receive for
51 deposit to, to the credit of the emergency medical services training
52 account established in section ninety-seven-q of the state finance law
53 or the health care reform act (HCRA) resources fund, whichever is appli-
54 cable, up to sixteen million dollars on an annualized basis for the
55 periods January first, nineteen hundred ninety-seven through December
56 thirty-first, nineteen hundred ninety-nine, up to twenty million dollars

1 for the period January first, two thousand through December thirty-
2 first, two thousand, up to twenty-one million dollars for the period
3 January first, two thousand one through December thirty-first, two thou-
4 sand one, up to twenty-two million dollars for the period January first,
5 two thousand two through December thirty-first, two thousand two, up to
6 twenty-two million five hundred fifty thousand dollars for the period
7 January first, two thousand three through December thirty-first, two
8 thousand three, up to nine million six hundred eighty thousand dollars
9 for the period January first, two thousand four through December thir-
10 ty-first, two thousand four, up to twelve million one hundred thirty
11 thousand dollars for the period January first, two thousand five through
12 December thirty-first, two thousand five, up to twenty-four million two
13 hundred fifty thousand dollars for the period January first, two thou-
14 sand six through December thirty-first, two thousand six, up to twenty
15 million four hundred ninety-two thousand dollars annually for the period
16 January first, two thousand seven through December thirty-first, two
17 thousand ten, up to five million one hundred twenty-three thousand
18 dollars for the period January first, two thousand eleven through March
19 thirty-first, two thousand eleven, up to eighteen million three hundred
20 fifty thousand dollars for the period April first, two thousand eleven
21 through March thirty-first, two thousand twelve, up to eighteen million
22 nine hundred fifty thousand dollars for the period April first, two
23 thousand twelve through March thirty-first, two thousand thirteen, up to
24 nineteen million four hundred nineteen thousand dollars for the period
25 April first, two thousand thirteen through March thirty-first, two thou-
26 sand fourteen, [and] up to nineteen million six hundred fifty-nine thou-
27 sand seven hundred dollars each state fiscal year for the period of
28 April first, two thousand fourteen through March thirty-first, two thou-
29 sand seventeen, and up to sixteen million two hundred seventy-nine thou-
30 sand dollars each state fiscal year for the period April first, two
31 thousand seventeen through March thirty-first, two thousand twenty;

32 (iii) priority distributions by the commissioner up to thirty-two
33 million dollars on an annualized basis for the period January first, two
34 thousand through December thirty-first, two thousand four, up to thir-
35 ty-eight million dollars on an annualized basis for the period January
36 first, two thousand five through December thirty-first, two thousand
37 six, up to eighteen million two hundred fifty thousand dollars for the
38 period January first, two thousand seven through December thirty-first,
39 two thousand seven, up to three million dollars annually for the period
40 January first, two thousand eight through December thirty-first, two
41 thousand ten, up to seven hundred fifty thousand dollars for the period
42 January first, two thousand eleven through March thirty-first, two thou-
43 sand eleven, up to two million nine hundred thousand dollars each state
44 fiscal year for the period April first, two thousand eleven through
45 March thirty-first, two thousand fourteen, [and] up to two million nine
46 hundred thousand dollars each state fiscal year for the period April
47 first, two thousand fourteen through March thirty-first, two thousand
48 seventeen, and up to two million nine hundred thousand dollars each
49 state fiscal year for the period April first, two thousand seventeen
50 through March thirty-first, two thousand twenty to be allocated (A) for
51 the purposes established pursuant to subparagraph (ii) of paragraph (f)
52 of subdivision nineteen of section twenty-eight hundred seven-c of this
53 article as in effect on December thirty-first, nineteen hundred ninety-
54 six and as may thereafter be amended, up to fifteen million dollars
55 annually for the periods January first, two thousand through December
56 thirty-first, two thousand four, up to twenty-one million dollars annu-

1 ally for the period January first, two thousand five through December
2 thirty-first, two thousand six, and up to seven million five hundred
3 thousand dollars for the period January first, two thousand seven
4 through March thirty-first, two thousand seven;

5 (B) pursuant to a memorandum of understanding entered into by the
6 commissioner, the majority leader of the senate and the speaker of the
7 assembly, for the purposes outlined in such memorandum upon the recom-
8 mendation of the majority leader of the senate, up to eight million
9 five hundred thousand dollars annually for the period January first, two
10 thousand through December thirty-first, two thousand six, and up to four
11 million two hundred fifty thousand dollars for the period January first,
12 two thousand seven through June thirtieth, two thousand seven, and for
13 the purposes outlined in such memorandum upon the recommendation of the
14 speaker of the assembly, up to eight million five hundred thousand
15 dollars annually for the periods January first, two thousand through
16 December thirty-first, two thousand six, and up to four million two
17 hundred fifty thousand dollars for the period January first, two thou-
18 sand seven through June thirtieth, two thousand seven; and

19 (C) for services and expenses, including grants, related to emergency
20 assistance distributions as designated by the commissioner. Notwith-
21 standing section one hundred twelve or one hundred sixty-three of the
22 state finance law or any other contrary provision of law, such distrib-
23 utions shall be limited to providers or programs where, as determined by
24 the commissioner, emergency assistance is vital to protect the life or
25 safety of patients, to ensure the retention of facility caregivers or
26 other staff, or in instances where health facility operations are jeop-
27 ardized, or where the public health is jeopardized or other emergency
28 situations exist, up to three million dollars annually for the period
29 April first, two thousand seven through March thirty-first, two thousand
30 eleven, up to two million nine hundred thousand dollars each state
31 fiscal year for the period April first, two thousand eleven through
32 March thirty-first, two thousand fourteen, ~~and~~ up to two million nine
33 hundred thousand dollars each state fiscal year for the period April
34 first, two thousand fourteen through March thirty-first, two thousand
35 seventeen, and up to two million nine hundred thousand dollars each
36 state fiscal year for the period April first, two thousand seventeen
37 through March thirty-first, two thousand twenty. Upon any distribution
38 of such funds, the commissioner shall immediately notify the chair and
39 ranking minority member of the senate finance committee, the assembly
40 ways and means committee, the senate committee on health, and the assem-
41 bly committee on health;

42 (iv) distributions by the commissioner related to poison control
43 centers pursuant to subdivision seven of section twenty-five hundred-d
44 of this chapter, up to five million dollars for the period January
45 first, nineteen hundred ninety-seven through December thirty-first,
46 nineteen hundred ninety-seven, up to three million dollars on an annual-
47 ized basis for the periods during the period January first, nineteen
48 hundred ninety-eight through December thirty-first, nineteen hundred
49 ninety-nine, up to five million dollars annually for the periods January
50 first, two thousand through December thirty-first, two thousand two, up
51 to four million six hundred thousand dollars annually for the periods
52 January first, two thousand three through December thirty-first, two
53 thousand four, up to five million one hundred thousand dollars for the
54 period January first, two thousand five through December thirty-first,
55 two thousand six annually, up to five million one hundred thousand
56 dollars annually for the period January first, two thousand seven

1 through December thirty-first, two thousand nine, up to three million
2 six hundred thousand dollars for the period January first, two thousand
3 ten through December thirty-first, two thousand ten, up to seven hundred
4 seventy-five thousand dollars for the period January first, two thousand
5 eleven through March thirty-first, two thousand eleven, up to two
6 million five hundred thousand dollars each state fiscal year for the
7 period April first, two thousand eleven through March thirty-first, two
8 thousand fourteen, [and] up to three million dollars each state fiscal
9 year for the period April first, two thousand fourteen through March
10 thirty-first, two thousand seventeen, and up to one million nine hundred
11 thousand dollars for each state fiscal year for the period April first,
12 two thousand seventeen through March thirty-first, two thousand twenty;
13 and

14 (v) deposit by the commissioner, within amounts appropriated, and the
15 state comptroller is hereby authorized and directed to receive for
16 deposit to, to the credit of the department of health's special revenue
17 fund - other, miscellaneous special revenue fund - 339 maternal and
18 child HIV services account or the health care reform act (HCRA)
19 resources fund, whichever is applicable, for purposes of a special
20 program for HIV services for women and children, including adolescents
21 pursuant to section twenty-five hundred-f-one of this chapter, up to
22 five million dollars annually for the periods January first, two thou-
23 sand through December thirty-first, two thousand two, up to five million
24 dollars for the period January first, two thousand three through Decem-
25 ber thirty-first, two thousand three, up to two million five hundred
26 thousand dollars for the period January first, two thousand four through
27 December thirty-first, two thousand four, up to two million five hundred
28 thousand dollars for the period January first, two thousand five through
29 December thirty-first, two thousand five, up to five million dollars for
30 the period January first, two thousand six through December thirty-
31 first, two thousand six, up to five million dollars annually for the
32 period January first, two thousand seven through December thirty-first,
33 two thousand ten, up to one million two hundred fifty thousand dollars
34 for the period January first, two thousand eleven through March thirty-
35 first, two thousand eleven, and up to five million dollars each state
36 fiscal year for the period April first, two thousand eleven through
37 March thirty-first, two thousand fourteen;

38 (d) (i) An amount of up to twenty million dollars annually for the
39 period January first, two thousand through December thirty-first, two
40 thousand six, up to ten million dollars for the period January first,
41 two thousand seven through June thirtieth, two thousand seven, up to
42 twenty million dollars annually for the period January first, two thou-
43 sand eight through December thirty-first, two thousand ten, up to five
44 million dollars for the period January first, two thousand eleven
45 through March thirty-first, two thousand eleven, up to nineteen million
46 six hundred thousand dollars each state fiscal year for the period April
47 first, two thousand eleven through March thirty-first, two thousand
48 fourteen, [and] up to nineteen million six hundred thousand dollars each
49 state fiscal year for the period April first, two thousand fourteen
50 through March thirty-first, two thousand seventeen, and up to nineteen
51 million six hundred thousand dollars each state fiscal year for the
52 period April first, two thousand seventeen through March thirty-first,
53 two thousand twenty, shall be transferred to the health facility
54 restructuring pool established pursuant to section twenty-eight hundred
55 fifteen of this article;

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

(e) Funds shall be reserved and accumulated from year to year and shall be available, including income from invested funds, for purposes of distributions to organizations to support the health workforce retraining program established pursuant to section twenty-eight hundred seven-g of this article from the respective health care initiatives pools established for the following periods in the following amounts from the pools or the health care reform act (HCRA) resources fund, whichever is applicable, during the period January first, nineteen hundred ninety-seven through December thirty-first, nineteen hundred ninety-nine, up to fifty million dollars on an annualized basis, up to thirty million dollars for the period January first, two thousand through December thirty-first, two thousand, up to forty million dollars for the period January first, two thousand one through December thirty-first, two thousand one, up to fifty million dollars for the period January first, two thousand two through December thirty-first, two thousand two, up to forty-one million one hundred fifty thousand dollars for the period January first, two thousand three through December thirty-first, two thousand three, up to forty-one million one hundred fifty thousand dollars for the period January first, two thousand four through December thirty-first, two thousand four, up to fifty-eight million three hundred sixty thousand dollars for the period January first, two thousand five through December thirty-first, two thousand five, up to fifty-two million three hundred sixty thousand dollars for the period January first, two thousand six through December thirty-first, two thousand six, up to thirty-five million four hundred thousand dollars annually for the period January first, two thousand seven through December thirty-first, two thousand ten, up to eight million eight hundred fifty thousand dollars for the period January first, two thousand eleven through March thirty-first, two thousand eleven, up to twenty-eight million four hundred thousand dollars each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen, ~~and~~ up to twenty-six million eight hundred seventeen thousand dollars each state fiscal year for the period April first, two thousand fourteen through March thirty-first, two thousand seventeen, and up to twenty-six million eight hundred seventeen thousand dollars each state fiscal year for the period April first, two thousand seventeen through March thirty-first, two thousand twenty, less the amount of funds available for allocations for rate adjustments for workforce training programs for payments by state governmental agencies for inpatient hospital services.

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

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

(ii) from the pool for the period January first, nineteen hundred ninety-eight through December thirty-first, nineteen hundred ninety-

1 eight, eighty-two million dollars shall be transferred and deposited and
2 credited to the credit of the state general fund medical assistance
3 local assistance account;

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

9 (iv) from the pool or the health care reform act (HCRA) resources
10 fund, whichever is applicable, for the period January first, two thou-
11 sand through December thirty-first, two thousand four, eighty-two
12 million dollars annually, and for the period January first, two thousand
13 five through December thirty-first, two thousand five, eighty-two
14 million dollars, and for the period January first, two thousand six
15 through December thirty-first, two thousand six, eighty-two million
16 dollars, and for the period January first, two thousand seven through
17 December thirty-first, two thousand seven, eighty-two million dollars,
18 and for the period January first, two thousand eight through December
19 thirty-first, two thousand eight, ninety million seven hundred thousand
20 dollars shall be deposited by the commissioner, and the state comp-
21 troller is hereby authorized and directed to receive for deposit to the
22 credit of the state special revenue fund - other, HCRA transfer fund,
23 medical assistance account;

24 (v) from the health care reform act (HCRA) resources fund for the
25 period January first, two thousand nine through December thirty-first,
26 two thousand nine, one hundred eight million nine hundred seventy-five
27 thousand dollars, and for the period January first, two thousand ten
28 through December thirty-first, two thousand ten, one hundred twenty-six
29 million one hundred thousand dollars, for the period January first, two
30 thousand eleven through March thirty-first, two thousand eleven, twenty
31 million five hundred thousand dollars, and for each state fiscal year
32 for the period April first, two thousand eleven through March thirty-
33 first, two thousand fourteen, one hundred forty-six million four hundred
34 thousand dollars, shall be deposited by the commissioner, and the state
35 comptroller is hereby authorized and directed to receive for deposit, to
36 the credit of the state special revenue fund - other, HCRA transfer
37 fund, medical assistance account.

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

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

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

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

54 (h) Funds shall be reserved and accumulated from year to year by the
55 commissioner and shall be available, including income from invested
56 funds, for purposes of primary care education and training pursuant to

1 article nine of this chapter from the respective health care initiatives
2 pools established for the following periods in the following percentage
3 amounts of funds remaining after allocations in accordance with para-
4 graphs (a) through (f) of this subdivision and shall be available for
5 distributions as follows:

6 (i) funds shall be reserved and accumulated:

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

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

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

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

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

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

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

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

31 (i) Funds shall be reserved and accumulated from year to year and
32 shall be available, including income from invested funds, for distrib-
33 utions in accordance with section twenty-nine hundred fifty-two and
34 section twenty-nine hundred fifty-eight of this chapter for rural health
35 care delivery development and rural health care access development,
36 respectively, from the respective health care initiatives pools or the
37 health care reform act (HCRA) resources fund, whichever is applicable,
38 for the following periods in the following percentage amounts of funds
39 remaining after allocations in accordance with paragraphs (a) through
40 (f) of this subdivision, and for periods on and after January first, two
41 thousand, in the following amounts:

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

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

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

51 (iv) from the pool for the periods January first, two thousand through
52 December thirty-first, two thousand two, seventeen million dollars annu-
53 ally, and for the period January first, two thousand three through
54 December thirty-first, two thousand three, up to fifteen million eight
55 hundred fifty thousand dollars;

(v) from the pool or the health care reform act (HCRA) resources fund, whichever is applicable, for the period January first, two thousand four through December thirty-first, two thousand four, up to fifteen million eight hundred fifty thousand dollars, and for the period January first, two thousand five through December thirty-first, two thousand five, up to nineteen million two hundred thousand dollars, and for the period January first, two thousand six through December thirty-first, two thousand six, up to nineteen million two hundred thousand dollars, for the period January first, two thousand seven through December thirty-first, two thousand ten, up to eighteen million one hundred fifty thousand dollars annually, for the period January first, two thousand eleven through March thirty-first, two thousand eleven, up to four million five hundred thirty-eight thousand dollars, for each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen, up to sixteen million two hundred thousand dollars, ~~and~~ up to sixteen million two hundred thousand dollars each state fiscal year for the period April first, two thousand fourteen through March thirty-first, two thousand seventeen, and up to fifteen million nine hundred fifty thousand dollars each state fiscal year for the period April first, two thousand seventeen through March thirty-first, two thousand twenty.

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

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

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

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

(k) Funds shall be reserved and accumulated from year to year and shall be available, including income from invested funds, for allocations and distributions in accordance with section twenty-eight hundred seven-p of this article for diagnostic and treatment center uncompensated care from the respective health care initiatives pools or the health care reform act (HCRA) resources fund, whichever is applicable, for the following periods in the following percentage amounts of funds remaining after allocations in accordance with paragraphs (a) through (f) of this subdivision, and for periods on and after January first, two thousand, in the following amounts:

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

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

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

4 (iv) from the pool for the periods January first, two thousand through
5 December thirty-first, two thousand two, forty-eight million dollars
6 annually, and for the period January first, two thousand three through
7 June thirtieth, two thousand three, twenty-four million dollars;

8 (v) (A) from the pool or the health care reform act (HCRA) resources
9 fund, whichever is applicable, for the period July first, two thousand
10 three through December thirty-first, two thousand three, up to six
11 million dollars, for the period January first, two thousand four through
12 December thirty-first, two thousand six, up to twelve million dollars
13 annually, for the period January first, two thousand seven through
14 December thirty-first, two thousand thirteen, up to forty-eight million
15 dollars annually, for the period January first, two thousand fourteen
16 through March thirty-first, two thousand fourteen, up to twelve million
17 dollars ~~[and]~~, for the period April first, two thousand fourteen through
18 March thirty-first, two thousand seventeen, up to forty-eight million
19 dollars annually, and for the period April first, two thousand seventeen
20 through March twenty-first, two thousand twenty, up to forty-eight
21 million dollars annually;

22 (B) from the health care reform act (HCRA) resources fund for the
23 period January first, two thousand six through December thirty-first,
24 two thousand six, an additional seven million five hundred thousand
25 dollars, for the period January first, two thousand seven through Decem-
26 ber thirty-first, two thousand thirteen, an additional seven million
27 five hundred thousand dollars annually, for the period January first,
28 two thousand fourteen through March thirty-first, two thousand fourteen,
29 an additional one million eight hundred seventy-five thousand dollars,
30 ~~[and]~~ for the period April first, two thousand fourteen through March
31 thirty-first, two thousand seventeen, an additional seven million five
32 hundred thousand dollars annually, and for the period April first, two
33 thousand seventeen through March thirty-first, two thousand twenty, an
34 additional six million four hundred thousand dollars annually for volun-
35 tary non-profit diagnostic and treatment center uncompensated care in
36 accordance with subdivision four-c of section twenty-eight hundred
37 seven-p of this article; and

38 (vi) funds reserved and accumulated pursuant to this paragraph for
39 periods on and after July first, two thousand three, shall be deposited
40 by the commissioner, within amounts appropriated, and the state comp-
41 troller is hereby authorized and directed to receive for deposit to the
42 credit of the state special revenue funds - other, HCRA transfer fund,
43 medical assistance account, for purposes of funding the state share of
44 rate adjustments made pursuant to section twenty-eight hundred seven-p
45 of this article, provided, however, that in the event federal financial
46 participation is not available for rate adjustments made pursuant to
47 paragraph (b) of subdivision one of section twenty-eight hundred seven-p
48 of this article, funds shall be distributed pursuant to paragraph (a) of
49 subdivision one of section twenty-eight hundred seven-p of this article
50 from the respective health care initiatives pools or the health care
51 reform act (HCRA) resources fund, whichever is applicable.

52 (l) Funds shall be reserved and accumulated from year to year by the
53 commissioner and shall be available, including income from invested
54 funds, for transfer to and allocation for services and expenses for the
55 payment of benefits to recipients of drugs under the AIDS drug assist-
56 ance program (ADAP) - HIV uninsured care program as administered by

1 Health Research Incorporated from the respective health care initi-
2 atives pools or the health care reform act (HCRA) resources fund, which-
3 ever is applicable, established for the following periods in the follow-
4 ing percentage amounts of funds remaining after allocations in
5 accordance with paragraphs (a) through (f) of this subdivision, and for
6 periods on and after January first, two thousand, in the following
7 amounts:

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

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

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

17 (iv) from the pool for the periods January first, two thousand through
18 December thirty-first, two thousand two, up to twelve million dollars
19 annually, and for the period January first, two thousand three through
20 December thirty-first, two thousand three, up to forty million dollars;
21 and

22 (v) from the pool or the health care reform act (HCRA) resources fund,
23 whichever is applicable, for the periods January first, two thousand
24 four through December thirty-first, two thousand four, up to fifty-six
25 million dollars, for the period January first, two thousand five through
26 December thirty-first, two thousand six, up to sixty million dollars
27 annually, for the period January first, two thousand seven through
28 December thirty-first, two thousand ten, up to sixty million dollars
29 annually, for the period January first, two thousand eleven through
30 March thirty-first, two thousand eleven, up to fifteen million dollars,
31 each state fiscal year for the period April first, two thousand eleven
32 through March thirty-first, two thousand fourteen, up to forty-two
33 million three hundred thousand dollars [and], up to forty-one million
34 fifty thousand dollars each state fiscal year for the period April
35 first, two thousand fourteen through March thirty-first, two thousand
36 seventeen, and up to forty-one million fifty thousand dollars each state
37 fiscal year for the period April first, two thousand seventeen through
38 March thirty-first, two thousand twenty.

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

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

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

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

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

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

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

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

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

51 3. Revenue from distributions pursuant to this section shall not be
52 included in gross revenue received for purposes of the assessments
53 pursuant to subdivision eighteen of section twenty-eight hundred seven-c
54 of this article, subject to the provisions of paragraph (e) of subdivi-
55 sion eighteen of section twenty-eight hundred seven-c of this article,
56 and shall not be included in gross revenue received for purposes of the

1 assessments pursuant to section twenty-eight hundred seven-d of this
2 article, subject to the provisions of subdivision twelve of section
3 twenty-eight hundred seven-d of this article.

4 § 16. Section 2807-v of the public health law, as amended by section 8
5 of part B of chapter 60 of the laws of 2014, is amended to read as
6 follows:

7 § 2807-v. Tobacco control and insurance initiatives pool distrib-
8 utions. 1. Funds accumulated in the tobacco control and insurance
9 initiatives pool or in the health care reform act (HCRA) resources fund
10 established pursuant to section ninety-two-dd of the state finance law,
11 whichever is applicable, including income from invested funds, shall be
12 distributed or retained by the commissioner or by the state comptroller,
13 as applicable, in accordance with the following:

14 (a) Funds shall be deposited by the commissioner, within amounts
15 appropriated, and the state comptroller is hereby authorized and
16 directed to receive for deposit to the credit of the state special
17 revenue funds - other, HCRA transfer fund, medicaid fraud hotline and
18 medicaid administration account, or any successor fund or account, for
19 purposes of services and expenses related to the toll-free medicaid
20 fraud hotline established pursuant to section one hundred eight of chap-
21 ter one of the laws of nineteen hundred ninety-nine from the tobacco
22 control and insurance initiatives pool established for the following
23 periods in the following amounts: four hundred thousand dollars annually
24 for the periods January first, two thousand through December thirty-
25 first, two thousand two, up to four hundred thousand dollars for the
26 period January first, two thousand three through December thirty-first,
27 two thousand three, up to four hundred thousand dollars for the period
28 January first, two thousand four through December thirty-first, two
29 thousand four, up to four hundred thousand dollars for the period Janu-
30 ary first, two thousand five through December thirty-first, two thousand
31 five, up to four hundred thousand dollars for the period January first,
32 two thousand six through December thirty-first, two thousand six, up to
33 four hundred thousand dollars for the period January first, two thousand
34 seven through December thirty-first, two thousand seven, up to four
35 hundred thousand dollars for the period January first, two thousand
36 eight through December thirty-first, two thousand eight, up to four
37 hundred thousand dollars for the period January first, two thousand nine
38 through December thirty-first, two thousand nine, up to four hundred
39 thousand dollars for the period January first, two thousand ten through
40 December thirty-first, two thousand ten, up to one hundred thousand
41 dollars for the period January first, two thousand eleven through March
42 thirty-first, two thousand eleven and within amounts appropriated on and
43 after April first, two thousand eleven.

44 (b) Funds shall be reserved and accumulated from year to year and
45 shall be available, including income from invested funds, for purposes
46 of payment of audits or audit contracts necessary to determine payor and
47 provider compliance with requirements set forth in sections twenty-eight
48 hundred seven-j, twenty-eight hundred seven-s and twenty-eight hundred
49 seven-t of this article from the tobacco control and insurance initi-
50 atives pool established for the following periods in the following
51 amounts: five million six hundred thousand dollars annually for the
52 periods January first, two thousand through December thirty-first, two
53 thousand two, up to five million dollars for the period January first,
54 two thousand three through December thirty-first, two thousand three, up
55 to five million dollars for the period January first, two thousand four
56 through December thirty-first, two thousand four, up to five million

1 dollars for the period January first, two thousand five through December
2 thirty first, two thousand five, up to five million dollars for the
3 period January first, two thousand six through December thirty-first,
4 two thousand six, up to seven million eight hundred thousand dollars for
5 the period January first, two thousand seven through December thirty-
6 first, two thousand seven, and up to eight million three hundred twen-
7 ty-five thousand dollars for the period January first, two thousand
8 eight through December thirty-first, two thousand eight, up to eight
9 million five hundred thousand dollars for the period January first, two
10 thousand nine through December thirty-first, two thousand nine, up to
11 eight million five hundred thousand dollars for the period January
12 first, two thousand ten through December thirty-first, two thousand ten,
13 up to two million one hundred twenty-five thousand dollars for the peri-
14 od January first, two thousand eleven through March thirty-first, two
15 thousand eleven, up to fourteen million seven hundred thousand dollars
16 each state fiscal year for the period April first, two thousand eleven
17 through March thirty-first, two thousand fourteen, [and] up to eleven
18 million one hundred thousand dollars each state fiscal year for the
19 period April first, two thousand fourteen through March thirty-first,
20 two thousand seventeen, and up to eleven million one hundred thousand
21 dollars each state fiscal year for the period April first, two thousand
22 seventeen through March thirty-first, two thousand twenty.

23 (c) 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, enhanced community services
27 account, or any successor fund or account, for mental health services
28 programs for case management services for adults and children; supported
29 housing; home and community based waiver services; family based treat-
30 ment; family support services; mobile mental health teams; transitional
31 housing; and community oversight, established pursuant to articles seven
32 and forty-one of the mental hygiene law and subdivision nine of section
33 three hundred sixty-six of the social services law; and for comprehen-
34 sive care centers for eating disorders pursuant to the former section
35 twenty-seven hundred ninety-nine-1 of this chapter, provided however
36 that, for such centers, funds in the amount of five hundred thousand
37 dollars on an annualized basis shall be transferred from the enhanced
38 community services account, or any successor fund or account, and depos-
39 ited into the fund established by section ninety-five-e of the state
40 finance law; from the tobacco control and insurance initiatives pool
41 established for the following periods in the following amounts:

42 (i) forty-eight million dollars to be reserved, to be retained or for
43 distribution pursuant to a chapter of the laws of two thousand, for the
44 period January first, two thousand through December thirty-first, two
45 thousand;

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

50 (iii) eighty-seven million dollars to be reserved, to be retained or
51 for distribution pursuant to a chapter of the laws of two thousand two,
52 for the period January first, two thousand two through December thirty-
53 first, two thousand two;

54 (iv) eighty-eight million dollars to be reserved, to be retained or
55 for distribution pursuant to a chapter of the laws of two thousand

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

3 (v) eighty-eight million dollars, plus five hundred thousand dollars,
4 to be reserved, to be retained or for distribution pursuant to a chapter
5 of the laws of two thousand four, and pursuant to the former section
6 twenty-seven hundred ninety-nine-1 of this chapter, for the period Janu-
7 ary first, two thousand four through December thirty-first, two thousand
8 four;

9 (vi) eighty-eight million dollars, plus five hundred thousand dollars,
10 to be reserved, to be retained or for distribution pursuant to a chapter
11 of the laws of two thousand five, and pursuant to the former section
12 twenty-seven hundred ninety-nine-1 of this chapter, for the period Janu-
13 ary first, two thousand five through December thirty-first, two thousand
14 five;

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

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

27 (ix) twenty-two million nine hundred thirteen thousand dollars, plus
28 one hundred twenty-five thousand dollars, to be reserved, to be retained
29 or for distribution pursuant to a chapter of the laws of two thousand
30 eight and pursuant to the former section twenty-seven hundred ninety-
31 nine-1 of this chapter, for the period January first, two thousand eight
32 through March thirty-first, two thousand eight.

33 (d) Funds shall be deposited by the commissioner, within amounts
34 appropriated, and the state comptroller is hereby authorized and
35 directed to receive for deposit to the credit of the state special
36 revenue funds - other, HCRA transfer fund, medical assistance account,
37 or any successor fund or account, for purposes of funding the state
38 share of services and expenses related to the family health plus program
39 including up to two and one-half million dollars annually for the period
40 January first, two thousand through December thirty-first, two thousand
41 two, for administration and marketing costs associated with such program
42 established pursuant to clause (A) of subparagraph (v) of paragraph (a)
43 of subdivision two of section three hundred sixty-nine-ee of the social
44 services law from the tobacco control and insurance initiatives pool
45 established for the following periods in the following amounts:

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

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

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

52 (e) Funds shall be deposited by the commissioner, within amounts
53 appropriated, and the state comptroller is hereby authorized and
54 directed to receive for deposit to the credit of the state special
55 revenue funds - other, HCRA transfer fund, medical assistance account,
56 or any successor fund or account, for purposes of funding the state

1 share of services and expenses related to the family health plus program
2 including up to two and one-half million dollars annually for the period
3 January first, two thousand through December thirty-first, two thousand
4 two for administration and marketing costs associated with such program
5 established pursuant to clause (B) of subparagraph (v) of paragraph (a)
6 of subdivision two of section three hundred sixty-nine-ee of the social
7 services law from the tobacco control and insurance initiatives pool
8 established for the following periods in the following amounts:

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

11 (ii) thirty million five hundred thousand dollars for the period Janu-
12 ary first, two thousand one through December thirty-first, two thousand
13 one; and

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

16 (f) 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 funds - other, HCRA transfer fund, medicaid fraud hotline and
20 medicaid administration account, or any successor fund or account, for
21 purposes of payment of administrative expenses of the department related
22 to the family health plus program established pursuant to section three
23 hundred sixty-nine-ee of the social services law from the tobacco
24 control and insurance initiatives pool established for the following
25 periods in the following amounts: five hundred thousand dollars on an
26 annual basis for the periods January first, two thousand through Decem-
27 ber thirty-first, two thousand six, five hundred thousand dollars for
28 the period January first, two thousand seven through December thirty-
29 first, two thousand seven, and five hundred thousand dollars for the
30 period January first, two thousand eight through December thirty-first,
31 two thousand eight, five hundred thousand dollars for the period January
32 first, two thousand nine through December thirty-first, two thousand
33 nine, five hundred thousand dollars for the period January first, two
34 thousand ten through December thirty-first, two thousand ten, one
35 hundred twenty-five thousand dollars for the period January first, two
36 thousand eleven through March thirty-first, two thousand eleven and
37 within amounts appropriated on and after April first, two thousand elev-
38 en.

39 (g) Funds shall be reserved and accumulated from year to year and
40 shall be available, including income from invested funds, for purposes
41 of services and expenses related to the health maintenance organization
42 direct pay market program established pursuant to sections forty-three
43 hundred twenty-one-a and forty-three hundred twenty-two-a of the insur-
44 ance law from the tobacco control and insurance initiatives pool estab-
45 lished for the following periods in the following amounts:

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

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

1 and fifty percentum to the program pursuant to section four thousand
2 three hundred twenty-two-a of the insurance law;

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

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

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

27 (vii) up to forty million dollars for the period January first, two
28 thousand six through December thirty-first, two thousand six 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 shall be allocated to the program pursuant to section four
32 thousand three hundred twenty-two-a of the insurance law;

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

40 (ix) up to forty million dollars for the period January first, two
41 thousand eight through December thirty-first, two thousand eight of
42 which fifty per centum shall be allocated to the program pursuant to
43 section four thousand three hundred twenty-one-a of the insurance law
44 and fifty per centum shall be allocated to the program pursuant to
45 section four thousand three hundred twenty-two-a of the insurance law.

46 (h) Funds shall be reserved and accumulated from year to year and
47 shall be available, including income from invested funds, for purposes
48 of services and expenses related to the healthy New York individual
49 program established pursuant to sections four thousand three hundred
50 twenty-six and four thousand three hundred twenty-seven of the insurance
51 law from the tobacco control and insurance initiatives pool established
52 for the following periods in the following amounts:

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

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

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

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

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

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

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

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

19 (i) Funds shall be reserved and accumulated from year to year and
20 shall be available, including income from invested funds, for purposes
21 of services and expenses related to the healthy New York group program
22 established pursuant to sections four thousand three hundred twenty-six
23 and four thousand three hundred twenty-seven of the insurance law from
24 the tobacco control and insurance initiatives pool established for the
25 following periods in the following amounts:

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

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

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

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

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

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

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

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

48 (i-1) Notwithstanding the provisions of paragraphs (h) and (i) of this
49 subdivision, the commissioner shall reserve and accumulate up to two
50 million five hundred thousand dollars annually for the periods January
51 first, two thousand four through December thirty-first, two thousand
52 six, one million four hundred thousand dollars for the period January
53 first, two thousand seven through December thirty-first, two thousand
54 seven, two million dollars for the period January first, two thousand
55 eight through December thirty-first, two thousand eight, from funds
56 otherwise available for distribution under such paragraphs for the

1 services and expenses related to the pilot program for entertainment
2 industry employees included in subsection (b) of section one thousand
3 one hundred twenty-two of the insurance law, and an additional seven
4 hundred thousand dollars annually for the periods January first, two
5 thousand four through December thirty-first, two thousand six, an addi-
6 tional three hundred thousand dollars for the period January first, two
7 thousand seven through June thirtieth, two thousand seven for services
8 and expenses related to the pilot program for displaced workers included
9 in subsection (c) of section one thousand one hundred twenty-two of the
10 insurance law.

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

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

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

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

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

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

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

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

38 (viii) up to ninety-four million one hundred fifty thousand dollars
39 for the period January first, two thousand seven through December thir-
40 ty-first, two thousand seven, provided, however, that within amounts
41 appropriated, a portion of such funds may be transferred to the Roswell
42 Park Cancer Institute Corporation to support costs associated with
43 cancer research;

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

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

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

53 (xii) up to twenty-one million four hundred twelve thousand dollars
54 for the period January first, two thousand eleven through March thirty-
55 first, two thousand eleven;

1 (xiii) up to fifty-two million one hundred thousand dollars each state
2 fiscal year for the period April first, two thousand eleven through
3 March thirty-first, two thousand fourteen; ~~and~~

4 (xiv) up to six million dollars each state fiscal year for the period
5 April first, two thousand fourteen through March thirty-first, two thou-
6 sand seventeen; and

7 (xv) up to thirty-three million one hundred forty-four thousand
8 dollars each state fiscal year for the period April first, two thousand
9 seventeen through March thirty-first, two thousand twenty.

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

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

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

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

31 (iv) one hundred twenty-two million five hundred thousand dollars for
32 the period January first, two thousand three through December thirty-
33 first, two thousand three;

34 (v) one hundred eight million five hundred seventy-five thousand
35 dollars, plus an additional five hundred thousand dollars, for the peri-
36 od January first, two thousand four through December thirty-first, two
37 thousand four;

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

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

44 (viii) one hundred fifty-one million four hundred thousand dollars,
45 plus an additional five hundred thousand dollars, for the period January
46 first, two thousand seven through December thirty-first, two thousand
47 seven;

48 (ix) one hundred sixteen million nine hundred forty-nine thousand
49 dollars, plus an additional five hundred thousand dollars, for the peri-
50 od January first, two thousand eight through December thirty-first, two
51 thousand eight;

52 (x) one hundred sixteen million nine hundred forty-nine thousand
53 dollars, plus an additional five hundred thousand dollars, for the peri-
54 od January first, two thousand nine through December thirty-first, two
55 thousand nine;

1 (xi) one hundred sixteen million nine hundred forty-nine thousand
2 dollars, plus an additional five hundred thousand dollars, for the peri-
3 od January first, two thousand ten through December thirty-first, two
4 thousand ten;

5 (xii) twenty-nine million two hundred thirty-seven thousand two
6 hundred fifty dollars, plus an additional one hundred twenty-five thou-
7 sand dollars, for the period January first, two thousand eleven through
8 March thirty-first, two thousand eleven;

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

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

15 (l) Funds shall be deposited by the commissioner, within amounts
16 appropriated, and the state comptroller is hereby authorized and
17 directed to receive for deposit to the credit of the state special
18 revenue funds - other, HCRA transfer fund, medical assistance account,
19 or any successor fund or account, for purposes of funding the state
20 share of the personal care and certified home health agency rate or fee
21 increases established pursuant to subdivision three of section three
22 hundred sixty-seven-o of the social services law from the tobacco
23 control and insurance initiatives pool established for the following
24 periods in the following amounts:

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

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

30 (iii) twenty-three million two hundred thousand dollars for the period
31 January first, two thousand two through December thirty-first, two thou-
32 sand two;

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

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

39 (vi) up to sixty-five million two hundred thousand dollars for the
40 period January first, two thousand five through December thirty-first,
41 two thousand five;

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

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

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

51 (m) Funds shall be deposited by the commissioner, within amounts
52 appropriated, and the state comptroller is hereby authorized and
53 directed to receive for deposit to the credit of the state special
54 revenue funds - other, HCRA transfer fund, medical assistance account,
55 or any successor fund or account, for purposes of funding the state
56 share of services and expenses related to home care workers insurance

1 pilot demonstration programs established pursuant to subdivision two of
2 section three hundred sixty-seven-o of the social services law from the
3 tobacco control and insurance initiatives pool established for the
4 following periods in the following amounts:

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

7 (ii) three million eight hundred thousand dollars for the period Janu-
8 ary first, two thousand one through December thirty-first, two thousand
9 one;

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

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

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

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

22 (vii) up to three million eight hundred thousand dollars for the peri-
23 od January first, two thousand six through December thirty-first, two
24 thousand six;

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

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

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

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

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

43 (iii) three hundred twenty-two million seven hundred thousand dollars
44 for the period January first, two thousand two through December thirty-
45 first, two thousand two;

46 (iv) four hundred thirty-three million three hundred thousand dollars
47 for the period January first, two thousand three through December thir-
48 ty-first, two thousand three;

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

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

1 (vii) six hundred three million one hundred fifty thousand dollars for
2 the period January first, two thousand six through December thirty-
3 first, two thousand six;

4 (viii) six hundred sixty million eight hundred thousand dollars for
5 the period January first, two thousand seven through December thirty-
6 first, two thousand seven;

7 (ix) three hundred sixty-seven million four hundred sixty-three thou-
8 sand dollars for the period January first, two thousand eight through
9 December thirty-first, two thousand eight;

10 (x) three hundred thirty-four million eight hundred twenty-five thou-
11 sand dollars for the period January first, two thousand nine through
12 December thirty-first, two thousand nine;

13 (xi) three hundred forty-four million nine hundred thousand dollars
14 for the period January first, two thousand ten through December thirty-
15 first, two thousand ten;

16 (xii) eighty-seven million seven hundred eighty-eight thousand dollars
17 for the period January first, two thousand eleven through March thirty-
18 first, two thousand eleven;

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

22 (xiv) one hundred twenty million nine hundred fifty thousand dollars
23 for the period April first, two thousand twelve through March thirty-
24 first, two thousand thirteen;

25 (xv) one hundred twenty-eight million eight hundred fifty thousand
26 dollars for the period April first, two thousand thirteen through March
27 thirty-first, two thousand fourteen; ~~[and]~~

28 (xvi) one hundred twenty-seven million four hundred sixteen thousand
29 dollars each state fiscal year for the period April first, two thousand
30 fourteen through March thirty-first, two thousand seventeen; and

31 (xvii) one hundred thirty-two million five hundred eighty thousand
32 dollars each state fiscal year for the period April first, two thousand
33 seventeen through March thirty-first, two thousand twenty.

34 (o) Funds shall be reserved and accumulated and shall be transferred
35 to the Roswell Park Cancer Institute Corporation, from the tobacco
36 control and insurance initiatives pool established for the following
37 periods in the following amounts:

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

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

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

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

47 (v) seventy-eight million dollars for the period January first, two
48 thousand four through December thirty-first, two thousand four;

49 (vi) seventy-eight million dollars for the period January first, two
50 thousand five through December thirty-first, two thousand five;

51 (vii) ninety-one million dollars for the period January first, two
52 thousand six through December thirty-first, two thousand six;

53 (viii) seventy-eight million dollars for the period January first, two
54 thousand seven through December thirty-first, two thousand seven;

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

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

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

(xii) nineteen million five hundred thousand dollars for the period January first, two thousand eleven through March thirty-first, two thousand eleven;

(xiii) sixty-nine million eight hundred forty thousand dollars each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen; ~~and~~

(xiv) up to ninety-six million six hundred thousand dollars each state fiscal year for the period April first, two thousand fourteen through March thirty-first, two thousand seventeen; and

(xv) up to sixty-six million five hundred eighty-six thousand dollars each state fiscal year for the period April first, two thousand seventeen through March thirty-first, two thousand twenty.

(p) 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, indigent care fund - 068, indigent care account, or any successor fund or account, for purposes of providing a medicaid disproportionate share payment from the high need indigent care adjustment pool established pursuant to section twenty-eight hundred seven-w of this article, from the tobacco control and insurance initiatives pool established for the following periods in the following amounts:

(i) eighty-two million dollars annually for the periods January first, two thousand through December thirty-first, two thousand two;

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

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

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

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

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

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

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

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

(x) up to twenty million five hundred thousand dollars for the period January first, two thousand eleven through March thirty-first, two thousand eleven; and

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

(q) Funds shall be reserved and accumulated from year to year and shall be available, including income from invested funds, for purposes of providing distributions to eligible school based health centers established pursuant to section eighty-eight of chapter one of the laws of nineteen hundred ninety-nine, from the tobacco control and insurance initiatives pool established for the following periods in the following amounts:

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

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

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

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

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

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

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

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

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

19 (x) up to one million seven hundred fifty thousand dollars for the
20 period January first, two thousand eleven through March thirty-first,
21 two thousand eleven;

22 (xi) up to five million six hundred thousand dollars each state fiscal
23 year for the period April first, two thousand eleven through March thir-
24 ty-first, two thousand fourteen; **[and]**

25 (xii) up to five million two hundred eighty-eight thousand dollars
26 each state fiscal year for the period April first, two thousand fourteen
27 through March thirty-first, two thousand seventeen; **and**

28 **(xiii) up to five million two hundred eighty-eight thousand dollars**
29 **for each state fiscal year for the period April first, two thousand**
30 **seventeen through March thirty-first, two thousand twenty.**

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 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;

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) up to one hundred twenty-seven million four hundred thousand
22 dollars each state fiscal year for the period April first, two thousand
23 fourteen through March thirty-first, two thousand seventeen; and

24 (xiii) up to one hundred twenty-seven million four hundred thousand
25 dollars each state fiscal year for the period April first, two thousand
26 seventeen through March thirty-first, two thousand twenty.

27 (w) 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 the treatment of breast and cervical cancer pursuant to para-
33 graph (v) of subdivision four of section three hundred sixty-six of the
34 social services law, from the tobacco control and insurance initiatives
35 pool established for the following periods in the following amounts:

36 (i) up to four hundred fifty thousand dollars for the period January
37 first, two thousand two through December thirty-first, two thousand two;

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

41 (iii) up to two million one hundred thousand dollars for the period
42 January first, two thousand four through December thirty-first, two
43 thousand four;

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

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

50 (vi) up to two million one hundred thousand dollars for the period
51 January first, two thousand seven through December thirty-first, two
52 thousand seven;

53 (vii) up to two million one hundred thousand dollars for the period
54 January first, two thousand eight through December thirty-first, two
55 thousand eight;

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

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

(x) up to five hundred twenty-five thousand dollars for the period January first, two thousand eleven through March thirty-first, two thousand eleven;

(xi) up to two million one hundred thousand dollars each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen; and

(xii) up to two million one hundred thousand dollars each state fiscal year for the period April first, two thousand fourteen through March thirty-first, two thousand seventeen.

(x) 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 the non-public general hospital rates increases for recruitment and retention of health care workers from the tobacco control and insurance initiatives pool established for the following periods in the following amounts:

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

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

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

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

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

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

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

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

(y) Funds shall be reserved and accumulated from year to year and shall be available, including income from invested funds, for purposes of grants to public general hospitals for recruitment and retention of health care workers pursuant to paragraph (b) of subdivision thirty 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:

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

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

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

10 (iv) fifty-two million two hundred thousand dollars for the period
11 January first, two thousand five through December thirty-first, two
12 thousand five;

13 (v) fifty-two million two hundred thousand dollars for the period
14 January first, two thousand six through December thirty-first, two thou-
15 sand six;

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

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

20 (viii) twelve million two hundred fifty thousand dollars for the peri-
21 od January first, two thousand nine through March thirty-first, two
22 thousand nine.

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

28 (z) 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, medical assistance account,
32 or any successor fund or account, for purposes of funding the state
33 share of the non-public residential health care facility rate increases
34 for recruitment and retention of health care workers pursuant to para-
35 graph (a) of subdivision eighteen of section twenty-eight hundred eight
36 of this article from the tobacco control and insurance initiatives pool
37 established for the following periods in the following amounts:

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

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

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

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

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

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

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

(viii) twelve million three hundred seventy-five thousand dollars for the period January first, two thousand nine through December thirty-first, two thousand nine;

(ix) nine million three hundred thousand dollars for the period January first, two thousand ten through December thirty-first, two thousand ten; and

(x) two million three hundred twenty-five thousand dollars for the period January first, two thousand eleven through March thirty-first, two thousand eleven.

(aa) Funds shall be reserved and accumulated from year to year and shall be available, including income from invested funds, for purposes of grants to public residential health care facilities for recruitment and retention of health care workers pursuant to paragraph (b) of subdivision eighteen of section twenty-eight hundred eight of this article from the tobacco control and insurance initiatives pool established for the following periods in the following amounts:

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

(ii) eleven million seven hundred thousand dollars on an annualized basis for the period January first, two thousand three through December thirty-first, two thousand three;

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

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

(v) sixteen million two hundred thousand dollars for the period January first, two thousand six through December thirty-first, two thousand six;

(vi) ten million eight hundred thousand dollars for the period January first, two thousand seven through December thirty-first, two thousand seven;

(vii) six million seven hundred fifty thousand dollars for the period January first, two thousand eight through December thirty-first, two thousand eight; and

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

(bb)(i) Funds shall be deposited by the commissioner, within amounts appropriated, and subject to the availability of federal financial participation, 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 the purpose of supporting the state share of adjustments to Medicaid rates of payment for personal care services provided pursuant to paragraph (e) of subdivision two of section three hundred sixty-five-a of the social services law, for local social service districts which include a city with a population of over one million persons and computed and distributed in accordance with memorandums of understanding to be entered into between the state of New York and such local social service districts for the purpose of support-

ing the recruitment and retention of personal care service workers or any worker with direct patient care responsibility, from the tobacco control and insurance initiatives pool established for the following periods and the following amounts:

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

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

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

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

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

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

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

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

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

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

(K) up to one hundred thirty-six million dollars each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen; ~~and~~

(L) up to one hundred thirty-six million dollars each state fiscal year for the period March thirty-first, two thousand fourteen through April first, two thousand seventeen; and

(M) up to one hundred thirty-six million dollars each state fiscal year for the period April first, two thousand seventeen through March thirty-first, two thousand twenty.

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

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

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

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

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

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

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

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

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

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

9 (J) for the period January first, two thousand eleven through March
10 thirty-first, two thousand eleven, eighty-five million dollars;

11 (K) for each state fiscal year within the period April first, two
12 thousand eleven through March thirty-first, two thousand fourteen, three
13 hundred forty million dollars; ~~and~~

14 (L) for each state fiscal year within the period April first, two
15 thousand fourteen through March thirty-first, two thousand seventeen,
16 three hundred forty million dollars; and

17 (M) for each state fiscal year within the period April first, two
18 thousand seventeen through March thirty-first, two thousand twenty,
19 three hundred forty million dollars.

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

36 (cc) 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 funds - other, HCRA transfer fund, medical assistance account,
40 or any successor fund or account, for the purpose of supporting the
41 state share of adjustments to Medicaid rates of payment for personal
42 care services provided pursuant to paragraph (e) of subdivision two of
43 section three hundred sixty-five-a of the social services law, for local
44 social service districts which shall not include a city with a popu-
45 lation of over one million persons for the purpose of supporting the
46 personal care services worker recruitment and retention program as
47 established pursuant to section three hundred sixty-seven-q of the
48 social services law, from the tobacco control and insurance initiatives
49 pool established for the following periods and the following amounts:

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

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

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

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

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

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

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

16 (viii) eleven million two hundred thousand dollars for the period
17 January first, two thousand nine through December thirty-first, two
18 thousand nine;

19 (ix) eleven million two hundred thousand dollars for the period Janu-
20 ary first, two thousand ten through December thirty-first, two thousand
21 ten;

22 (x) two million eight hundred thousand dollars for the period January
23 first, two thousand eleven through March thirty-first, two thousand
24 eleven;

25 (xi) up to eleven million two hundred thousand dollars each state
26 fiscal year for the period April first, two thousand eleven through
27 March thirty-first, two thousand fourteen; ~~and~~

28 (xii) up to eleven million two hundred thousand dollars each state
29 fiscal year for the period April first, two thousand fourteen through
30 March thirty-first, two thousand seventeen; and

31 (xiii) up to eleven million two hundred thousand dollars each state
32 fiscal year for the period April first, two thousand seventeen through
33 March thirty-first, two thousand twenty.

34 (dd) Funds shall be deposited by the commissioner, within amounts
35 appropriated, and the state comptroller is hereby authorized and
36 directed to receive for deposit to the credit of the state special
37 revenue fund - other, HCRA transfer fund, medical assistance account, or
38 any successor fund or account, for purposes of funding the state share
39 of Medicaid expenditures for physician services from the tobacco control
40 and insurance initiatives pool established for the following periods in
41 the following amounts:

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

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

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

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

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

1 (vi) eighty-five million two hundred thousand dollars for the period
2 January first, two thousand seven through December thirty-first, two
3 thousand seven;

4 (vii) eighty-five million two hundred thousand dollars for the period
5 January first, two thousand eight through December thirty-first, two
6 thousand eight;

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

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

13 (x) twenty-one million three hundred thousand dollars for the period
14 January first, two thousand eleven through March thirty-first, two thou-
15 sand eleven; and

16 (xi) eighty-five 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.

19 (ee) Funds shall be deposited by the commissioner, within amounts
20 appropriated, and the state comptroller is hereby authorized and
21 directed to receive for deposit to the credit of the state special
22 revenue fund - other, HCRA transfer fund, medical assistance account, or
23 any successor fund or account, for purposes of funding the state share
24 of the free-standing diagnostic and treatment center rate increases for
25 recruitment and retention of health care workers pursuant to subdivision
26 seventeen of section twenty-eight hundred seven of this article from the
27 tobacco control and insurance initiatives pool established for the
28 following periods in the following amounts:

29 (i) three million two hundred fifty thousand dollars for the period
30 April first, two thousand two through December thirty-first, two thou-
31 sand two;

32 (ii) three million two hundred fifty thousand dollars on an annualized
33 basis for the period January first, two thousand three through December
34 thirty-first, two thousand three;

35 (iii) three million two hundred fifty thousand dollars on an annual-
36 ized basis for the period January first, two thousand four through
37 December thirty-first, two thousand four;

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

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

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

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

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

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

(x) three hundred twenty-five thousand dollars for the period January first, two thousand eleven through March thirty-first, two thousand eleven.

(ff) 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 fund - other, HCRA transfer fund, medical assistance account, or any successor fund or account, for purposes of funding the state share of Medicaid expenditures for disabled persons as authorized pursuant to former subparagraphs twelve and thirteen of paragraph (a) of subdivision one of section three hundred sixty-six of the social services law from the tobacco control and insurance initiatives pool established for the following periods in the following amounts:

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

(ii) sixteen million four hundred thousand dollars on an annualized basis for the period January first, two thousand three through December thirty-first, two thousand three;

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

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

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

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

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

(viii) fifteen million dollars for the period January first, two thousand nine through December thirty-first, two thousand nine;

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

(x) three million seven hundred fifty thousand dollars for the period January first, two thousand eleven through March thirty-first, two thousand eleven;

(xi) fifteen million dollars each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen; ~~and~~

(xii) fifteen million dollars each state fiscal year for the period April first, two thousand fourteen through March thirty-first, two thousand seventeen; ~~and~~

(xiii) fifteen million dollars each state fiscal year for the period April first, two thousand seventeen through March thirty-first, two thousand twenty.

(gg) Funds shall be reserved and accumulated from year to year and shall be available, including income from invested funds, for purposes of grants to non-public general hospitals pursuant to paragraph (c) of subdivision thirty 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) up to one million three hundred thousand dollars on an annualized basis for the period January first, two thousand two through December thirty-first, two thousand two;

1 (ii) up to three million two hundred thousand dollars on an annualized
2 basis for the period January first, two thousand three through December
3 thirty-first, two thousand three;

4 (iii) up to five million six 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) up to eight million six hundred thousand dollars for the period
8 January first, two thousand five through December thirty-first, two
9 thousand five;

10 (v) up to eight million six hundred thousand dollars on an annualized
11 basis for the period January first, two thousand six through December
12 thirty-first, two thousand six;

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

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

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

22 (ix) up to two million six hundred thousand dollars for the period
23 January first, two thousand ten through December thirty-first, two thou-
24 sand ten; and

25 (x) up to six hundred fifty thousand dollars for the period January
26 first, two thousand eleven through March thirty-first, two thousand
27 eleven.

28 (hh) 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 special revenue
31 fund - other, HCRA transfer fund, medical assistance account for
32 purposes of providing financial assistance to residential health care
33 facilities pursuant to subdivisions nineteen and twenty-one of section
34 twenty-eight hundred eight of this article, from the tobacco control and
35 insurance initiatives pool established for the following periods in the
36 following amounts:

37 (i) for the period April first, two thousand two through December
38 thirty-first, two thousand two, ten million dollars;

39 (ii) for the period January first, two thousand three through December
40 thirty-first, two thousand three, nine million four hundred fifty thou-
41 sand dollars;

42 (iii) for the period January first, two thousand four through December
43 thirty-first, two thousand four, nine million three hundred fifty thou-
44 sand dollars;

45 (iv) up to fifteen million dollars for the period January first, two
46 thousand five through December thirty-first, two thousand five;

47 (v) up to fifteen million dollars for the period January first, two
48 thousand six through December thirty-first, two thousand six;

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

51 (vii) up to fifteen million dollars for the period January first, two
52 thousand eight through December thirty-first, two thousand eight;

53 (viii) up to fifteen million dollars for the period January first, two
54 thousand nine through December thirty-first, two thousand nine;

55 (ix) up to fifteen million dollars for the period January first, two
56 thousand ten through December thirty-first, two thousand ten;

1 (x) up to three million seven hundred fifty thousand dollars for the
2 period January first, two thousand eleven through March thirty-first,
3 two thousand eleven; and

4 (xi) fifteen million dollars each state fiscal year for the period
5 April first, two thousand eleven through March thirty-first, two thou-
6 sand fourteen.

7 (ii) 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 funds - other, HCRA transfer fund, medical assistance account,
11 or any successor fund or account, for the purpose of supporting the
12 state share of Medicaid expenditures for disabled persons as authorized
13 by sections 1619 (a) and (b) of the federal social security act pursuant
14 to the tobacco control and insurance initiatives pool established for
15 the following periods in the following amounts:

16 (i) six million four hundred thousand dollars for the period April
17 first, two thousand two through December thirty-first, two thousand two;

18 (ii) eight million five hundred thousand dollars, for the period Janu-
19 ary first, two thousand three through December thirty-first, two thou-
20 sand three;

21 (iii) eight million five hundred thousand dollars for the period Janu-
22 ary first, two thousand four through December thirty-first, two thousand
23 four;

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

27 (v) eight million five hundred thousand dollars for the period January
28 first, two thousand six through December thirty-first, two thousand six;

29 (vi) eight million six hundred thousand dollars for the period January
30 first, two thousand seven through December thirty-first, two thousand
31 seven;

32 (vii) eight million five hundred thousand dollars for the period Janu-
33 ary first, two thousand eight through December thirty-first, two thou-
34 sand eight;

35 (viii) eight million five hundred thousand dollars for the period
36 January first, two thousand nine through December thirty-first, two
37 thousand nine;

38 (ix) eight million five hundred thousand dollars for the period Janu-
39 ary first, two thousand ten through December thirty-first, two thousand
40 ten;

41 (x) two million one hundred twenty-five thousand dollars for the peri-
42 od January first, two thousand eleven through March thirty-first, two
43 thousand eleven;

44 (xi) eight million five hundred thousand dollars each state fiscal
45 year for the period April first, two thousand eleven through March thir-
46 ty-first, two thousand fourteen; ~~and~~

47 (xii) eight million five hundred thousand dollars each state fiscal
48 year for the period April first, two thousand fourteen through March
49 thirty-first, two thousand seventeen~~[-]; and~~

50 (xiii) eight million five hundred thousand dollars each state fiscal
51 year for the period April first, two thousand seventeen through March
52 thirty-first, two thousand twenty.

53 (jj) Funds shall be reserved and accumulated from year to year and
54 shall be available, including income from invested funds, for the
55 purposes of a grant program to improve access to infertility services,
56 treatments and procedures, from the tobacco control and insurance initi-

atives pool established for the period January first, two thousand two through December thirty-first, two thousand two in the amount of nine million one hundred seventy-five thousand dollars, for the period April first, two thousand six through March thirty-first, two thousand seven in the amount of five million dollars, for the period April first, two thousand seven through March thirty-first, two thousand eight in the amount of five million dollars, for the period April first, two thousand eight through March thirty-first, two thousand nine in the amount of five million dollars, and for the period April first, two thousand nine through March thirty-first, two thousand ten in the amount of five million dollars, for the period April first, two thousand ten through March thirty-first, two thousand eleven in the amount of two million two hundred thousand dollars, and for the period April first, two thousand eleven through March thirty-first, two thousand twelve up to one million one hundred thousand dollars.

(kk) 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 Medical Assistance Program expenditures from the tobacco control and insurance initiatives pool established for the following periods in the following amounts:

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

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

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

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

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

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

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

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

(ll) 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 Medicaid expenditures related to the city of New York from the tobacco control and insurance initiatives pool established for the following periods in the following amounts:

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

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

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

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

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

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

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

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

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

(x) thirty-one million one hundred seventy-five thousand dollars for the period January first, two thousand eleven through March thirty-first, two thousand eleven; and

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

(mm) 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 specified percentages of the state share of services and expenses related to the family health plus program in accordance with the following schedule:

(i) (A) for the period January first, two thousand three through December thirty-first, two thousand four, one hundred percent of the state share;

(B) for the period January first, two thousand five through December thirty-first, two thousand five, seventy-five percent of the state share; and,

(C) for periods beginning on and after January first, two thousand six, fifty percent of the state share.

(ii) Funding for the family health plus program will include up to five million dollars annually for the period January first, two thousand three through December thirty-first, two thousand six, up to five million dollars for the period January first, two thousand seven through December thirty-first, two thousand seven, up to seven million two hundred thousand dollars for the period January first, two thousand eight through December thirty-first, two thousand eight, up to seven million two hundred thousand dollars for the period January first, two thousand nine through December thirty-first, two thousand nine, up to seven million two hundred thousand dollars for the period January first, two thousand ten through December thirty-first, two thousand ten, up to

1 one million eight hundred thousand dollars for the period January first,
2 two thousand eleven through March thirty-first, two thousand eleven, up
3 to six million forty-nine thousand dollars for the period April first,
4 two thousand eleven through March thirty-first, two thousand twelve, up
5 to six million two hundred eighty-nine thousand dollars for the period
6 April first, two thousand twelve through March thirty-first, two thou-
7 sand thirteen, and up to six million four hundred sixty-one thousand
8 dollars for the period April first, two thousand thirteen through March
9 thirty-first, two thousand fourteen, for administration and marketing
10 costs associated with such program established pursuant to clauses (A)
11 and (B) of subparagraph (v) of paragraph (a) of subdivision two of
12 section three hundred sixty-nine-ee of the social services law from the
13 tobacco control and insurance initiatives pool established for the
14 following periods in the following amounts:

15 (A) one hundred ninety million six hundred thousand dollars for the
16 period January first, two thousand three through December thirty-first,
17 two thousand three;

18 (B) three hundred seventy-four million dollars for the period January
19 first, two thousand four through December thirty-first, two thousand
20 four;

21 (C) five hundred thirty-eight million four hundred thousand dollars
22 for the period January first, two thousand five through December thir-
23 ty-first, two thousand five;

24 (D) three hundred eighteen million seven hundred seventy-five thousand
25 dollars for the period January first, two thousand six through December
26 thirty-first, two thousand six;

27 (E) four hundred eighty-two million eight hundred thousand dollars for
28 the period January first, two thousand seven through December thirty-
29 first, two thousand seven;

30 (F) five hundred seventy million twenty-five thousand dollars for the
31 period January first, two thousand eight through December thirty-first,
32 two thousand eight;

33 (G) six hundred ten million seven hundred twenty-five thousand dollars
34 for the period January first, two thousand nine through December thir-
35 ty-first, two thousand nine;

36 (H) six hundred twenty-seven million two hundred seventy-five thousand
37 dollars for the period January first, two thousand ten through December
38 thirty-first, two thousand ten;

39 (I) one hundred fifty-seven million eight hundred seventy-five thou-
40 sand dollars for the period January first, two thousand eleven through
41 March thirty-first, two thousand eleven;

42 (J) six hundred twenty-eight million four hundred thousand dollars for
43 the period April first, two thousand eleven through March thirty-first,
44 two thousand twelve;

45 (K) six hundred fifty million four hundred thousand dollars for the
46 period April first, two thousand twelve through March thirty-first, two
47 thousand thirteen;

48 (L) six hundred fifty million four hundred thousand dollars for the
49 period April first, two thousand thirteen through March thirty-first,
50 two thousand fourteen; and

51 (M) up to three hundred ten million five hundred ninety-five thousand
52 dollars for the period April first, two thousand fourteen through March
53 thirty-first, two thousand fifteen.

54 (nn) Funds shall be deposited by the commissioner, within amounts
55 appropriated, and the state comptroller is hereby authorized and
56 directed to receive for deposit to the credit of the state special

1 revenue fund - other, HCRA transfer fund, health care services account,
2 or any successor fund or account, for purposes related to adult home
3 initiatives for medicaid eligible residents of residential facilities
4 licensed pursuant to section four hundred sixty-b of the social services
5 law from the tobacco control and insurance initiatives pool established
6 for the following periods in the following amounts:

7 (i) up to four million dollars for the period January first, two thou-
8 sand three through December thirty-first, two thousand three;

9 (ii) up to six million dollars for the period January first, two thou-
10 sand four through December thirty-first, two thousand four;

11 (iii) up to eight million dollars for the period January first, two
12 thousand five through December thirty-first, two thousand five,
13 provided, however, that up to five million two hundred fifty thousand
14 dollars of such funds shall be received by the comptroller and deposited
15 to the credit of the special revenue fund - other / aid to localities,
16 HCRA transfer fund - 061, enhanced community services account - 05, or
17 any successor fund or account, for the purposes set forth in this para-
18 graph;

19 (iv) up to eight million dollars for the period January first, two
20 thousand six through December thirty-first, two thousand six, provided,
21 however, that up to five million two hundred fifty thousand dollars of
22 such funds shall be received by the comptroller and deposited to the
23 credit of the special revenue fund - other / aid to localities, HCRA
24 transfer fund - 061, enhanced community services account - 05, or any
25 successor fund or account, for the purposes set forth in this paragraph;

26 (v) up to eight million dollars for the period January first, two
27 thousand seven through December thirty-first, two thousand seven,
28 provided, however, that up to five million two hundred fifty thousand
29 dollars of such funds shall be received by the comptroller and deposited
30 to the credit of the special revenue fund - other / aid to localities,
31 HCRA transfer fund - 061, enhanced community services account - 05, or
32 any successor fund or account, for the purposes set forth in this para-
33 graph;

34 (vi) up to two million seven hundred fifty thousand dollars for the
35 period January first, two thousand eight through December thirty-first,
36 two thousand eight;

37 (vii) up to two million seven hundred fifty thousand dollars for the
38 period January first, two thousand nine through December thirty-first,
39 two thousand nine;

40 (viii) up to two million seven hundred fifty thousand dollars for the
41 period January first, two thousand ten through December thirty-first,
42 two thousand ten; and

43 (ix) up to six hundred eighty-eight thousand dollars for the period
44 January first, two thousand eleven through March thirty-first, two thou-
45 sand eleven.

46 (oo) Funds shall be reserved and accumulated from year to year and
47 shall be available, including income from invested funds, for purposes
48 of grants to non-public general hospitals pursuant to paragraph (e) of
49 subdivision twenty-five of section twenty-eight hundred seven-c of this
50 article from the tobacco control and insurance initiatives pool estab-
51 lished for the following periods in the following amounts:

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

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

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

3 (iv) up to five million dollars for the period January first, two
4 thousand seven through December thirty-first, two thousand seven; [and]

5 (v) up to five million dollars for the period January first, two thou-
6 sand eight through December thirty-first, two thousand eight;

7 (vi) up to five million dollars for the period January first, two
8 thousand nine through December thirty-first, two thousand nine;

9 (vii) up to five million dollars for the period January first, two
10 thousand ten through December thirty-first, two thousand ten; and

11 (viii) up to one million two hundred fifty thousand dollars for the
12 period January first, two thousand eleven through March thirty-first,
13 two thousand eleven.

14 (pp) Funds shall be reserved and accumulated from year to year and
15 shall be available, including income from invested funds, for the
16 purpose of supporting the provision of tax credits for long term care
17 insurance pursuant to subdivision one of section one hundred ninety of
18 the tax law, paragraph (a) of subdivision twenty-five-a of section two
19 hundred ten of such law, subsection (aa) of section six hundred six of
20 such law, paragraph one of subsection (k) of section fourteen hundred
21 fifty-six of such law and paragraph one of subdivision (m) of section
22 fifteen hundred eleven of such law, in the following amounts:

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

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

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

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

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

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

50 (ii) up to five million dollars for the period January first, two
51 thousand five through December thirty-first, two thousand five; of such
52 funds one million nine hundred fifty thousand dollars shall be made
53 available to the department for the purpose of developing, implementing
54 and administering the long-term care insurance education and outreach
55 program and three million fifty thousand dollars shall be deposited by
56 the commissioner, within amounts appropriated, and the comptroller is

1 hereby authorized and directed to receive for deposit to the credit of
2 the special revenue funds - other, HCRA transfer fund, long term care
3 insurance resource center account of the state office for the aging or
4 any future account designated for the purpose of implementing the long
5 term care insurance education and outreach program and providing the
6 long term care insurance resource centers with the necessary resources
7 to carry out their operations;

8 (iii) up to five million dollars for the period January first, two
9 thousand six through December thirty-first, two thousand six; 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 (iv) up to five million dollars for the period January first, two
18 thousand seven through December thirty-first, two thousand seven; of
19 such 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 (v) up to five million dollars for the period January first, two thou-
27 sand eight through December thirty-first, two thousand eight; of such
28 funds one million nine hundred fifty thousand dollars shall be made
29 available to the department for the purpose of developing, implementing
30 and administering the long term care insurance education and outreach
31 program and three million fifty thousand dollars shall be made available
32 to the office for the aging for the purpose of providing the long term
33 care insurance resource centers with the necessary resources to carry
34 out their operations;

35 (vi) up to five million dollars for the period January first, two
36 thousand nine through December thirty-first, two thousand nine; of such
37 funds one million nine hundred fifty thousand dollars shall be made
38 available to the department for the purpose of developing, implementing
39 and administering the long-term care insurance education and outreach
40 program and three million fifty thousand dollars shall be made available
41 to the office for the aging for the purpose of providing the long-term
42 care insurance resource centers with the necessary resources to carry
43 out their operations;

44 (vii) up to four hundred eighty-eight thousand dollars for the period
45 January first, two thousand ten through March thirty-first, two thousand
46 ten; of such funds four hundred eighty-eight thousand dollars shall be
47 made available to the department for the purpose of developing, imple-
48 menting and administering the long-term care insurance education and
49 outreach program.

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

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

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

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

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

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

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

12 (ss) Funds shall be reserved and accumulated from the tobacco control
13 and insurance initiatives pool and used for a health care stabilization
14 program established by the commissioner for the purposes of stabilizing
15 critical health care providers and health care programs whose ability to
16 continue to provide appropriate services are threatened by financial or
17 other challenges, in the amount of up to twenty-eight million dollars
18 for the period July first, two thousand four through June thirtieth, two
19 thousand five. Notwithstanding the provisions of section one hundred
20 twelve of the state finance law or any other inconsistent provision of
21 the state finance law or any other law, funds available for distribution
22 pursuant to this paragraph may be allocated and distributed by the
23 commissioner, or the state comptroller as applicable without a compet-
24 itive bid or request for proposal process. Considerations relied upon by
25 the commissioner in determining the allocation and distribution of these
26 funds shall include, but not be limited to, the following: (i) the
27 importance of the provider or program in meeting critical health care
28 needs in the community in which it operates; (ii) the provider or
29 program provision of care to under-served populations; (iii) the quality
30 of the care or services the provider or program delivers; (iv) the abil-
31 ity of the provider or program to continue to deliver an appropriate
32 level of care or services if additional funding is made available; (v)
33 the ability of the provider or program to access, in a timely manner,
34 alternative sources of funding, including other sources of government
35 funding; (vi) the ability of other providers or programs in the communi-
36 ty to meet the community health care needs; (vii) whether the provider
37 or program has an appropriate plan to improve its financial condition;
38 and (viii) whether additional funding would permit the provider or
39 program to consolidate, relocate, or close programs or services where
40 such actions would result in greater stability and efficiency in the
41 delivery of needed health care services or programs.

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

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

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

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

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

1 (v) up to two hundred fifty thousand dollars for the period January
2 first, two thousand eight through March thirty-first, two thousand
3 eight.

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

9 (i) five million dollars for the period January first, two thousand
10 four through December thirty-first, two thousand four, of which three
11 million dollars shall be available for disease management demonstration
12 programs and two million dollars shall be available for telemedicine
13 demonstration programs;

14 (ii) five million dollars for the period January first, two thousand
15 five through December thirty-first, two thousand five, of which three
16 million dollars shall be available for disease management demonstration
17 programs and two million dollars shall be available for telemedicine
18 demonstration programs;

19 (iii) nine million five hundred thousand dollars for the period Janu-
20 ary first, two thousand six through December thirty-first, two thousand
21 six, of which seven million five hundred thousand dollars shall be
22 available for disease management demonstration programs and two million
23 dollars shall be available for telemedicine demonstration programs;

24 (iv) nine million five hundred thousand dollars for the period January
25 first, two thousand seven through December thirty-first, two thousand
26 seven, of which seven million five hundred thousand dollars shall be
27 available for disease management demonstration programs and one million
28 dollars shall be available for telemedicine demonstration programs;

29 (v) nine million five hundred thousand dollars for the period January
30 first, two thousand eight through December thirty-first, two thousand
31 eight, of which seven million five hundred thousand dollars shall be
32 available for disease management demonstration programs and two million
33 dollars shall be available for telemedicine demonstration programs;

34 (vi) seven million eight hundred thirty-three thousand three hundred
35 thirty-three dollars for the period January first, two thousand nine
36 through December thirty-first, two thousand nine, of which seven million
37 five hundred thousand dollars shall be available for disease management
38 demonstration programs and three hundred thirty-three thousand three
39 hundred thirty-three dollars shall be available for telemedicine demon-
40 stration programs for the period January first, two thousand nine
41 through March first, two thousand nine;

42 (vii) one million eight hundred seventy-five thousand dollars for the
43 period January first, two thousand ten through March thirty-first, two
44 thousand ten shall be available for disease management demonstration
45 programs.

46 (ww) Funds shall be deposited by the commissioner, within amounts
47 appropriated, and the state comptroller is hereby authorized and
48 directed to receive for the deposit to the credit of the state special
49 revenue funds - other, HCRA transfer fund, medical assistance account,
50 or any successor fund or account, for purposes of funding the state
51 share of the general hospital rates increases for recruitment and
52 retention of health care workers pursuant to paragraph (e) of subdivi-
53 sion thirty of section twenty-eight hundred seven-c of this article from
54 the tobacco control and insurance initiatives pool established for the
55 following periods in the following amounts:

1 (i) sixty million five hundred thousand dollars for the period January
2 first, two thousand five through December thirty-first, two thousand
3 five; and

4 (ii) sixty million five hundred thousand dollars for the period Janu-
5 ary first, two thousand six through December thirty-first, two thousand
6 six.

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

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

19 (ii) three million five hundred thousand dollars for the period Janu-
20 ary first, two thousand six through December thirty-first, two thousand
21 six;

22 (iii) three million five hundred thousand dollars for the period Janu-
23 ary first, two thousand seven through December thirty-first, two thou-
24 sand seven;

25 (iv) three million five hundred thousand dollars for the period Janu-
26 ary first, two thousand eight through December thirty-first, two thou-
27 sand eight; and

28 (v) three million two hundred eight thousand dollars for the period
29 January first, two thousand nine through November thirtieth, two thou-
30 sand nine.

31 (yy) Funds shall be reserved and accumulated from year to year and
32 shall be available, within amounts appropriated and notwithstanding
33 section one hundred twelve of the state finance law and any other
34 contrary provision of law, for the purpose of supporting grants not to
35 exceed five million dollars to be made by the commissioner without a
36 competitive bid or request for proposal process, in support of the
37 delivery of critically needed health care services, to health care
38 providers located in the counties of Erie and Niagara which executed a
39 memorandum of closing and conducted a merger closing in escrow on Novem-
40 ber twenty-fourth, nineteen hundred ninety-seven and which entered into
41 a settlement dated December thirtieth, two thousand four for a loss on
42 disposal of assets under the provisions of title XVIII of the federal
43 social security act applicable to mergers occurring prior to December
44 first, nineteen hundred ninety-seven.

45 (zz) Funds shall be reserved and accumulated from year to year and
46 shall be available, within amounts appropriated, for the purpose of
47 supporting expenditures authorized pursuant to section twenty-eight
48 hundred eighteen of this article from the tobacco control and insurance
49 initiatives pool established for the following periods in the following
50 amounts:

51 (i) six million five hundred thousand dollars for the period January
52 first, two thousand five through December thirty-first, two thousand
53 five;

54 (ii) one hundred eight million three hundred thousand dollars for the
55 period January first, two thousand six through December thirty-first,
56 two thousand six, provided, however, that within amounts appropriated in

1 the two thousand six through two thousand seven state fiscal year, a
2 portion of such funds may be transferred to the Roswell Park Cancer
3 Institute Corporation to fund capital costs;

4 (iii) one hundred seventy-one million dollars for the period January
5 first, two thousand seven through December thirty-first, two thousand
6 seven, provided, however, that within amounts appropriated in the two
7 thousand six through two thousand seven state fiscal year, a portion of
8 such funds may be transferred to the Roswell Park Cancer Institute
9 Corporation to fund capital costs;

10 (iv) one hundred seventy-one million five hundred thousand dollars for
11 the period January first, two thousand eight through December thirty-
12 first, two thousand eight;

13 (v) one hundred twenty-eight million seven hundred fifty thousand
14 dollars for the period January first, two thousand nine through December
15 thirty-first, two thousand nine;

16 (vi) one hundred thirty-one million three hundred seventy-five thou-
17 sand dollars for the period January first, two thousand ten through
18 December thirty-first, two thousand ten;

19 (vii) thirty-four million two hundred fifty thousand dollars for the
20 period January first, two thousand eleven through March thirty-first,
21 two thousand eleven;

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

25 (ix) one hundred fifty million eight hundred six thousand dollars for
26 the period April first, two thousand twelve through March thirty-first,
27 two thousand thirteen; and

28 (x) seventy-eight million seventy-one thousand dollars for the period
29 April first, two thousand thirteen through March thirty-first, two thou-
30 sand fourteen.

31 (aaa) Funds shall be reserved and accumulated from year to year and
32 shall be available, including income from invested funds, for services
33 and expenses related to school based health centers, in an amount up to
34 three million five hundred thousand dollars for the period April first,
35 two thousand six through March thirty-first, two thousand seven, up to
36 three million five hundred thousand dollars for the period April first,
37 two thousand seven through March thirty-first, two thousand eight, up to
38 three million five hundred thousand dollars for the period April first,
39 two thousand eight through March thirty-first, two thousand nine, up to
40 three million five hundred thousand dollars for the period April first,
41 two thousand nine through March thirty-first, two thousand ten, up to
42 three million five hundred thousand dollars for the period April first,
43 two thousand ten through March thirty-first, two thousand eleven, up to
44 two million eight hundred thousand dollars each state fiscal year for
45 the period April first, two thousand eleven through March thirty-first,
46 two thousand fourteen, ~~[and]~~ up to two million six hundred forty-four
47 thousand dollars each state fiscal year for the period April first, two
48 thousand fourteen through March thirty-first, two thousand seventeen,
49 and up to two million six hundred forty-four thousand dollars each state
50 fiscal year for the period April first, two thousand seventeen through
51 March thirty-first, two thousand twenty. The total amount of funds
52 provided herein shall be distributed as grants based on the ratio of
53 each provider's total enrollment for all sites to the total enrollment
54 of all providers. This formula shall be applied to the total amount
55 provided herein.

(bbb) Funds shall be reserved and accumulated from year to year and shall be available, including income from invested funds, for purposes of awarding grants to operators of adult homes, enriched housing programs and residences through the enhancing abilities and life experience (EnAbLe) program to provide for the installation, operation and maintenance of air conditioning in resident rooms, consistent with this paragraph, in an amount up to two million dollars for the period April first, two thousand six through March thirty-first, two thousand seven, up to three million eight hundred thousand dollars for the period April first, two thousand seven through March thirty-first, two thousand eight, up to three million eight hundred thousand dollars for the period April first, two thousand eight through March thirty-first, two thousand nine, up to three million eight hundred thousand dollars for the period April first, two thousand nine through March thirty-first, two thousand ten, and up to three million eight hundred thousand dollars for the period April first, two thousand ten through March thirty-first, two thousand eleven. Residents shall not be charged utility cost for the use of air conditioners supplied under the EnAbLe program. All such air conditioners must be operated in occupied resident rooms consistent with requirements applicable to common areas.

(ccc) Funds shall be deposited by the commissioner, within amounts appropriated, and the state comptroller is hereby authorized and directed to receive for the 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 increases in the rates for certified home health agencies, long term home health care programs, AIDS home care programs, hospice programs and managed long term care plans and approved managed long term care operating demonstrations as defined in section forty-four hundred three-f of this chapter for recruitment and retention of health care workers pursuant to subdivisions nine and ten of section thirty-six hundred fourteen of this chapter from the tobacco control and insurance initiatives pool established for the following periods in the following amounts:

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

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

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

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

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

(vi) twelve million five hundred thousand dollars for the period January first, two thousand eleven through March thirty-first, two thousand eleven;

(vii) up to fifty million dollars each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen; ~~and~~

(viii) up to fifty million dollars each state fiscal year for the period April first, two thousand fourteen through March thirty-first, two thousand seventeen; and

(ix) up to fifty million dollars for each state fiscal year for the period April first, two thousand seventeen through March thirty-first, two thousand twenty.

(ddd) Funds shall be deposited by the commissioner, within amounts appropriated, and the state comptroller is hereby authorized and directed to receive for the 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 increases in the medical assistance rates for providers for purposes of enhancing the provision, quality and/or efficiency of home care services pursuant to subdivision eleven of section thirty-six hundred fourteen of this chapter from the tobacco control and insurance initiatives pool established for the following period in the amount of eight million dollars for the period April first, two thousand six through December thirty-first, two thousand six.

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

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

(ggg) 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 fund - other, HCRA transfer fund, medical assistance account, or any successor fund or account, for the purpose of supporting the state share of Medicaid expenditures for hospital translation services as authorized pursuant to paragraph (k) of subdivision one of section twenty-eight hundred seven-c of this article from the tobacco control and initiatives pool established for the following periods in the following amounts:

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

(ii) fourteen million seven hundred thousand dollars for the period January first, two thousand nine through November thirtieth, two thousand nine.

(hhh) 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 fund - other, HCRA transfer fund, medical assistance account, or any successor fund or account, for the purpose of supporting the state share of Medicaid expenditures for adjustments to inpatient rates of payment for general hospitals located in the counties of Nassau and Suffolk as authorized pursuant to paragraph (l) of subdivision one of section twenty-eight hundred seven-c of this article from the tobacco control and initiatives pool established for the following periods in the following amounts:

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

(ii) two million two hundred ninety-two thousand dollars for the period January first, two thousand nine through November thirtieth, two thousand nine.

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

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

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

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

§ 17. Paragraph (a) of subdivision 1 of section 18 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 2 of part C of chapter 59 of the laws of 2016, is amended to read as follows:

(a) The superintendent of financial services and the commissioner of health or their designee shall, from funds available in the hospital excess liability pool created pursuant to subdivision 5 of this section, purchase a policy or policies for excess insurance coverage, as authorized by paragraph 1 of subsection (e) of section 5502 of the insurance law; or from an insurer, other than an insurer described in section 5502 of the insurance law, duly authorized to write such coverage and actually writing medical malpractice insurance in this state; or shall purchase equivalent excess coverage in a form previously approved by the superintendent of financial services for purposes of providing equivalent excess coverage in accordance with section 19 of chapter 294 of the laws of 1985, for medical or dental malpractice occurrences between July 1, 1986 and June 30, 1987, between July 1, 1987 and June 30, 1988, between July 1, 1988 and June 30, 1989, between July 1, 1989 and June

1 30, 1990, between July 1, 1990 and June 30, 1991, between July 1, 1991
2 and June 30, 1992, between July 1, 1992 and June 30, 1993, between July
3 1, 1993 and June 30, 1994, between July 1, 1994 and June 30, 1995,
4 between July 1, 1995 and June 30, 1996, between July 1, 1996 and June
5 30, 1997, between July 1, 1997 and June 30, 1998, between July 1, 1998
6 and June 30, 1999, between July 1, 1999 and June 30, 2000, between July
7 1, 2000 and June 30, 2001, between July 1, 2001 and June 30, 2002,
8 between July 1, 2002 and June 30, 2003, between July 1, 2003 and June
9 30, 2004, between July 1, 2004 and June 30, 2005, between July 1, 2005
10 and June 30, 2006, between July 1, 2006 and June 30, 2007, between July
11 1, 2007 and June 30, 2008, between July 1, 2008 and June 30, 2009,
12 between July 1, 2009 and June 30, 2010, between July 1, 2010 and June
13 30, 2011, between July 1, 2011 and June 30, 2012, between July 1, 2012
14 and June 30, 2013, between July 1, 2013 and June 30, 2014, between July
15 1, 2014 and June 30, 2015, between July 1, 2015 and June 30, 2016, [~~and~~]
16 between July 1, 2016 and June 30, 2017, and between July 1, 2017 and
17 June 30, 2018 or reimburse the hospital where the hospital purchases
18 equivalent excess coverage as defined in subparagraph (i) of paragraph
19 (a) of subdivision 1-a of this section for medical or dental malpractice
20 occurrences between July 1, 1987 and June 30, 1988, between July 1, 1988
21 and June 30, 1989, between July 1, 1989 and June 30, 1990, between July
22 1, 1990 and June 30, 1991, between July 1, 1991 and June 30, 1992,
23 between July 1, 1992 and June 30, 1993, between July 1, 1993 and June
24 30, 1994, between July 1, 1994 and June 30, 1995, between July 1, 1995
25 and June 30, 1996, between July 1, 1996 and June 30, 1997, between July
26 1, 1997 and June 30, 1998, between July 1, 1998 and June 30, 1999,
27 between July 1, 1999 and June 30, 2000, between July 1, 2000 and June
28 30, 2001, between July 1, 2001 and June 30, 2002, between July 1, 2002
29 and June 30, 2003, between July 1, 2003 and June 30, 2004, between July
30 1, 2004 and June 30, 2005, between July 1, 2005 and June 30, 2006,
31 between July 1, 2006 and June 30, 2007, between July 1, 2007 and June
32 30, 2008, between July 1, 2008 and June 30, 2009, between July 1, 2009
33 and June 30, 2010, between July 1, 2010 and June 30, 2011, between July
34 1, 2011 and June 30, 2012, between July 1, 2012 and June 30, 2013,
35 between July 1, 2013 and June 30, 2014, between July 1, 2014 and June
36 30, 2015, between July 1, 2015 and June 30, 2016, [~~and~~] between July 1,
37 2016 and June 30, 2017, and between July 1, 2017 and June 30, 2018 for
38 physicians or dentists certified as eligible for each such period or
39 periods pursuant to subdivision 2 of this section by a general hospital
40 licensed pursuant to article 28 of the public health law; provided that
41 no single insurer shall write more than fifty percent of the total
42 excess premium for a given policy year; and provided, however, that such
43 eligible physicians or dentists must have in force an individual policy,
44 from an insurer licensed in this state of primary malpractice insurance
45 coverage in amounts of no less than one million three hundred thousand
46 dollars for each claimant and three million nine hundred thousand
47 dollars for all claimants under that policy during the period of such
48 excess coverage for such occurrences or be endorsed as additional
49 insureds under a hospital professional liability policy which is offered
50 through a voluntary attending physician ("channeling") program previous-
51 ly permitted by the superintendent of financial services during the
52 period of such excess coverage for such occurrences. During such period,
53 such policy for excess coverage or such equivalent excess coverage
54 shall, when combined with the physician's or dentist's primary malprac-
55 tice insurance coverage or coverage provided through a voluntary attend-
56 ing physician ("channeling") program, total an aggregate level of two

1 million three hundred thousand dollars for each claimant and six million
2 nine hundred thousand dollars for all claimants from all such policies
3 with respect to occurrences in each of such years provided, however, if
4 the cost of primary malpractice insurance coverage in excess of one
5 million dollars, but below the excess medical malpractice insurance
6 coverage provided pursuant to this act, exceeds the rate of nine percent
7 per annum, then the required level of primary malpractice insurance
8 coverage in excess of one million dollars for each claimant shall be in
9 an amount of not less than the dollar amount of such coverage available
10 at nine percent per annum; the required level of such coverage for all
11 claimants under that policy shall be in an amount not less than three
12 times the dollar amount of coverage for each claimant; and excess cover-
13 age, when combined with such primary malpractice insurance coverage,
14 shall increase the aggregate level for each claimant by one million
15 dollars and three million dollars for all claimants; and provided
16 further, that, with respect to policies of primary medical malpractice
17 coverage that include occurrences between April 1, 2002 and June 30,
18 2002, such requirement that coverage be in amounts no less than one
19 million three hundred thousand dollars for each claimant and three
20 million nine hundred thousand dollars for all claimants for such occur-
21 rences shall be effective April 1, 2002.

22 § 18. Subdivision 3 of section 18 of chapter 266 of the laws of 1986,
23 amending the civil practice law and rules and other laws relating to
24 malpractice and professional medical conduct, as amended by section 3 of
25 part C of chapter 59 of the laws of 2016, is amended to read as follows:

26 (3)(a) The superintendent of financial services shall determine and
27 certify to each general hospital and to the commissioner of health the
28 cost of excess malpractice insurance for medical or dental malpractice
29 occurrences between July 1, 1986 and June 30, 1987, between July 1, 1988
30 and June 30, 1989, between July 1, 1989 and June 30, 1990, between July
31 1, 1990 and June 30, 1991, between July 1, 1991 and June 30, 1992,
32 between July 1, 1992 and June 30, 1993, between July 1, 1993 and June
33 30, 1994, between July 1, 1994 and June 30, 1995, between July 1, 1995
34 and June 30, 1996, between July 1, 1996 and June 30, 1997, between July
35 1, 1997 and June 30, 1998, between July 1, 1998 and June 30, 1999,
36 between July 1, 1999 and June 30, 2000, between July 1, 2000 and June
37 30, 2001, between July 1, 2001 and June 30, 2002, between July 1, 2002
38 and June 30, 2003, between July 1, 2003 and June 30, 2004, between July
39 1, 2004 and June 30, 2005, between July 1, 2005 and June 30, 2006,
40 between July 1, 2006 and June 30, 2007, between July 1, 2007 and June
41 30, 2008, between July 1, 2008 and June 30, 2009, between July 1, 2009
42 and June 30, 2010, between July 1, 2010 and June 30, 2011, between July
43 1, 2011 and June 30, 2012, between July 1, 2012 and June 30, 2013, and
44 between July 1, 2013 and June 30, 2014, between July 1, 2014 and June
45 30, 2015, between July 1, 2015 and June 30, 2016, and between July 1,
46 2016 and June 30, 2017, and between July 1, 2017 and June 30, 2018 allo-
47 cable to each general hospital for physicians or dentists certified as
48 eligible for purchase of a policy for excess insurance coverage by such
49 general hospital in accordance with subdivision 2 of this section, and
50 may amend such determination and certification as necessary.

51 (b) The superintendent of financial services shall determine and
52 certify to each general hospital and to the commissioner of health the
53 cost of excess malpractice insurance or equivalent excess coverage for
54 medical or dental malpractice occurrences between July 1, 1987 and June
55 30, 1988, between July 1, 1988 and June 30, 1989, between July 1, 1989
56 and June 30, 1990, between July 1, 1990 and June 30, 1991, between July

1 1, 1991 and June 30, 1992, between July 1, 1992 and June 30, 1993,
2 between July 1, 1993 and June 30, 1994, between July 1, 1994 and June
3 30, 1995, between July 1, 1995 and June 30, 1996, between July 1, 1996
4 and June 30, 1997, between July 1, 1997 and June 30, 1998, between July
5 1, 1998 and June 30, 1999, between July 1, 1999 and June 30, 2000,
6 between July 1, 2000 and June 30, 2001, between July 1, 2001 and June
7 30, 2002, between July 1, 2002 and June 30, 2003, between July 1, 2003
8 and June 30, 2004, between July 1, 2004 and June 30, 2005, between July
9 1, 2005 and June 30, 2006, between July 1, 2006 and June 30, 2007,
10 between July 1, 2007 and June 30, 2008, between July 1, 2008 and June
11 30, 2009, between July 1, 2009 and June 30, 2010, between July 1, 2010
12 and June 30, 2011, between July 1, 2011 and June 30, 2012, between July
13 1, 2012 and June 30, 2013, between July 1, 2013 and June 30, 2014,
14 between July 1, 2014 and June 30, 2015, between July 1, 2015 and June
15 30, 2016, and between July 1, 2016 and June 30, 2017, and between July
16 1, 2017 and June 30, 2018 allocable to each general hospital for physi-
17 cians or dentists certified as eligible for purchase of a policy for
18 excess insurance coverage or equivalent excess coverage by such general
19 hospital in accordance with subdivision 2 of this section, and may amend
20 such determination and certification as necessary. The superintendent of
21 financial services shall determine and certify to each general hospital
22 and to the commissioner of health the ratable share of such cost alloca-
23 ble to the period July 1, 1987 to December 31, 1987, to the period Janu-
24 ary 1, 1988 to June 30, 1988, to the period July 1, 1988 to December 31,
25 1988, to the period January 1, 1989 to June 30, 1989, to the period July
26 1, 1989 to December 31, 1989, to the period January 1, 1990 to June 30,
27 1990, to the period July 1, 1990 to December 31, 1990, to the period
28 January 1, 1991 to June 30, 1991, to the period July 1, 1991 to December
29 31, 1991, to the period January 1, 1992 to June 30, 1992, to the period
30 July 1, 1992 to December 31, 1992, to the period January 1, 1993 to June
31 30, 1993, to the period July 1, 1993 to December 31, 1993, to the period
32 January 1, 1994 to June 30, 1994, to the period July 1, 1994 to December
33 31, 1994, to the period January 1, 1995 to June 30, 1995, to the period
34 July 1, 1995 to December 31, 1995, to the period January 1, 1996 to June
35 30, 1996, to the period July 1, 1996 to December 31, 1996, to the period
36 January 1, 1997 to June 30, 1997, to the period July 1, 1997 to December
37 31, 1997, to the period January 1, 1998 to June 30, 1998, to the period
38 July 1, 1998 to December 31, 1998, to the period January 1, 1999 to June
39 30, 1999, to the period July 1, 1999 to December 31, 1999, to the period
40 January 1, 2000 to June 30, 2000, to the period July 1, 2000 to December
41 31, 2000, to the period January 1, 2001 to June 30, 2001, to the period
42 July 1, 2001 to June 30, 2002, to the period July 1, 2002 to June 30,
43 2003, to the period July 1, 2003 to June 30, 2004, to the period July 1,
44 2004 to June 30, 2005, to the period July 1, 2005 and June 30, 2006, to
45 the period July 1, 2006 and June 30, 2007, to the period July 1, 2007
46 and June 30, 2008, to the period July 1, 2008 and June 30, 2009, to the
47 period July 1, 2009 and June 30, 2010, to the period July 1, 2010 and
48 June 30, 2011, to the period July 1, 2011 and June 30, 2012, to the
49 period July 1, 2012 and June 30, 2013, to the period July 1, 2013 and
50 June 30, 2014, to the period July 1, 2014 and June 30, 2015, to the
51 period July 1, 2015 and June 30, 2016, and between July 1, 2016 and June
52 30, 2017, and to the period July 1, 2017 and June 30, 2018.

53 § 19. 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 4 of part C of chapter 59 of the laws of 2016, 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, during the period July 1, 2013 to June 30, 2014, during the period July 1, 2014 to June 30, 2015, during the period July 1, 2015 and June 30, 2016, ~~[and between]~~ during the period July 1, 2016 and June 30, 2017, and during the period July 1, 2017 and June 30, 2018 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, or covering the period July 1, 2015 to June 30, 2016, or

1 covering the period July 1, 2016 to June 30, 2017, or covering the peri-
2 od July 1, 2017 to June 30, 2018 shall notify a covered physician or
3 dentist by mail, mailed to the address shown on the last application for
4 excess insurance coverage or equivalent excess coverage, of the amount
5 due to such provider from such physician or dentist for such coverage
6 period determined in accordance with paragraph (a) of this subdivision.
7 Such amount shall be due from such physician or dentist to such provider
8 of excess insurance coverage or equivalent excess coverage in a time and
9 manner determined by the superintendent of financial services.

10 (c) If a physician or dentist liable for payment of a portion of the
11 costs of excess insurance coverage or equivalent excess coverage cover-
12 ing the period July 1, 1992 to June 30, 1993, or covering the period
13 July 1, 1993 to June 30, 1994, or covering the period July 1, 1994 to
14 June 30, 1995, or covering the period July 1, 1995 to June 30, 1996, or
15 covering the period July 1, 1996 to June 30, 1997, or covering the peri-
16 od July 1, 1997 to June 30, 1998, or covering the period July 1, 1998 to
17 June 30, 1999, or covering the period July 1, 1999 to June 30, 2000, or
18 covering the period July 1, 2000 to June 30, 2001, or covering the peri-
19 od July 1, 2001 to October 29, 2001, or covering the period April 1,
20 2002 to June 30, 2002, or covering the period July 1, 2002 to June 30,
21 2003, or covering the period July 1, 2003 to June 30, 2004, or covering
22 the period July 1, 2004 to June 30, 2005, or covering the period July 1,
23 2005 to June 30, 2006, or covering the period July 1, 2006 to June 30,
24 2007, or covering the period July 1, 2007 to June 30, 2008, or covering
25 the period July 1, 2008 to June 30, 2009, or covering the period July 1,
26 2009 to June 30, 2010, or covering the period July 1, 2010 to June 30,
27 2011, or covering the period July 1, 2011 to June 30, 2012, or covering
28 the period July 1, 2012 to June 30, 2013, or covering the period July 1,
29 2013 to June 30, 2014, or covering the period July 1, 2014 to June 30,
30 2015, or covering the period July 1, 2015 to June 30, 2016, or covering
31 the period July 1, 2016 to June 30, 2017, or covering the period July 1,
32 2017 to June 30, 2018 determined in accordance with paragraph (a) of
33 this subdivision fails, refuses or neglects to make payment to the
34 provider of excess insurance coverage or equivalent excess coverage in
35 such time and manner as determined by the superintendent of financial
36 services pursuant to paragraph (b) of this subdivision, excess insurance
37 coverage or equivalent excess coverage purchased for such physician or
38 dentist in accordance with this section for such coverage period shall
39 be cancelled and shall be null and void as of the first day on or after
40 the commencement of a policy period where the liability for payment
41 pursuant to this subdivision has not been met.

42 (d) Each provider of excess insurance coverage or equivalent excess
43 coverage shall notify the superintendent of financial services and the
44 commissioner of health or their designee of each physician and dentist
45 eligible for purchase of a policy for excess insurance coverage or
46 equivalent excess coverage covering the period July 1, 1992 to June 30,
47 1993, or covering the period July 1, 1993 to June 30, 1994, or covering
48 the period July 1, 1994 to June 30, 1995, or covering the period July 1,
49 1995 to June 30, 1996, or covering the period July 1, 1996 to June 30,
50 1997, or covering the period July 1, 1997 to June 30, 1998, or covering
51 the period July 1, 1998 to June 30, 1999, or covering the period July 1,
52 1999 to June 30, 2000, or covering the period July 1, 2000 to June 30,
53 2001, or covering the period July 1, 2001 to October 29, 2001, or cover-
54 ing the period April 1, 2002 to June 30, 2002, or covering the period
55 July 1, 2002 to June 30, 2003, or covering the period July 1, 2003 to
56 June 30, 2004, or covering the period July 1, 2004 to June 30, 2005, or

1 covering the period July 1, 2005 to June 30, 2006, or covering the peri-
2 od July 1, 2006 to June 30, 2007, or covering the period July 1, 2007 to
3 June 30, 2008, or covering the period July 1, 2008 to June 30, 2009, or
4 covering the period July 1, 2009 to June 30, 2010, or covering the peri-
5 od July 1, 2010 to June 30, 2011, or covering the period July 1, 2011 to
6 June 30, 2012, or covering the period July 1, 2012 to June 30, 2013, or
7 covering the period July 1, 2013 to June 30, 2014, or covering the peri-
8 od July 1, 2014 to June 30, 2015, or covering the period July 1, 2015 to
9 June 30, 2016, or covering the period July 1, 2016 to June 30, 2017, or
10 covering the period July 1, 2017 to June 30, 2018 that has made payment
11 to such provider of excess insurance coverage or equivalent excess
12 coverage in accordance with paragraph (b) of this subdivision and of
13 each physician and dentist who has failed, refused or neglected to make
14 such payment.

15 (e) A provider of excess insurance coverage or equivalent excess
16 coverage shall refund to the hospital excess liability pool any amount
17 allocable to the period July 1, 1992 to June 30, 1993, and to the period
18 July 1, 1993 to June 30, 1994, and to the period July 1, 1994 to June
19 30, 1995, and to the period July 1, 1995 to June 30, 1996, and to the
20 period July 1, 1996 to June 30, 1997, and to the period July 1, 1997 to
21 June 30, 1998, and to the period July 1, 1998 to June 30, 1999, and to
22 the period July 1, 1999 to June 30, 2000, and to the period July 1, 2000
23 to June 30, 2001, and to the period July 1, 2001 to October 29, 2001,
24 and to the period April 1, 2002 to June 30, 2002, and to the period July
25 1, 2002 to June 30, 2003, and to the period July 1, 2003 to June 30,
26 2004, and to the period July 1, 2004 to June 30, 2005, and to the period
27 July 1, 2005 to June 30, 2006, and to the period July 1, 2006 to June
28 30, 2007, and to the period July 1, 2007 to June 30, 2008, and to the
29 period July 1, 2008 to June 30, 2009, and to the period July 1, 2009 to
30 June 30, 2010, and to the period July 1, 2010 to June 30, 2011, and to
31 the period July 1, 2011 to June 30, 2012, and to the period July 1, 2012
32 to June 30, 2013, and to the period July 1, 2013 to June 30, 2014, and
33 to the period July 1, 2014 to June 30, 2015, and to the period July 1,
34 2015 to June 30, 2016, ~~[and]~~ and to the period July 1, 2017 to June 30, 2018 received from the
35 hospital excess liability pool for purchase of excess insurance coverage
36 or equivalent excess coverage covering the period July 1, 1992 to June
37 30, 1993, and covering the period July 1, 1993 to June 30, 1994, and
38 covering the period July 1, 1994 to June 30, 1995, and covering the
39 period July 1, 1995 to June 30, 1996, and covering the period July 1,
40 1996 to June 30, 1997, and covering the period July 1, 1997 to June 30,
41 1998, and covering the period July 1, 1998 to June 30, 1999, and cover-
42 ing the period July 1, 1999 to June 30, 2000, and covering the period
43 July 1, 2000 to June 30, 2001, and covering the period July 1, 2001 to
44 October 29, 2001, and covering the period April 1, 2002 to June 30,
45 2002, and covering the period July 1, 2002 to June 30, 2003, and cover-
46 ing the period July 1, 2003 to June 30, 2004, and covering the period
47 July 1, 2004 to June 30, 2005, and covering the period July 1, 2005 to
48 June 30, 2006, and covering the period July 1, 2006 to June 30, 2007,
49 and covering the period July 1, 2007 to June 30, 2008, and covering the
50 period July 1, 2008 to June 30, 2009, and covering the period July 1,
51 2009 to June 30, 2010, and covering the period July 1, 2010 to June 30,
52 2011, and covering the period July 1, 2011 to June 30, 2012, and cover-
53 ing the period July 1, 2012 to June 30, 2013, and covering the period
54 July 1, 2013 to June 30, 2014, and covering the period July 1, 2014 to
55 June 30, 2015, and covering the period July 1, 2015 to June 30, 2016,

1 and covering the period July 1, 2016 to June 30, 2017, and covering the
2 period July 1, 2017 to June 30, 2018 for a physician or dentist where
3 such excess insurance coverage or equivalent excess coverage is
4 cancelled in accordance with paragraph (c) of this subdivision.

5 § 20. Section 40 of chapter 266 of the laws of 1986, amending the
6 civil practice law and rules and other laws relating to malpractice and
7 professional medical conduct, as amended by section 5 of part C of chap-
8 ter 59 of the laws of 2016, is amended to read as follows:

9 § 40. The superintendent of financial services shall establish rates
10 for policies providing coverage for physicians and surgeons medical
11 malpractice for the periods commencing July 1, 1985 and ending June 30,
12 ~~[2017]~~ 2018; provided, however, that notwithstanding any other provision
13 of law, the superintendent shall not establish or approve any increase
14 in rates for the period commencing July 1, 2009 and ending June 30,
15 2010. The superintendent shall direct insurers to establish segregated
16 accounts for premiums, payments, reserves and investment income attrib-
17 utable to such premium periods and shall require periodic reports by the
18 insurers regarding claims and expenses attributable to such periods to
19 monitor whether such accounts will be sufficient to meet incurred claims
20 and expenses. On or after July 1, 1989, the superintendent shall impose
21 a surcharge on premiums to satisfy a projected deficiency that is
22 attributable to the premium levels established pursuant to this section
23 for such periods; provided, however, that such annual surcharge shall
24 not exceed eight percent of the established rate until July 1, ~~[2017]~~
25 2018, at which time and thereafter such surcharge shall not exceed twen-
26 ty-five percent of the approved adequate rate, and that such annual
27 surcharges shall continue for such period of time as shall be sufficient
28 to satisfy such deficiency. The superintendent shall not impose such
29 surcharge during the period commencing July 1, 2009 and ending June 30,
30 2010. On and after July 1, 1989, the surcharge prescribed by this
31 section shall be retained by insurers to the extent that they insured
32 physicians and surgeons during the July 1, 1985 through June 30, ~~[2017]~~
33 2018 policy periods; in the event and to the extent physicians and
34 surgeons were insured by another insurer during such periods, all or a
35 pro rata share of the surcharge, as the case may be, shall be remitted
36 to such other insurer in accordance with rules and regulations to be
37 promulgated by the superintendent. Surcharges collected from physicians
38 and surgeons who were not insured during such policy periods shall be
39 apportioned among all insurers in proportion to the premium written by
40 each insurer during such policy periods; if a physician or surgeon was
41 insured by an insurer subject to rates established by the superintendent
42 during such policy periods, and at any time thereafter a hospital,
43 health maintenance organization, employer or institution is responsible
44 for responding in damages for liability arising out of such physician's
45 or surgeon's practice of medicine, such responsible entity shall also
46 remit to such prior insurer the equivalent amount that would then be
47 collected as a surcharge if the physician or surgeon had continued to
48 remain insured by such prior insurer. In the event any insurer that
49 provided coverage during such policy periods is in liquidation, the
50 property/casualty insurance security fund shall receive the portion of
51 surcharges to which the insurer in liquidation would have been entitled.
52 The surcharges authorized herein shall be deemed to be income earned for
53 the purposes of section 2303 of the insurance law. The superintendent,
54 in establishing adequate rates and in determining any projected defi-
55 ciency pursuant to the requirements of this section and the insurance
56 law, shall give substantial weight, determined in his discretion and

1 judgment, to the prospective anticipated effect of any regulations
2 promulgated and laws enacted and the public benefit of stabilizing
3 malpractice rates and minimizing rate level fluctuation during the peri-
4 od of time necessary for the development of more reliable statistical
5 experience as to the efficacy of such laws and regulations affecting
6 medical, dental or podiatric malpractice enacted or promulgated in 1985,
7 1986, by this act and at any other time. Notwithstanding any provision
8 of the insurance law, rates already established and to be established by
9 the superintendent pursuant to this section are deemed adequate if such
10 rates would be adequate when taken together with the maximum authorized
11 annual surcharges to be imposed for a reasonable period of time whether
12 or not any such annual surcharge has been actually imposed as of the
13 establishment of such rates.

14 § 21. Section 5 and subdivisions (a) and (e) of section 6 of part J of
15 chapter 63 of the laws of 2001, amending chapter 266 of the laws of
16 1986, amending the civil practice law and rules and other laws relating
17 to malpractice and professional medical conduct, as amended by section 6
18 of part C of chapter 59 of the laws of 2016, are amended to read as
19 follows:

20 § 5. The superintendent of financial services and the commissioner of
21 health shall determine, no later than June 15, 2002, June 15, 2003, June
22 15, 2004, June 15, 2005, June 15, 2006, June 15, 2007, June 15, 2008,
23 June 15, 2009, June 15, 2010, June 15, 2011, June 15, 2012, June 15,
24 2013, June 15, 2014, June 15, 2015, June 15, 2016, [~~and~~] June 15, 2017,
25 and June 15, 2018 the amount of funds available in the hospital excess
26 liability pool, created pursuant to section 18 of chapter 266 of the
27 laws of 1986, and whether such funds are sufficient for purposes of
28 purchasing excess insurance coverage for eligible participating physi-
29 cians and dentists during the period July 1, 2001 to June 30, 2002, or
30 July 1, 2002 to June 30, 2003, or July 1, 2003 to June 30, 2004, or July
31 1, 2004 to June 30, 2005, or July 1, 2005 to June 30, 2006, or July 1,
32 2006 to June 30, 2007, or July 1, 2007 to June 30, 2008, or July 1, 2008
33 to June 30, 2009, or July 1, 2009 to June 30, 2010, or July 1, 2010 to
34 June 30, 2011, or July 1, 2011 to June 30, 2012, or July 1, 2012 to June
35 30, 2013, or July 1, 2013 to June 30, 2014, or July 1, 2014 to June 30,
36 2015, or July 1, 2015 to June 30, 2016, or July 1, 2016 to June 30,
37 2017, or to July 1, 2017 to June 30, 2018 as applicable.

38 (a) This section shall be effective only upon a determination, pursu-
39 ant to section five of this act, by the superintendent of financial
40 services and the commissioner of health, and a certification of such
41 determination to the state director of the budget, the chair of the
42 senate committee on finance and the chair of the assembly committee on
43 ways and means, that the amount of funds in the hospital excess liabil-
44 ity pool, created pursuant to section 18 of chapter 266 of the laws of
45 1986, is insufficient for purposes of purchasing excess insurance cover-
46 age for eligible participating physicians and dentists during the period
47 July 1, 2001 to June 30, 2002, or July 1, 2002 to June 30, 2003, or July
48 1, 2003 to June 30, 2004, or July 1, 2004 to June 30, 2005, or July 1,
49 2005 to June 30, 2006, or July 1, 2006 to June 30, 2007, or July 1, 2007
50 to June 30, 2008, or July 1, 2008 to June 30, 2009, or July 1, 2009 to
51 June 30, 2010, or July 1, 2010 to June 30, 2011, or July 1, 2011 to June
52 30, 2012, or July 1, 2012 to June 30, 2013, or July 1, 2013 to June 30,
53 2014, or July 1, 2014 to June 30, 2015, or July 1, 2015 to June 30,
54 2016, or July 1, 2016 to June 30, 2017, or July 1, 2017 to June 30, 2018
55 as applicable.

(e) The commissioner of health shall transfer for deposit to the hospital excess liability pool created pursuant to section 18 of chapter 266 of the laws of 1986 such amounts as directed by the superintendent of financial services for the purchase of excess liability insurance coverage for eligible participating physicians and dentists for the policy year July 1, 2001 to June 30, 2002, or July 1, 2002 to June 30, 2003, or July 1, 2003 to June 30, 2004, or July 1, 2004 to June 30, 2005, or July 1, 2005 to June 30, 2006, or July 1, 2006 to June 30, 2007, as applicable, and the cost of administering the hospital excess liability pool for such applicable policy year, pursuant to the program established in chapter 266 of the laws of 1986, as amended, no later than June 15, 2002, June 15, 2003, June 15, 2004, June 15, 2005, June 15, 2006, June 15, 2007, June 15, 2008, June 15, 2009, June 15, 2010, June 15, 2011, June 15, 2012, June 15, 2013, June 15, 2014, June 15, 2015, June 15, 2016, ~~and~~ June 15, 2017, and June 15, 2018 as applicable.

§ 22. Notwithstanding any law, rule or regulation to the contrary, only physicians or dentists who were eligible, and for whom the superintendent of financial services and the commissioner of health, or their designee, purchased, with funds available in the hospital excess liability pool, a full or partial policy for excess coverage or equivalent excess coverage for the coverage period ending the thirtieth of June, two thousand seventeen, shall be eligible to apply for such coverage for the coverage period beginning the first of July, two thousand seventeen; provided, however, if the total number of physicians or dentists for whom such excess coverage or equivalent excess coverage was purchased for the policy year ending the thirtieth of June, two thousand seventeen exceeds the total number of physicians or dentists certified as eligible for the coverage period beginning the first of July, two thousand seventeen, then the general hospitals may certify additional eligible physicians or dentists in a number equal to such general hospital's proportional share of the total number of physicians or dentists for whom excess coverage or equivalent excess coverage was purchased with funds available in the hospital excess liability pool as of the thirtieth of June, two thousand seventeen, as applied to the difference between the number of eligible physicians or dentists for whom a policy for excess coverage or equivalent excess coverage was purchased for the coverage period ending the thirtieth of June, two thousand seventeen and the number of such eligible physicians or dentists who have applied for excess coverage or equivalent excess coverage for the coverage period beginning the first of July, two thousand seventeen.

§ 23. This act shall take effect immediately; provided, however, that:

(a) the amendments made to sections 2807-s and 2807-j of the public health law made by sections three, four and five of this act shall not affect the expiration of such sections and shall expire therewith;

(b) the amendments to subdivision 6 of section 2807-t of the public health law made by section twelve of this act shall not affect the expiration of such section and shall be deemed to expire therewith; and

(c) sections seventeen through twenty-two of this act shall be deemed to have been in full force and effect on and after April 1, 2017.

PART I

Section 1. Section 11 of chapter 884 of the laws of 1990, amending the public health law relating to authorizing bad debt and charity care allowances for certified home health agencies, as amended by section 1

1 of part D of chapter 57 of the laws of 2015, is amended to read as
2 follows:

3 § 11. This act shall take effect immediately and:

4 (a) sections one and three shall expire on December 31, 1996,

5 (b) sections four through ten shall expire on June 30, [~~2017~~] 2019,
6 and

7 (c) provided that the amendment to section 2807-b of the public health
8 law by section two of this act shall not affect the expiration of such
9 section 2807-b as otherwise provided by law and shall be deemed to
10 expire therewith.

11 § 2. Subdivision 4-a of section 71 of part C of chapter 60 of the laws
12 of 2014 amending the social services law relating to eliminating pres-
13 criber prevails for brand name drugs with generic equivalent, as amended
14 by section 6 of part D of chapter 59 of the laws of 2016, is amended to
15 read as follows:

16 4-a. section twenty-two of this act shall take effect April 1, 2014,
17 and shall be deemed expired January 1, [~~2018~~] 2019;

18 § 3. Subparagraph (vi) of paragraph (b) of subdivision 2 of section
19 2807-d of the public health law, as amended by section 3 of part D of
20 chapter 57 of the laws of 2015, is amended to read as follows:

21 (vi) Notwithstanding any contrary provision of this paragraph or any
22 other provision of law or regulation to the contrary, for residential
23 health care facilities the assessment shall be six percent of each resi-
24 dential health care facility's gross receipts received from all patient
25 care services and other operating income on a cash basis for the period
26 April first, two thousand two through March thirty-first, two thousand
27 three for hospital or health-related services, including adult day
28 services; provided, however, that residential health care facilities'
29 gross receipts attributable to payments received pursuant to title XVIII
30 of the federal social security act (medicare) shall be excluded from the
31 assessment; provided, however, that for all such gross receipts received
32 on or after April first, two thousand three through March thirty-first,
33 two thousand five, such assessment shall be five percent, and further
34 provided that for all such gross receipts received on or after April
35 first, two thousand five through March thirty-first, two thousand nine,
36 and on or after April first, two thousand nine through March thirty-
37 first, two thousand eleven such assessment shall be six percent, and
38 further provided that for all such gross receipts received on or after
39 April first, two thousand eleven through March thirty-first, two thou-
40 sand thirteen such assessment shall be six percent, and further provided
41 that for all such gross receipts received on or after April first, two
42 thousand thirteen through March thirty-first, two thousand fifteen such
43 assessment shall be six percent, and further provided that for all such
44 gross receipts received on or after April first, two thousand fifteen
45 through March thirty-first, two thousand seventeen such assessment shall
46 be six percent, and further provided that for all such gross receipts
47 received on or after April first, two thousand seventeen through March
48 thirty-first, two thousand nineteen such assessment shall be six
49 percent.

50 § 4. Subdivision 1 of section 194 of chapter 474 of the laws of 1996,
51 amending the education law and other laws relating to rates for residen-
52 tial health care facilities, as amended by section 5 of part D of chap-
53 ter 57 of the laws of 2015, is amended to read as follows:

54 1. Notwithstanding any inconsistent provision of law or regulation,
55 the trend factors used to project reimbursable operating costs to the
56 rate period for purposes of determining rates of payment pursuant to

1 article 28 of the public health law for residential health care facili-
2 ties for reimbursement of inpatient services provided to patients eligi-
3 ble for payments made by state governmental agencies on and after April
4 1, 1996 through March 31, 1999 and for payments made on and after July
5 1, 1999 through March 31, 2000 and on and after April 1, 2000 through
6 March 31, 2003 and on and after April 1, 2003 through March 31, 2007 and
7 on and after April 1, 2007 through March 31, 2009 and on and after April
8 1, 2009 through March 31, 2011 and on and after April 1, 2011 through
9 March 31, 2013 and on and after April 1, 2013 through March 31, 2015,
10 and on and after April 1, 2015 through March 31, 2017, and on and after
11 April 1, 2017 through March 31, 2018 shall reflect no trend factor
12 projections or adjustments for the period April 1, 1996, through March
13 31, 1997.

14 § 5. Subdivision 1 of section 89-a of part C of chapter 58 of the laws
15 of 2007, amending the social services law and other laws relating to
16 enacting the major components of legislation necessary to implement the
17 health and mental hygiene budget for the 2007-2008 state fiscal year, as
18 amended by section 6 of part D of chapter 57 of the laws of 2015, is
19 amended to read as follows:

20 1. Notwithstanding paragraph (c) of subdivision 10 of section 2807-c
21 of the public health law and section 21 of chapter 1 of the laws of
22 1999, as amended, and any other inconsistent provision of law or regu-
23 lation to the contrary, in determining rates of payments by state
24 governmental agencies effective for services provided beginning April 1,
25 2006, through March 31, 2009, and on and after April 1, 2009 through
26 March 31, 2011, and on and after April 1, 2011 through March 31, 2013,
27 and on and after April 1, 2013 through March 31, 2015, and on and after
28 April 1, 2015 through March 31, 2017, and on and after April 1, 2017
29 through March 31, 2018 for inpatient and outpatient services provided by
30 general hospitals and for inpatient services and outpatient adult day
31 health care services provided by residential health care facilities
32 pursuant to article 28 of the public health law, the commissioner of
33 health shall apply a trend factor projection of two and twenty-five
34 hundredths percent attributable to the period January 1, 2006 through
35 December 31, 2006, and on and after January 1, 2007, provided, however,
36 that on reconciliation of such trend factor for the period January 1,
37 2006 through December 31, 2006 pursuant to paragraph (c) of subdivision
38 10 of section 2807-c of the public health law, such trend factor shall
39 be the final US Consumer Price Index (CPI) for all urban consumers, as
40 published by the US Department of Labor, Bureau of Labor Statistics less
41 twenty-five hundredths of a percentage point.

42 § 6. Subdivision 5-a of section 246 of chapter 81 of the laws of 1995,
43 amending the public health law and other laws relating to medical
44 reimbursement and welfare reform, as amended by section 11 of part D of
45 chapter 57 of the laws of 2015, is amended to read as follows:

46 5-a. Section sixty-four-a of this act shall be deemed to have been in
47 full force and effect on and after April 1, 1995 through March 31, 1999
48 and on and after July 1, 1999 through March 31, 2000 and on and after
49 April 1, 2000 through March 31, 2003 and on and after April 1, 2003
50 through March 31, 2007, and on and after April 1, 2007 through March 31,
51 2009, and on and after April 1, 2009 through March 31, 2011, and on and
52 after April 1, 2011 through March 31, 2013, and on and after April 1,
53 2013 through March 31, 2015, and on and after April 1, 2015 through
54 March 31, 2017 and on and after April 1, 2017 through March 31, 2019;

55 § 7. Section 64-b of chapter 81 of the laws of 1995, amending the
56 public health law and other laws relating to medical reimbursement and

1 welfare reform, as amended by section 12 of part D of chapter 57 of the
2 laws of 2015, is amended to read as follows:

3 § 64-b. Notwithstanding any inconsistent provision of law, the
4 provisions of subdivision 7 of section 3614 of the public health law, as
5 amended, shall remain and be in full force and effect on April 1, 1995
6 through March 31, 1999 and on July 1, 1999 through March 31, 2000 and on
7 and after April 1, 2000 through March 31, 2003 and on and after April 1,
8 2003 through March 31, 2007, and on and after April 1, 2007 through
9 March 31, 2009, and on and after April 1, 2009 through March 31, 2011,
10 and on and after April 1, 2011 through March 31, 2013, and on and after
11 April 1, 2013 through March 31, 2015, and on and after April 1, 2015
12 through March 31, 2017 and on and after April 1, 2017 through March 31,
13 2019.

14 § 8. Subdivision (a) of section 40 of part B of chapter 109 of the
15 laws of 2010, amending the social services law relating to transporta-
16 tion costs, as amended by section 23 of part D of chapter 57 of the laws
17 of 2015, is amended to read as follows:

18 (a) sections two, three, three-a, three-b, three-c, three-d, three-e
19 and twenty-one of this act shall take effect July 1, 2010; sections
20 fifteen, sixteen, seventeen, eighteen and nineteen of this act shall
21 take effect January 1, 2011; and provided further that section twenty of
22 this act shall be deemed repealed [~~six~~] eight years after the date the
23 contract entered into pursuant to section 365-h of the social services
24 law, as amended by section twenty of this act, is executed; provided
25 that the commissioner of health shall notify the legislative bill draft-
26 ing commission upon the execution of the contract entered into pursuant
27 to section 367-h of the social services law in order that the commission
28 may maintain an accurate and timely effective data base of the official
29 text of the laws of the state of New York in furtherance of effectuating
30 the provisions of section 44 of the legislative law and section 70-b of
31 the public officers law;

32 § 9. Section 4-a of part A of chapter 56 of the laws of 2013 amending
33 chapter 59 of the laws of 2011 amending the public health law and other
34 laws relating to general hospital reimbursement for annual rates relat-
35 ing to the cap on local Medicaid expenditures, as amended by section 29
36 of part D of chapter 57 of the laws of 2015, is amended to read as
37 follows:

38 § 4-a. Notwithstanding paragraph (c) of subdivision 10 of section
39 2807-c of the public health law, section 21 of chapter 1 of the laws of
40 1999, or any other contrary provision of law, in determining rates of
41 payments by state governmental agencies effective for services provided
42 on and after January 1, [~~2017~~] 2018 through March 31, [~~2017~~] 2018, for
43 inpatient and outpatient services provided by general hospitals, for
44 inpatient services and adult day health care outpatient services
45 provided by residential health care facilities pursuant to article 28 of
46 the public health law, except for residential health care facilities or
47 units of such facilities providing services primarily to children under
48 twenty-one years of age, for home health care services provided pursuant
49 to article 36 of the public health law by certified home health agen-
50 cies, long term home health care programs and AIDS home care programs,
51 and for personal care services provided pursuant to section 365-a of the
52 social services law, the commissioner of health shall apply no greater
53 than zero trend factors attributable to the [~~2017~~] 2018 calendar year in
54 accordance with paragraph (c) of subdivision 10 of section 2807-c of the
55 public health law, provided, however, that such no greater than zero
56 trend factors attributable to such [~~2017~~] 2018 calendar year shall also

1 be applied to rates of payment provided on and after January 1, [~~2017~~]
2 2018 through March 31, [~~2017~~] 2018 for personal care services provided
3 in those local social services districts, including New York city, whose
4 rates of payment for such services are established by such local social
5 services districts pursuant to a rate-setting exemption issued by the
6 commissioner of health to such local social services districts in
7 accordance with applicable regulations, and provided further, however,
8 that for rates of payment for assisted living program services provided
9 on and after January 1, [~~2017~~] 2018 through March 31, [~~2017~~] 2018, such
10 trend factors attributable to the [~~2017~~] 2018 calendar year shall be
11 established at no greater than zero percent.

12 § 10. Subdivisions 3 and 5 of section 47 of chapter 2 of the laws of
13 1998, amending the public health law and other laws relating to expand-
14 ing the child health insurance plan, as amended by section 61 of part C
15 of chapter 60 of the laws of 2014, are amended to read as follows:

16 3. section six of this act shall take effect January 1, 1999;
17 provided, however, that subparagraph (iii) of paragraph (c) of subdivi-
18 sion 9 of section 2510 of the public health law, as added by this act,
19 shall expire on July 1, [~~2017~~] 2018;

20 5. section twelve of this act shall take effect January 1, 1999;
21 provided, however, paragraphs (g) and (h) of subdivision 2 of section
22 2511 of the public health law, as added by such section, shall expire on
23 July 1, [~~2017~~] 2018;

24 § 11. Section 4 of chapter 19 of the laws of 1998, amending the social
25 services law relating to limiting the method of payment for prescription
26 drugs under the medical assistance program, as amended by section 65 of
27 part C of chapter 60 of the laws of 2014, is amended to read as follows:

28 § 4. This act shall take effect 120 days after it shall have become a
29 law and shall expire and be deemed repealed March 31, [~~2017~~] 2020.

30 § 12. Paragraph (e-1) of subdivision 12 of section 2808 of the public
31 health law, as amended by section 66 of part C of chapter 60 of the laws
32 of 2014, is amended to read as follows:

33 (e-1) Notwithstanding any inconsistent provision of law or regulation,
34 the commissioner shall provide, in addition to payments established
35 pursuant to this article prior to application of this section, addi-
36 tional payments under the medical assistance program pursuant to title
37 eleven of article five of the social services law for non-state operated
38 public residential health care facilities, including public residential
39 health care facilities located in the county of Nassau, the county of
40 Westchester and the county of Erie, but excluding public residential
41 health care facilities operated by a town or city within a county, in
42 aggregate annual amounts of up to one hundred fifty million dollars in
43 additional payments for the state fiscal year beginning April first, two
44 thousand six and for the state fiscal year beginning April first, two
45 thousand seven and for the state fiscal year beginning April first, two
46 thousand eight and of up to three hundred million dollars in such aggre-
47 gate annual additional payments for the state fiscal year beginning
48 April first, two thousand nine, and for the state fiscal year beginning
49 April first, two thousand ten and for the state fiscal year beginning
50 April first, two thousand eleven, and for the state fiscal years begin-
51 ning April first, two thousand twelve and April first, two thousand
52 thirteen, and of up to five hundred million dollars in such aggregate
53 annual additional payments for the state fiscal years beginning April
54 first, two thousand fourteen, April first, two thousand fifteen and
55 April first, two thousand sixteen and of up to five hundred million
56 dollars in such aggregate annual additional payments for the state

fiscal years beginning April first, two thousand seventeen, April first, two thousand eighteen, and April first, two thousand nineteen. The amount allocated to each eligible public residential health care facility for this period shall be computed in accordance with the provisions of paragraph (f) of this subdivision, provided, however, that patient days shall be utilized for such computation reflecting actual reported data for two thousand three and each representative succeeding year as applicable, and provided further, however, that, in consultation with impacted providers, of the funds allocated for distribution in the state fiscal year beginning April first, two thousand thirteen, up to thirty-two million dollars may be allocated in accordance with paragraph (f-1) of this subdivision.

§ 13. Section 18 of chapter 904 of the laws of 1984, amending the public health law and the social services law relating to encouraging comprehensive health services, as amended by section 67-c of part C of chapter 60 of the laws of 2014, is amended to read as follows:

§ 18. This act shall take effect immediately, except that sections six, nine, ten and eleven of this act shall take effect on the sixtieth day after it shall have become a law, sections two, three, four and nine of this act shall expire and be of no further force or effect on or after March 31, [~~2017~~] 2020, section two of this act shall take effect on April 1, 1985 or seventy-five days following the submission of the report required by section one of this act, whichever is later, and sections eleven and thirteen of this act shall expire and be of no further force or effect on or after March 31, 1988.

§ 14. Section 4 of part X2 of chapter 62 of the laws of 2003, amending the public health law relating to allowing for the use of funds of the office of professional medical conduct for activities of the patient health information and quality improvement act of 2000, as amended by section 4-b of part A of chapter 57 of the laws of 2015, is amended to read as follows:

§ 4. This act shall take effect immediately; provided that the provisions of section one of this act shall be deemed to have been in full force and effect on and after April 1, 2003, and shall expire March 31, [~~2017~~] 2020 when upon such date the provisions of such section shall be deemed repealed.

§ 15. Subdivision (o) of section 111 of part H of chapter 59 of the laws of 2011, amending the public health law relating to the statewide health information network of New York and the statewide planning and research cooperative system and general powers and duties, as amended by section 28 of part D of chapter 57 of the laws of 2015, is amended to read as follows:

(o) sections thirty-eight and thirty-eight-a of this act shall expire and be deemed repealed March 31, [~~2017~~] 2019;

§ 16. Section 32 of part A of chapter 58 of the laws of 2008, amending the elder law and other laws relating to reimbursement to participating provider pharmacies and prescription drug coverage, as amended by section 13 of part A of chapter 57 of the laws of 2015, is amended to read as follows:

§ 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, [~~2017~~] 2020; 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, ~~2017~~ 2020; 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.

§ 17. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2017.

PART J

Section 1. The general obligations law is amended by adding a new article 18-B to read as follows:

ARTICLE 18-B

PHARMACY BENEFIT MANAGERS

Section 18-301. Pharmacy benefit managers.

§ 18-301. Pharmacy benefit managers. (a) For purposes of this section: (1) "pharmacy benefit manager" means an entity that contracts with a covered entity to provide pharmacy health benefit services or administration.

(2) "covered entity" means an insurance company authorized in this state to write accident and health insurance, a company organized pursuant to article forty-three of the insurance law, a municipal cooperative health benefit plan established pursuant to article forty-seven of the insurance law, a health maintenance organization certified pursuant to article forty-four of the public health law, an institution of higher education certified pursuant to section one thousand one hundred twenty-four of the insurance law, or the New York state health insurance plan established under article eleven of the civil service law, or a health program administered by the department of health.

(3) "Pharmacy benefit management services" means directly or through an intermediary, managing the prescription drug coverage provided by a covered entity, including the processing and payment of claims for prescription drugs, the performance of drug utilization review, the processing of drug prior authorization requests, the adjudication of appeals or grievances related to prescription drug coverage, contracting with network pharmacies and controlling the cost of covered prescription drugs.

(b) The contract between the pharmacy benefit manager and a covered entity shall provide for disclosure of information to the covered entity, upon sixty days notification to the pharmacy benefit manager and/or at regular negotiated reporting intervals, necessary for the covered entity to determine pharmacy benefit manager compliance with the contract terms but shall not include proprietary business information and protected health information.

(c) The contract between the pharmacy manager and covered entity shall provide for an annual audit right to allow the covered entity to execute an audit to validate compliance with contract terms with respect to programs that the covered entity offers or provides to its enrollees for prescription drug benefits administered by the pharmacy benefit manager.

(d) The pharmacy benefit manager may require a nondisclosure agreement under which a covered entity agrees that the information obtained during an audit is proprietary information. The pharmacy benefit manager may not be required to provide the information until the covered entity has executed the nondisclosure agreement, unless the contract says otherwise.

(e) The pharmacy benefit manager shall act in good faith to perform in compliance with the terms of an executed contract for pharmacy benefit management services.

§ 2. Section 280-a of the public health law is amended by adding a new subdivision 3 to read as follows:

3. A pharmacy benefit manager shall, with respect to contracts between the pharmacy benefit manager and an insurer, ensure a prescription drug consumer is not charged, through either a co-pay or deductible, a cost that is higher than the negotiated reimbursement rate for the drug, less any rebate collected.

§ 3. Section 4406-c of the public health law is amended by adding a new subdivision 9 to read as follows:

9. No health maintenance organization shall require an enrollee to pay a cost higher than the health maintenance organization's or their pharmacy benefit manager's negotiated reimbursement rate for a prescription drug, less any rebates collected. Any co-payment charged under the contract shall also be based upon the negotiated rate, less any rebate collected.

§ 4. Section 3217-b of the insurance law is amended by adding a new subsection (k) to read as follows:

(k) No insurer shall require an insured to pay a cost higher than the insurer's or their pharmacy benefit manager's negotiated reimbursement rate for a prescription drug, less any rebates collected. Any co-payment charged under the policy shall also be based upon the negotiated rate, less any rebate collected.

§ 5. Section 4325 of the insurance law is amended by adding a new subsection (1) to read as follows:

(1) No corporation organized under this article shall require a covered person to pay a cost higher than the corporation's or their pharmacy benefit manager's negotiated reimbursement rate for a prescription drug, less any rebates collected. Any co-payment charged under the contract shall also be based upon the negotiated rate, less any rebate collected.

§ 6. This act shall take effect immediately and shall be deemed to have been in full force and effect on or after April 1, 2017.

PART K

Intentionally Omitted

PART L

Section 1. The public health law is amended by adding a new article 29-H to read as follows:

ARTICLE 29-H

HEALTH CARE REGULATION MODERNIZATION

Section 2999-ee. Health care regulation modernization team.

§ 2999-ee. Health care regulation modernization team. 1. A health care regulation modernization team is hereby created within the department

1 solely for the purpose of providing advice to the governor and the
2 legislature to evaluate the current statutes, policies and regulations
3 that govern the licensure and oversight of health care facilities and
4 home care.

5 2. Definitions. For the purpose of this article, unless the context
6 clearly requires otherwise:

7 (a) "State agency" or "agency" shall mean any state agency, depart-
8 ment, office, board, bureau, division, committee, council or office.

9 (b) "Public authority" or "authority" shall mean a public authority or
10 public benefit corporation created by or existing under any New York
11 state law, with one or more of its members appointed by the governor, or
12 who serve as members by virtue of holding a civil office of New York
13 state, other than an interstate or international authority or public
14 benefit corporation, and including any subsidiaries of such public
15 authority or public benefit corporation.

16 (c) "State officer or employee" shall have the meaning given in
17 section seventy-three of the public officers law.

18 (d) "Public health and health planning council" shall have the meaning
19 given in section two hundred twenty of this chapter.

20 3. (a) The governor shall appoint up to twelve voting members of the
21 health care regulation modernization team. The members of the health
22 care regulation modernization team shall include: state officers or
23 employees with relevant expertise; the chair and co-chair of the public
24 health and health planning council; two members of the New York state
25 assembly, one recommended by the speaker of the assembly and one recom-
26 mended by the minority leader of the assembly, or their representatives;
27 two members of the New York state senate, one recommended by the tempo-
28 rary president of the senate and one recommended by the minority leader
29 of the senate, or their representatives; and stakeholders with expertise
30 in the licensure and operation of health care facilities and home care.

31 (b) Vacancies shall be filled by the governor and subject to approval
32 by the legislature. The governor may appoint additional voting and non-
33 voting members to the health care regulation modernization team as
34 necessary and with legislative approval.

35 (c) Members of the team shall serve at the pleasure of the appointing
36 bodies.

37 (d) The governor shall designate a chair or co-chairs from among the
38 members of the health care regulation modernization team.

39 (e) The senate and assembly shall each appoint a state officer or
40 employee with relevant experience as co-executive directors of the
41 health care regulation modernization team.

42 (f) A majority of the total members of the health care regulation
43 modernization team who have been appointed shall constitute a quorum,
44 and all recommendations of the health care regulation modernization team
45 shall require approval of a majority of its total members.

46 (g) The health care regulation modernization team shall engage and
47 solicit the input of a broad and diverse range of groups, organizations
48 and individuals.

49 4. Every agency or authority of New York state shall provide the
50 health care regulation modernization team with assistance and cooper-
51 ation which may be necessary or desirable to fulfill the purposes of
52 this article, including the use of New York state facilities. Staff
53 support necessary for the conduct of the work of the health care modern-
54 ization team may be furnished by agencies and authorities, subject to
55 the approval of the boards of directors of such authorities.

1 5. The health care regulation modernization team shall deliberate and
2 engage health care industry stakeholders for the purpose of conducting a
3 comprehensive review of and advising on matters that shall include:

4 (a) streamlining state agency certificate of need and other licensure
5 or construction approval processes in both statute and regulation to
6 support system-level planning and restructuring activities, including
7 reviewing the applicability of current health care service and facility
8 need methodologies in the context of ongoing changes in the health care
9 system delivery system;

10 (b) uniform and routine training for central and regional department
11 staff performing surveillance pursuant to title XVIII of the federal
12 Social Security Act;

13 (c) establishing a process by which the department shall communicate
14 to providers any new regulatory interpretations, survey methods or poli-
15 cies. Such process shall include an opportunity for public comment, and
16 recommendations on reasonable timeframes for providers to comply with
17 such interpretations, survey methods, or policies; and

18 (d) implementing accountability mechanisms for department surveillance
19 staff, which shall consist of the provision of data regarding the nature
20 and frequency of citations, including geographic distribution, devi-
21 ations by a particular surveyor, and the department's response to any
22 oddities or trends in surveillance methods.

23 6. The co-executive directors shall notify stakeholders of the
24 purposes of the health care regulation modernization team, the opportu-
25 nities for stakeholder participation and the means and schedule for such
26 participation. Meetings with stakeholders shall be held in various
27 regions of the state. Participating stakeholders may be assigned to
28 specific working groups, consistent with their areas of expertise and
29 interest.

30 7. The health care regulation modernization team shall commence its
31 work no later than July first, two thousand seventeen and shall submit a
32 report to the governor of its findings and advisory recommendations no
33 later than December thirty-first, two thousand seventeen. A copy of such
34 report shall be provided to the chair of the senate health committee and
35 the chair of the assembly health committee no later than December thir-
36 ty-first, two thousand seventeen.

37 8. The health care regulation modernization team shall terminate its
38 duties and responsibilities no later than April first, two thousand
39 eighteen.

40 § 2. This act shall take effect immediately and shall be deemed to
41 have been in full force and effect on and after April 1, 2017.

42 PART M

43 Section 1. This act shall be known and may be cited as the "Emerging
44 Contaminant Monitoring Act."

45 § 2. The public health law is amended by adding a new section 1112 to
46 read as follows:

47 § 1112. Emerging contaminant monitoring. 1. Industry and modern tech-
48 nology have created thousands of new chemicals that would not otherwise
49 exist in nature. Although some of these chemicals have proven benefits,
50 the effect of many such chemicals on human health is unknown or not
51 fully understood. Furthermore, with the advance of science and technolo-
52 gy, public health scientists and experts are able to identify naturally
53 occurring contaminants that pose previously unknown hazards to human
54 health. Where these chemicals or contaminants, collectively referred to

1 as "emerging contaminants," enter drinking water supplies, they can
2 present unknown but potentially serious risks to public health. New
3 Yorkers served by public water supplies have the right to know when
4 potentially hazardous substances contaminate their drinking water and
5 the department must be equipped to monitor and protect the public from
6 these emerging contaminants.

7 2. a. "Emerging contaminants" shall mean any substance listed on the
8 federal Safe Drinking Water Act (42 USC § 300g-1) unregulated contam-
9 inant monitoring rule as amended from time to time and any substance
10 recommended by the Drinking Water Quality Institute and adopted by the
11 department as set forth in section two hundred sixty-seven of this chap-
12 ter.

13 b. "Nontransient noncommunity water system" shall mean a public water
14 system that is not a community water system but is a subset of a noncom-
15 munity water system that regularly serves at least twenty-five of the
16 same people, four hours or more per day, for four or more days per week,
17 for twenty-six or more weeks per year.

18 c. "Covered public water system" shall mean a community or nontran-
19 sient noncommunity water system that serves more than four thousand
20 individuals.

21 d. "Non-covered public water system" shall mean a community or
22 nontransient noncommunity water system that serves four thousand or less
23 individuals.

24 3. a. Every covered public water system in the state shall test drink-
25 ing water for the presence of emerging contaminants at least once every
26 three years. The commissioner may require certain non-covered public
27 water systems to test for specific emerging contaminants if he or she
28 has a reasonable belief that such testing is necessary for public safe-
29 ty.

30 b. A non-covered public water system may request that the department
31 test for an emerging contaminant. If requested, the department shall
32 conduct such testing within thirty days of the request and provide the
33 non-covered public water system with test results within thirty days of
34 receipt. Testing performed pursuant to this paragraph shall take place
35 no more often than as required by paragraph a of this subdivision,
36 unless the commissioner has a reasonable belief that additional testing
37 is necessary for public safety.

38 c. Every test conducted in accordance with this section by or for a
39 covered or non-covered public water system under 10,000 individuals
40 shall be funded by the state subject to appropriation.

41 4. Every test conducted in accordance with this section shall be
42 conducted by a laboratory certified by the department pursuant to
43 section five hundred two of this chapter. Laboratories shall submit such
44 results to the covered public water system or non-covered public water
45 system and the department electronically in the manner prescribed pursu-
46 ant to section five hundred two of this chapter.

47 5. The commissioner shall promulgate regulations establishing notifi-
48 cation levels equal to the maximum contaminant level, advisory level or
49 other threshold level recommended by the Drinking Water Quality Insti-
50 tute established in section two hundred sixty-seven of this chapter. In
51 the interim, or in the absence of such recommendation by the Drinking
52 Water Quality Institute, the commissioner shall adopt any existing
53 federal advisory or other threshold level as a notification level.

54 6. The commissioner may, by declaration, add any physical, chemical,
55 microbiological or radiological substance to the list of emerging
56 contaminants established pursuant to paragraph a of subdivision two of

this section, which shall include establishment of a notification level for such substance, if the commissioner determines that such substance poses or has the potential to pose a hazard to human health when present in drinking water, provided that the commissioner must promulgate regulations adding the new emerging contaminant and establishing such notification level within one year of such declaration.

7. Whenever a covered public water system or a non-covered public water system is advised by the laboratory or the state that one or more emerging contaminants is present in drinking water at concentrations above a notification level established pursuant to this section:

a. the covered public water system or non-covered public water system shall notify the state and all owners of real property served by the system in a time of not more than ten days and manner to be prescribed by the department, taking into consideration any notification recommendations of the Drinking Water Quality Institute established in section two hundred sixty-seven of this chapter; and

b. the commissioner shall work with the covered public water system or non-covered public water system to reduce exposure to emerging contaminants in a timely manner and provide assistance with accessing available resources.

8. Any owner of real property, including any owner's agent, to whom a covered public water system or non-covered public water system has provided notification of the exceedance of a notification level established pursuant to subdivision five of this section, shall take all reasonable and necessary steps to provide, within ten days, any tenants with copies of the notification provided by the water system.

9. The commissioner shall promulgate regulations pursuant to which the department shall provide financial assistance for compliance with the testing requirements of this section to any covered public water system or non-covered public water system upon a showing that the costs associated with testing drinking water in compliance with this section would impose a financial hardship.

§ 3. Section 502 of the public health law is amended by adding a new subdivision 10 to read as follows:

10. The department may require an environmental laboratory to report laboratory test results to the department, or to any full-time city, town, village, county or part-county health department or other appropriately authorized official in an electronic manner prescribed by the department.

§ 4. This act shall take effect on the ninetieth day after it shall have become a law; provided, however, that effective immediately, the addition, amendment and/or repeal of any rule or regulation necessary for the implementation of this act on its effective date are authorized and directed to be made and completed on or before such date.

PART N

Section 1. Article 2 of the public health law is amended by adding a new title VII to read as follows:

TITLE VII

DRINKING WATER QUALITY

INSTITUTE

Section 267. Drinking water quality institute; established.

§ 267. Drinking water quality institute; established. 1. There shall be established, within the department, the drinking water quality institute. Such institute shall be composed of ten members as follows:

1 (a) the commissioner;
2 (b) the commissioner of environmental conservation;
3 (c) the director of the office of water resources within the depart-
4 ment of environmental conservation;
5 (d) the director of the center for environmental health within the
6 department;
7 (e) two members appointed by the governor;
8 (f) two members appointed by the temporary president of the senate;
9 and

10 (g) two members appointed by the speaker of the assembly.

11 2. (a) Of the members appointed to the drinking water quality insti-
12 tute, the governor, temporary president of the senate and the speaker of
13 the assembly shall each appoint:

14 (i) one member who represents water purveyors, of which one appointing
15 authority shall appoint a representative of water purveyors whose prima-
16 ry water source is an underground source or sources; and

17 (ii) one member representing the public, who has a background in envi-
18 ronmental health issues with expertise and quality and contamination of
19 drinking water and/or health risks associated with contamination.

20 (b) The members of such institute appointed pursuant to paragraphs
21 (e), (f) and (g) of subdivision one of this section shall serve terms of
22 three years; provided, however, that of the initial appointments:

23 (i) the water purveyor representative appointed by the governor and
24 the public representative appointed by the speaker of the assembly shall
25 serve initial terms of one year;

26 (ii) the public representative appointed by the governor and the water
27 purveyor representative appointed by the temporary president of the
28 senate shall serve initial terms of two years;

29 (iii) the remaining appointed members shall serve initial terms of
30 three years.

31 (c) The members appointed pursuant to paragraphs (e), (f) and (g) of
32 subdivision one of this section shall each serve his or her term of
33 office or until his or her successor is appointed; provided that any
34 vacancy in the position of an appointed member shall be filled in the
35 same manner as the original appointment and only for the unexpired term
36 of the vacancy. Provided, further, that any appointed member of the
37 drinking water quality institute may be removed for cause by his or her
38 appointing authority after a public hearing.

39 3. The members of the drinking water quality institute shall receive
40 no compensation for their services, but shall be allowed their actual
41 and necessary expenses incurred in the performance of their duties
42 pursuant to this title.

43 4. The drinking water quality institute shall meet at such times and
44 places as may be determined by its chair, who shall be elected from the
45 membership of such institute by a majority of the members. The institute
46 shall meet at a minimum of biannually. A majority of the members of such
47 institute shall constitute a quorum for the transaction of business.
48 Action may be taken, and motions and resolutions adopted at any meeting
49 by the affirmative vote of a majority of the full membership of the
50 institute.

51 5. The institute shall establish an advisory committee of community
52 stakeholders including but not limited to well drillers, community water
53 advocates, and representatives of the scientific community to consult as
54 it may deem necessary.

55 6. The institute shall make recommendations to the department relating
56 to:

1 (a) developing a list of emerging contaminants, which shall include
2 but not be limited to waterborne pathogens such as legionella and algae,
3 for which testing shall be required pursuant to section one thousand one
4 hundred twelve of this chapter. In developing such recommendation, the
5 institute shall include all contaminants on the federal unregulated
6 contaminant monitoring rules and any additional contaminants deemed
7 appropriate by the institute.

8 (i) Upon inclusion on this list, the institute shall recommend a maxi-
9 mum contaminant level (MCL) or other threshold for each unregulated
10 contaminant, in no event shall such recommended level be less stringent
11 than federal standards, advisories or threshold levels, and if federal
12 standards change at any time, the institute shall update their recommen-
13 dation to the department.

14 (ii) The institute may consult the EPA's Integrated Risk Information
15 System, the Agency for Toxic Substance and Disease Registry or other
16 reputable sources when determining MCLs or other threshold levels.

17 (iii) The institute shall recommend timeframes and frequencies in
18 which testing should be required for the contaminants promulgated on
19 this list, allowing for variation based on the region and size of the
20 water system.

21 (iv) The institute shall provide the department with its first list of
22 emerging contaminants and corresponding MCLs or other threshold levels
23 for which testing shall be required no later than one year from the
24 enactment of the institute, the institute shall update the list and
25 recommend MCLs or other threshold levels annually thereafter;

26 (b) conducting scientific studies or scientific based research, as
27 well as conducting public outreach;

28 (c) recommending a clear notification process for public water systems
29 and state agencies dealing with water quality issues, when there are
30 actual or potential emerging contaminant threats including, but not
31 limited to, clear and concise documents to be utilized when notifying
32 the public and use of a reverse 911 system;

33 (d) developing appropriate testing techniques to measure maximum
34 contaminant levels or other threshold levels;

35 (e) ensuring state officials are aware of the most up-to-date research
36 and science regarding water quality and contaminants;

37 (f) working with other state agencies and the federal government to
38 ensure funds are available and accessible, parties known to be responsi-
39 ble for the pollution are pursued, and remediation and cleanup projects
40 occur in a timely manner;

41 (g) the development of educational materials regarding private well
42 water testing and whether disclosure regarding such testing should be
43 included within the property condition disclosure statement under arti-
44 cle fourteen of the real property law;

45 (h) the feasibility of conducting biomonitoring and biomonitoring
46 studies in areas where contaminated water has been found;

47 (i) the inclusion of information on the online tracking and mapping
48 system established in subdivision seven of section 15-1303 of the envi-
49 ronmental conservation law; and

50 (j) anything else the department or the department of environmental
51 conservation designates.

52 7. The drinking water quality institute shall be entitled to request
53 and receive assistance or access to facilities and resources of any
54 state, municipal department, board, commission or agency that may be
55 required or are deemed necessary for the purposes of such institute,

1 including but not limited to all water information and annual reports
2 the department has relating to both public and private water supplies.

3 8. The drinking water quality institute shall report to the legisla-
4 ture within one year of the initial convening of such institute and
5 annually thereafter on its activities and recommendations.

6 9. Upon any recommendation of the drinking water quality institute,
7 the department shall within ninety days, propose regulations implement-
8 ing the institute's recommendations. To the extent the department's
9 adopted regulations differ from the institute's recommendations, the
10 department must offer a written, public explanation as to why. Upon
11 adoption, the department must disclose the list required by paragraph
12 (a) of subdivision six of this section to the public.

13 § 2. This act shall take effect immediately.

14 PART O

15 Intentionally Omitted

16 PART P

17 Section 1. Section 48-a of part A of chapter 56 of the laws of 2013
18 amending chapter 59 of the laws of 2011 amending the public health law
19 and other laws relating to general hospital reimbursement for annual
20 rates relating to the cap on local Medicaid expenditures, as amended by
21 section 29 of part B of chapter 59 of the laws of 2016, is amended to
22 read as follows:

23 § 48-a. 1. Notwithstanding any contrary provision of law, the commis-
24 sioners of the office of alcoholism and substance abuse services and the
25 office of mental health are authorized, subject to the approval of the
26 director of the budget, to transfer to the commissioner of health state
27 funds to be utilized as the state share for the purpose of increasing
28 payments under the medicaid program to managed care organizations
29 licensed under article 44 of the public health law or under article 43
30 of the insurance law. Such managed care organizations shall utilize such
31 funds for the purpose of reimbursing providers licensed pursuant to
32 article 28 of the public health law or article 31 or 32 of the mental
33 hygiene law for ambulatory behavioral health services, as determined by
34 the commissioner of health, in consultation with the commissioner of
35 alcoholism and substance abuse services and the commissioner of the
36 office of mental health, provided to medicaid [~~eligible~~] enrolled outpa-
37 tients and for all other behavioral health services except inpatient
38 included in New York state's Medicaid redesign waiver approved by the
39 centers for medicare and Medicaid services (CMS). Such reimbursement
40 shall be in the form of fees for such services which are equivalent to
41 the payments established for such services under the ambulatory patient
42 group (APG) rate-setting methodology as utilized by the department of
43 health, the office of alcoholism and substance abuse services, or the
44 office of mental health for rate-setting purposes; provided, however,
45 that the increase to such fees that shall result from the provisions of
46 this section shall not, in the aggregate and as determined by the
47 commissioner of health, in consultation with the commissioner of alco-
48 holism and substance abuse services and the commissioner of the office
49 of mental health, be greater than the increased funds made available
50 pursuant to this section. The increase of such ambulatory behavioral
51 health fees to providers available under this section shall be for all

1 rate periods on and after the effective date of section [~~1~~] 29 of part
2 [~~E~~] B of chapter [~~57~~] 59 of the laws of [~~2015~~] 2016 through March 31,
3 [~~2018~~] 2020 for patients in the city of New York, for all rate periods
4 on and after the effective date of section [~~1~~] 29 of part [~~E~~] B of chap-
5 ter [~~57~~] 59 of the laws of [~~2015~~] 2016 through [~~June 30, 2018~~] March 31,
6 2020 for patients outside the city of New York, and for all rate periods
7 on and after the effective date of such chapter through [~~June 30, 2018~~]
8 March 31, 2020 for all services provided to persons under the age of
9 twenty-one; provided, however, eligible providers may work with managed
10 care plans to achieve quality and efficiency objectives and engage in
11 shared savings. Nothing in this section shall prohibit managed care
12 organizations and providers from negotiating different rates and methods
13 of payment during such periods described above, subject to the approval
14 of the department of health. The department of health shall consult with
15 the office of alcoholism and substance abuse services and the office of
16 mental health in determining whether such alternative rates shall be
17 approved. The commissioner of health may, in consultation with the
18 commissioner of alcoholism and substance abuse services and the commis-
19 sioner of the office of mental health, promulgate regulations, including
20 emergency regulations promulgated prior to October 1, 2015 to establish
21 rates for ambulatory behavioral health services, as are necessary to
22 implement the provisions of this section. Rates promulgated under this
23 section shall be included in the report required under section 45-c of
24 part A of this chapter.

25 2. Notwithstanding any contrary provision of law, the fees paid by
26 managed care organizations licensed under article 44 of the public
27 health law or under article 43 of the insurance law, to providers
28 licensed pursuant to article 28 of the public health law or article 31
29 or 32 of the mental hygiene law, for ambulatory behavioral health
30 services provided to patients enrolled in the child health insurance
31 program pursuant to title one-A of article 25 of the public health law,
32 shall be in the form of fees for such services which are equivalent to
33 the payments established for such services under the ambulatory patient
34 group (APG) rate-setting methodology. The commissioner of health shall
35 consult with the commissioner of alcoholism and substance abuse services
36 and the commissioner of the office of mental health in determining such
37 services and establishing such fees. Such ambulatory behavioral health
38 fees to providers available under this section shall be for all rate
39 periods on and after the effective date of this chapter through [~~June~~
40 ~~30, 2018~~] March 31, 2020, provided, however, that managed care organiza-
41 tions and providers may negotiate different rates and methods of payment
42 during such periods described above, subject to the approval of the
43 department of health. The department of health shall consult with the
44 office of alcoholism and substance abuse services and the office of
45 mental health in determining whether such alternative rates shall be
46 approved. The report required under section 16-a of part C of chapter
47 60 of the laws of 2014 shall also include the population of patients
48 enrolled in the child health insurance program pursuant to title one-A
49 of article 25 of the public health law in its examination on the transi-
50 tion of behavioral health services into managed care.

51 § 2. Section 1 of part H of chapter 111 of the laws of 2010 relating
52 to increasing Medicaid payments to providers through managed care organ-
53 izations and providing equivalent fees through an ambulatory patient
54 group methodology, as amended by section 30 of part B of chapter 59 of
55 the laws of 2016, is amended to read as follows:

1 Section 1. a. Notwithstanding any contrary provision of law, the
2 commissioners of mental health and alcoholism and substance abuse
3 services are authorized, subject to the approval of the director of the
4 budget, to transfer to the commissioner of health state funds to be
5 utilized as the state share for the purpose of increasing payments under
6 the medicaid program to managed care organizations licensed under arti-
7 cle 44 of the public health law or under article 43 of the insurance
8 law. Such managed care organizations shall utilize such funds for the
9 purpose of reimbursing providers licensed pursuant to article 28 of the
10 public health law, or pursuant to article 31 or article 32 of the mental
11 hygiene law for ambulatory behavioral health services, as determined by
12 the commissioner of health in consultation with the commissioner of
13 mental health and commissioner of alcoholism and substance abuse
14 services, provided to medicaid [~~eligible~~] enrolled outpatients and for
15 all other behavioral health services except inpatient included in New
16 York state's Medicaid redesign waiver approved by the centers for medi-
17 care and Medicaid services (CMS). Such reimbursement shall be in the
18 form of fees for such services which are equivalent to the payments
19 established for such services under the ambulatory patient group (APG)
20 rate-setting methodology as utilized by the department of health or by
21 the office of mental health or office of alcoholism and substance abuse
22 services for rate-setting purposes; provided, however, that the increase
23 to such fees that shall result from the provisions of this section shall
24 not, in the aggregate and as determined by the commissioner of health in
25 consultation with the commissioners of mental health and alcoholism and
26 substance abuse services, be greater than the increased funds made
27 available pursuant to this section. The increase of such behavioral
28 health fees to providers available under this section shall be for all
29 rate periods on and after the effective date of section [~~2~~] 30 of part
30 [~~E~~] B of chapter [~~57~~] 59 of the laws of [~~2015~~] 2016 through March 31,
31 [~~2018~~] 2020 for patients in the city of New York, for all rate periods
32 on and after the effective date of section [~~2~~] 30 of part [~~E~~] B of chap-
33 ter [~~57~~] 59 of the laws of [~~2015~~] 2016 through [~~June 30, 2018~~] March 31,
34 2020 for patients outside the city of New York, and for all rate periods
35 on and after the effective date of section [~~2~~] 30 of part [~~E~~] B of chap-
36 ter [~~57~~] 59 of the laws of [~~2015~~] 2016 through [~~June 30, 2018~~] March 31,
37 2020 for all services provided to persons under the age of twenty-one;
38 provided, however, eligible providers may work with managed care plans
39 to achieve quality and efficiency objectives and engage in shared
40 savings. Nothing in this section shall prohibit managed care organiza-
41 tions and providers from negotiating different rates and methods of
42 payment during such periods described, subject to the approval of the
43 department of health. The department of health shall consult with the
44 office of alcoholism and substance abuse services and the office of
45 mental health in determining whether such alternative rates shall be
46 approved. The commissioner of health may, in consultation with the
47 commissioners of mental health and alcoholism and substance abuse
48 services, promulgate regulations, including emergency regulations
49 promulgated prior to October 1, 2013 that establish rates for behavioral
50 health services, as are necessary to implement the provisions of this
51 section. Rates promulgated under this section shall be included in the
52 report required under section 45-c of part A of chapter 56 of the laws
53 of 2013.

54 b. Notwithstanding any contrary provision of law, the fees paid by
55 managed care organizations licensed under article 44 of the public
56 health law or under article 43 of the insurance law, to providers

1 licensed pursuant to article 28 of the public health law or article 31
2 or 32 of the mental hygiene law, for ambulatory behavioral health
3 services provided to patients enrolled in the child health insurance
4 program pursuant to title one-A of article 25 of the public health law,
5 shall be in the form of fees for such services which are equivalent to
6 the payments established for such services under the ambulatory patient
7 group (APG) rate-setting methodology. The commissioner of health shall
8 consult with the commissioner of alcoholism and substance abuse services
9 and the commissioner of the office of mental health in determining such
10 services and establishing such fees. Such ambulatory behavioral health
11 fees to providers available under this section shall be for all rate
12 periods on and after the effective date of this chapter through [~~June~~
13 ~~30, 2018~~] March 31, 2020, provided, however, that managed care organiza-
14 tions and providers may negotiate different rates and methods of payment
15 during such periods described above, subject to the approval of the
16 department of health. The department of health shall consult with the
17 office of alcoholism and substance abuse services and the office of
18 mental health in determining whether such alternative rates shall be
19 approved. The report required under section 16-a of part C of chapter
20 60 of the laws of 2014 shall also include the population of patients
21 enrolled in the child health insurance program pursuant to title one-A
22 of article 25 of the public health law in its examination on the transi-
23 tion of behavioral health services into managed care.

24 § 3. This act shall take effect immediately and shall be deemed to
25 have been in full force and effect on and after April 1, 2017; provided,
26 however, that the amendments to section 48-a of part A of chapter 56 of
27 the laws of 2013 made by section one of this act shall not affect the
28 repeal of such section and shall be deemed repealed therewith; provided
29 further, that the amendments to section 1 of part H of chapter 111 of
30 the laws of 2010 made by section two of this act shall not affect the
31 expiration of such section and shall be deemed to expire therewith.

32 PART Q

33 Section 1. Subdivisions 3-b and 3-c of section 1 and section 4 of part
34 C of chapter 57 of the laws of 2006, relating to establishing a cost of
35 living adjustment for designated human services programs, as amended by
36 section 1 of part I of chapter 60 of the laws of 2014, are amended to
37 read as follows:

38 3-b. Notwithstanding any inconsistent provision of law, beginning
39 April 1, 2009 and ending March 31, 2016 and beginning April 1, 2017 and
40 ending March 31, 2018, the commissioners shall not include a COLA for
41 the purpose of establishing rates of payments, contracts or any other
42 form of reimbursement.

43 3-c. Notwithstanding any inconsistent provision of law, beginning
44 April 1, [~~2016~~] 2018 and ending March 31, [~~2019~~] 2021, the commissioners
45 shall develop the COLA under this section using the actual U.S. consumer
46 price index for all urban consumers (CPI-U) published by the United
47 States department of labor, bureau of labor statistics for the twelve
48 month period ending in July of the budget year prior to such state
49 fiscal year, for the purpose of establishing rates of payments,
50 contracts or any other form of reimbursement.

51 § 4. This act shall take effect immediately and shall be deemed to
52 have been in full force and effect on and after April 1, 2006; provided
53 section one of this act shall expire and be deemed repealed April 1,

1 [~~2019~~] 2021; provided, further, that sections two and three of this act
2 shall expire and be deemed repealed December 31, 2009.

3 § 2. This act shall take effect immediately and shall be deemed to
4 have been in full force and effect on and after April 1, 2017; provided,
5 however, that the amendments to subdivisions 3-b and 3-c of section 1 of
6 part C of chapter 57 of the laws of 2006, relating to establishing a
7 cost of living adjustment for designated human services programs, made
8 by section one of this act, shall not affect the repeal of such subdivi-
9 sions and shall be deemed repealed therewith.

10 PART R

11 Section 1. Subdivision (c) of section 7.17 of the mental hygiene law,
12 as added by chapter 978 of the laws of 1977, is amended to read as
13 follows:

14 (c) The commissioner shall establish the areas which each facility
15 under his jurisdiction shall serve and the categories of patients which
16 each such facility shall receive, retain, or treat; provided, however,
17 that the Western New York Children's Psychiatric Center shall be main-
18 tained in Erie county as a separate and distinct entity both organiza-
19 tionally and physically within the office and shall not be collocated or
20 merged with any other facility.

21 § 2. This act shall take effect immediately.

22 PART S

23 Section 1. (a) The commissioner of the office for people with develop-
24 mental disabilities shall establish the care demonstration program, to
25 utilize the state workforce to provide community based care to individ-
26 uals with developmental disabilities.

27 (b) The services provided by these pilots shall include, but shall not
28 be limited to:

- 29 (i) community habilitation;
- 30 (ii) in-home respite;
- 31 (iii) pathways to employment;
- 32 (iv) supported employment (SEMP); and
- 33 (v) community prevocational services.

34 § 2. The office for people with developmental disabilities shall moni-
35 tor the quality and effectiveness of the demonstration programs, and
36 shall report such results to the governor, the temporary president of
37 the senate, and the speaker of the assembly, no later than December 31,
38 2020.

39 § 3. The commissioner of the office for people with disabilities shall
40 promulgate all rules and regulations necessary to implement the
41 provisions of this section.

42 § 4. This act shall take effect immediately and shall expire and be
43 deemed repealed March 31, 2021; provided however, that all rules and
44 regulations necessary for the implementation of this act shall have been
45 promulgated prior to such effective date.

46 PART T

47 Section 1. Subdivision 8 of section 1399-n of the public health law,
48 as amended by chapter 13 of the laws of 2003, is amended and a new
49 subdivision 9 is added to read as follows:

8. "Smoking" means the burning of a lighted cigar, cigarette, pipe or any other matter or substance which contains tobacco, the burning of an herbal cigarette, or the use of a vapor product.

9. "Vapor product" means any noncombustible liquid or gel, regardless of the presence of nicotine therein, that is manufactured into a finished product for use in an electronic cigarette, electronic cigar, electronic cigarillo, electronic pipe, vaping pen, hookah pen or other similar device. "Vapor product" shall not include any product approved by the United States food and drug administration as a drug or medical device, or approved for use pursuant to section three thousand three hundred sixty-two of this chapter.

§ 2. The article heading of article 13-F of the public health law, as amended by chapter 448 of the laws of 2012, is amended to read as follows:

REGULATION OF TOBACCO PRODUCTS, HERBAL CIGARETTES AND [~~SMOKING~~
~~PARAPHERNALIA~~] VAPOR PRODUCTS; DISTRIBUTION TO MINORS

§ 3. Subdivisions 5, 8, and 13 of section 1399-aa of the public health law, subdivision 5 as amended by chapter 152 of the laws of 2004, subdivision 8 as added by chapter 13 of the laws of 2003, and subdivision 13 as amended by chapter 542 of the laws of 2014, are amended to read as follows:

5. "Tobacco products" means one or more cigarettes or cigars, bidis, chewing tobacco, powdered tobacco, shisha, nicotine water or any other product containing or derived from tobacco [~~products~~].

8. "Tobacco business" means a sole proprietorship, corporation, limited liability company, partnership or other enterprise in which the primary activity is the sale, manufacture or promotion of tobacco, tobacco products, vapor products, and accessories, either at wholesale or retail, and in which the sale, manufacture or promotion of other products is merely incidental.

13. [~~"Electronic cigarette" or "e-cigarette" means an electronic device that delivers vapor which is inhaled by an individual user, and shall include any refill, cartridge and any other component of such a device.~~] "Vapor product" means any noncombustible liquid or gel, regardless of the presence of nicotine therein, that is manufactured into a finished product for use in an electronic cigarette, electronic cigar, electronic cigarillo, electronic pipe, vaping pen, hookah pen or other similar device. "Vapor product" shall not include any product approved by the United States food and drug administration as a drug or medical device, or approved for use pursuant to section three thousand three hundred sixty-two of this chapter.

§ 4. Section 1399-bb of the public health law, as amended by chapter 508 of the laws of 2000, subdivision 2 as amended by chapter 13 of the laws of 2003, is amended to read as follows:

§ 1399-bb. Distribution of tobacco products [~~or~~], herbal cigarettes, or vapor products without charge. 1. No person engaged in the business of selling or otherwise distributing tobacco products [~~or~~], herbal cigarettes, or vapor products for commercial purposes, or any agent or employee of such person, shall knowingly, in furtherance of such business:

(a) distribute without charge any tobacco products [~~or~~], herbal cigarettes, or vapor products to any individual, provided that the distribution of a package containing tobacco products [~~or~~], herbal cigarettes, or vapor products in violation of this subdivision shall constitute a single violation without regard to the number of items in the package; or

(b) distribute coupons which are redeemable for tobacco products ~~[or]~~, herbal cigarettes, or vapor products to any individual, provided that this subdivision shall not apply to coupons contained in newspapers, magazines or other types of publications, coupons obtained through the purchase of tobacco products ~~[or]~~, herbal cigarettes, or vapor products or obtained at locations which sell tobacco products ~~[or]~~, herbal cigarettes, or vapor products provided that such distribution is confined to a designated area or to coupons sent through the mail.

2. The prohibitions contained in subdivision one of this section shall not apply to the following locations:

(a) private social functions when seating arrangements are under the control of the sponsor of the function and not the owner, operator, manager or person in charge of such indoor area;

(b) conventions and trade shows; provided that the distribution is confined to designated areas generally accessible only to persons over the age of eighteen;

(c) events sponsored by tobacco ~~[or]~~, herbal cigarette, or vapor product manufacturers provided that the distribution is confined to designated areas generally accessible only to persons over the age of eighteen;

(d) bars as defined in subdivision one of section thirteen hundred ninety-nine-n of this chapter;

(e) tobacco businesses as defined in subdivision eight of section thirteen hundred ninety-nine-aa of this article;

(f) factories as defined in subdivision nine of section thirteen hundred ninety-nine-aa of this article and construction sites; provided that the distribution is confined to designated areas generally accessible only to persons over the age of eighteen.

3. No person shall distribute tobacco products ~~[or]~~, herbal cigarettes, or vapor products at the locations set forth in paragraphs (b), (c) and (f) of subdivision two of this section unless such person gives five days written notice to the enforcement officer.

4. The distribution of tobacco products ~~[or]~~, herbal cigarettes, or vapor products pursuant to subdivision two of this section shall be made only to an individual who demonstrates, through (a) a driver's license or ~~[other photographic]~~ non-driver's identification card issued by ~~[a government entity or educational institution]~~ the commissioner of motor vehicles, the federal government, any United States territory, commonwealth or possession, the District of Columbia, a state government within the United States or a provincial government of the dominion of Canada, or (b) a valid passport issued by the United States government or any other country, or (c) an identification card issued by the armed forces of the United States, indicating that the individual is at least eighteen years of age. Such identification need not be required of any individual who reasonably appears to be at least twenty-five years of age; provided, however, that such appearance shall not constitute a defense in any proceeding alleging the sale of a tobacco product ~~[or]~~, herbal cigarette, or vapor products to an individual.

§ 5. The section heading and subdivision 1 of section 1399-cc of the public health law, as amended by chapter 542 of the laws of 2014, is amended to read as follows:

Sale of tobacco products, herbal cigarettes, ~~[liquid nicotine, shisha, rolling papers]~~ vapor products or smoking paraphernalia to minors prohibited.

1. As used in this section:

(a) "A device capable of deciphering any electronically readable format" or "device" shall mean any commercial device or combination of devices used at a point of sale or entry that is capable of reading the information encoded on the bar code or magnetic strip of a driver's license or non-driver identification card issued by the state commissioner of motor vehicles;

(b) "Card holder" means any person presenting a driver's license or non-driver identification card to a licensee, or to the agent or employee of such licensee under this chapter;

(c) "Smoking paraphernalia" means any pipe, water pipe, hookah, rolling papers, vaporizer or any other device, equipment or apparatus designed for the inhalation of tobacco;

(d) "Transaction scan" means the process involving an automated bar code reader by which a licensee, or agent or employee of a licensee under this chapter reviews a driver's license or non-driver identification card presented as a precondition for the purchase of a tobacco product or herbal cigarettes pursuant to subdivision three of this section; and

(e) ~~["Liquid nicotine", "electronic liquid" or "e-liquid" means a liquid composed of nicotine and other chemicals, and which is sold as a product that may be used in an electronic cigarette]~~ "Vapor product" means any noncombustible liquid or gel, regardless of the presence of nicotine therein, that is manufactured into a finished product for use in an electronic cigarette, electronic cigar, electronic cigarillo, electronic pipe, vaping pen, hookah pen or other similar device. "Vapor product" shall not include any product approved by the United States food and drug administration as a drug or medical device, or approved for use pursuant to section three thousand three hundred sixty-two of this chapter.

§ 6. Subdivisions 2, 3, 4, and 7 of section 1399-cc of the public health law, as amended by chapter 542 of the laws of 2014 are amended to read as follows:

2. Any person operating a place of business wherein tobacco products, herbal cigarettes, [~~liquid nicotine, shisha~~] or [~~electronic cigarettes~~] vapor products, are sold or offered for sale is prohibited from selling such products, herbal cigarettes, [~~liquid nicotine, shisha, electronic cigarettes~~] vapor products or smoking paraphernalia to individuals under eighteen years of age, and shall post in a conspicuous place a sign upon which there shall be imprinted the following statement, "SALE OF CIGARETTES, CIGARS, [~~CHEWING TOBACCO, POWDERED TOBACCO,~~] SHISHA OR OTHER TOBACCO PRODUCTS, HERBAL CIGARETTES, [~~LIQUID NICOTINE, ELECTRONIC CIGARETTES~~] VAPOR PRODUCTS, [~~ROLLING PAPERS~~] OR SMOKING PARAPHERNALIA, TO PERSONS UNDER EIGHTEEN YEARS OF AGE IS PROHIBITED BY LAW." Such sign shall be printed on a white card in red letters at least one-half inch in height.

3. Sale of tobacco products, herbal cigarettes, [~~liquid nicotine, shisha~~] or [~~electronic cigarettes~~] vapor products in such places, other than by a vending machine, shall be made only to an individual who demonstrates, through (a) a valid driver's license or non-driver's identification card issued by the commissioner of motor vehicles, the federal government, any United States territory, commonwealth or possession, the District of Columbia, a state government within the United States or a provincial government of the dominion of Canada, or (b) a valid passport issued by the United States government or any other country, or (c) an identification card issued by the armed forces of the United States, indicating that the individual is at least eighteen years of age. Such

1 identification need not be required of any individual who reasonably
2 appears to be at least twenty-five years of age, provided, however, that
3 such appearance shall not constitute a defense in any proceeding alleg-
4 ing the sale of a tobacco product, herbal cigarettes, [~~liquid nicotine,~~
5 ~~shisha~~] or [~~electronic cigarettes~~] vapor products to an individual under
6 eighteen years of age.

7 4. (a) Any person operating a place of business wherein tobacco
8 products, herbal cigarettes, [~~liquid nicotine, shisha~~] or [~~electronic~~
9 ~~cigarettes~~] vapor products are sold or offered for sale may perform a
10 transaction scan as a precondition for such purchases.

11 (b) In any instance where the information deciphered by the trans-
12 action scan fails to match the information printed on the driver's
13 license or non-driver identification card, or if the transaction scan
14 indicates that the information is false or fraudulent, the attempted
15 transaction shall be denied.

16 (c) In any proceeding pursuant to section thirteen hundred ninety-
17 nine-ee of this article, it shall be an affirmative defense that such
18 person had produced a driver's license or non-driver identification card
19 apparently issued by a governmental entity, successfully completed that
20 transaction scan, and that the tobacco product, herbal cigarettes [~~or~~
21 ~~liquid nicotine~~], or vapor products had been sold, delivered or given to
22 such person in reasonable reliance upon such identification and trans-
23 action scan. In evaluating the applicability of such affirmative defense
24 the commissioner shall take into consideration any written policy
25 adopted and implemented by the seller to effectuate the provisions of
26 this chapter. Use of a transaction scan shall not excuse any person
27 operating a place of business wherein tobacco products, herbal ciga-
28 rettes, [~~liquid nicotine, shisha~~] or [~~electronic cigarettes~~] vapor
29 products are sold, or the agent or employee of such person, from the
30 exercise of reasonable diligence otherwise required by this chapter.
31 Notwithstanding the above provisions, any such affirmative defense shall
32 not be applicable in any civil or criminal proceeding, or in any other
33 forum.

34 7. No person operating a place of business wherein tobacco products,
35 herbal cigarettes, [~~liquid nicotine, shisha~~] or [~~electronic cigarettes~~]
36 vapor products are sold or offered for sale shall sell, permit to be
37 sold, offer for sale or display for sale any tobacco product, herbal
38 cigarettes, [~~liquid nicotine, shisha~~] or [~~electronic cigarettes~~] vapor
39 products in any manner, unless such products and cigarettes are stored
40 for sale (a) behind a counter in an area accessible only to the person-
41 nel of such business, or (b) in a locked container; provided, however,
42 such restriction shall not apply to tobacco businesses, as defined in
43 subdivision eight of section thirteen hundred ninety-nine-aa of this
44 article, and to places to which admission is restricted to persons eigh-
45 teen years of age or older.

46 § 7. Section 1399-dd of the public health law, as amended by chapter
47 448 of the laws of 2012, is amended to read as follows:

48 § 1399-dd. Sale of tobacco products, herbal cigarettes or [~~electronic~~
49 ~~cigarettes~~] vapor products in vending machines. No person, firm, part-
50 nership, company or corporation shall operate a vending machine which
51 dispenses tobacco products, herbal cigarettes or [~~electronic cigarettes~~]
52 vapor products unless such machine is located: (a) in a bar as defined
53 in subdivision one of section thirteen hundred ninety-nine-n of this
54 chapter, or the bar area of a food service establishment with a valid,
55 on-premises full liquor license; (b) in a private club; (c) in a tobacco
56 business as defined in subdivision eight of section thirteen hundred

1 ninety-nine-aa of this article; or (d) in a place of employment which
2 has an insignificant portion of its regular workforce comprised of
3 people under the age of eighteen years and only in such locations that
4 are not accessible to the general public; provided, however, that in
5 such locations the vending machine is located in plain view and under
6 the direct supervision and control of the person in charge of the
7 location or his or her designated agent or employee.

8 § 8. Subdivision 2 of section 1399-ee of the public health law, as
9 amended by chapter 162 of the laws of 2002, is amended to read as
10 follows:

11 2. If the enforcement officer determines after a hearing that a
12 violation of this article has occurred, he or she shall impose a civil
13 penalty of a minimum of three hundred dollars, but not to exceed one
14 thousand dollars for a first violation, and a minimum of five hundred
15 dollars, but not to exceed one thousand five hundred dollars for each
16 subsequent violation, unless a different penalty is otherwise provided
17 in this article. The enforcement officer shall advise the retail dealer
18 that upon the accumulation of three or more points pursuant to this
19 section the department of taxation and finance shall suspend the deal-
20 er's registration. If the enforcement officer determines after a hearing
21 that a retail dealer was selling tobacco products or vapor products
22 while their registration was suspended or permanently revoked pursuant
23 to subdivision three or four of this section, he or she shall impose a
24 civil penalty of twenty-five hundred dollars.

25 Section 8-a. Paragraph (a) of subdivision 3 of section 1399-ee of the
26 public health law, as amended by chapter 162 of the laws of 2002, is
27 amended to read as follows:

28 (a) Imposition of points. If the enforcement officer determines, after
29 a hearing, that the retail dealer violated subdivision ~~[one]~~ two of
30 section thirteen hundred ninety-nine-cc of this article with respect to
31 a prohibited sale to a minor, he or she shall, in addition to imposing
32 any other penalty required or permitted pursuant to this section, assign
33 two points to the retail dealer's record where the individual who
34 committed the violation did not hold a certificate of completion from a
35 state certified tobacco sales training program and one point where the
36 retail dealer demonstrates that the person who committed the violation
37 held a certificate of completion from a state certified tobacco sales
38 training program.

39 § 9. Subdivision 1 of section 1399-ff of the public health law, as
40 amended by chapter 448 of the laws of 2012, is amended to read as
41 follows:

42 1. Where a civil penalty for a particular incident has not been
43 imposed or an enforcement action regarding an alleged violation for a
44 particular incident is not pending under section thirteen hundred nine-
45 ty-nine-ee of this article, a parent or guardian of a minor to whom
46 tobacco products, herbal cigarettes or ~~[electronic cigarettes]~~ vapor
47 products are sold or distributed in violation of this article may submit
48 a complaint to an enforcement officer setting forth the name and address
49 of the alleged violator, the date of the alleged violation, the name and
50 address of the complainant and the minor, and a brief statement describ-
51 ing the alleged violation. The enforcement officer shall notify the
52 alleged violator by certified or registered mail, return receipt
53 requested, that a complaint has been submitted, and shall set a date, at
54 least fifteen days after the mailing of such notice, for a hearing on
55 the complaint. Such notice shall contain the information submitted by
56 the complainant.

§ 10. Section 1399-hh of the public health law, as added by chapter 433 of the laws of 1997, is amended to read as follows:

§ 1399-hh. Tobacco and vapor products enforcement. The commissioner shall develop, plan and implement a comprehensive program to reduce the prevalence of tobacco and vapor products use, particularly among persons less than eighteen years of age. This program shall include, but not be limited to, support for enforcement of article thirteen-F of this chapter.

1. An enforcement officer, as defined in section thirteen hundred ninety-nine-t of this chapter, may annually, on such dates as shall be fixed by the commissioner, submit an application for such monies as are made available for such purpose. Such application shall be in such form as prescribed by the commissioner and shall include, but not be limited to, plans regarding random spot checks, including the number and types of compliance checks that will be conducted, and other activities to determine compliance with this article. Each such plan shall include an agreement to report to the commissioner: the names and addresses of tobacco retailers and vendors determined to be unlicensed, if any; the number of complaints filed against licensed tobacco retail outlets; and the names of tobacco retailers and vendors who have paid fines, or have been otherwise penalized, due to enforcement actions.

2. The commissioner shall distribute such monies as are made available for such purpose to enforcement officers and, in so doing, consider the number of retail locations registered to sell tobacco products within the jurisdiction of the enforcement officer and the level of proposed activities.

3. Monies made available to enforcement officers pursuant to this section shall only be used for local tobacco, herbal cigarette and vapor products enforcement activities approved by the commissioner.

§ 11. The public health law is amended by adding a new section 1399-mm-1 to read as follows:

§ 1399-mm-1. Vapor products; child-resistant containers required. No person engaged in the business of manufacturing, selling or otherwise distributing vapor products, may sell any component of such systems that contains nicotine, including any refill, cartridge, or other component, unless such component constitutes "special packaging" for the protection of children, as defined in 15 U.S.C. 1471 or any superseding statute.

§ 11-a. Section 399-gg of the general business law, as added by chapter 542 of the laws of 2014, is amended to read as follows:

§ 399-gg. Packaging of [~~electronic liquid~~] vapor products. 1. [~~No person, firm or corporation shall sell or offer for sale any electronic liquid, as defined in paragraph (c) of subdivision one of section thirteen hundred ninety-nine-cc of the public health law, unless the electronic liquid is sold or offered for sale in a child resistant bottle which is designed to prevent accidental exposure of children to electronic liquids~~] No person engaged in the business of manufacturing, selling or otherwise distributing vapor products as defined in subdivision nine of section thirteen hundred ninety-nine-n of the public health law, may sell any component of such systems that contains nicotine, including any refill, cartridge, or other component, unless such component constitutes "special packaging" for the protection of children, as defined in 15 U.S.C. 1471 or any superseding statute.

2. Any violation of this section shall be punishable by a civil penalty not to exceed one thousand dollars.

§ 11-b. Section 17-706 of the administrative code of the city of New York, as amended by chapter 542 of the laws of 2014, is amended to read as follows:

§ 17-706 Sale of cigarettes, tobacco products, ~~[liquid nicotine, or electronic cigarettes]~~ or vapor products to minors and young adults prohibited.

a. Any person operating a place of business wherein cigarettes, tobacco products, ~~[liquid nicotine, or electronic cigarettes]~~ or vapor products are sold or offered for sale is prohibited from selling such cigarettes, tobacco products, ~~[liquid nicotine, or electronic cigarettes]~~ or vapor products to individuals under twenty-one years of age. Sale of cigarettes, tobacco products, ~~[liquid nicotine, or electronic cigarettes]~~ or vapor products in such places shall be made only to an individual who demonstrates, through a driver's license or other photographic identification card issued by a government entity or educational institution, that the individual is at least twenty-one years of age. Such identification need not be required of any individual who reasonably appears to be at least thirty years of age, provided, however, that such appearance shall not constitute a defense in any proceeding alleging the sale of cigarettes, tobacco products, ~~[liquid nicotine or electronic cigarettes]~~ or vapor products to an individual under twenty-one years of age.

b. Any person operating a place of business wherein non-tobacco shisha, pipes, or rolling papers are sold or offered for sale is prohibited from selling such non-tobacco shisha, pipes, or rolling papers to individuals under eighteen years of age. Sale of non-tobacco shisha, pipes, or rolling papers in such places shall be made only to an individual who demonstrates, through a driver's license or other photographic identification card issued by a government entity or educational institution, that the individual is at least eighteen years of age. Such identification need not be required of any individual who reasonably appears to be at least twenty-five years of age, provided, however, that such appearance shall not constitute a defense in any proceeding alleging the sale of non-tobacco shisha, pipes, or rolling papers to an individual under eighteen years of age.

c. Any person operating a place of business wherein cigarettes, tobacco products, ~~[liquid nicotine, electronic cigarettes]~~ vapor products, herbal cigarettes, non-tobacco shisha, pipes, or rolling papers are sold or offered for sale shall post in a conspicuous place a sign, in accordance with the rules of the department, advising persons about the minimum age requirements for the purchase of such items.

§ 12. Subdivision 2 of section 409 of the education law, as amended by chapter 449 of the laws of 2012, is amended to read as follows:

2. Notwithstanding the provisions of any other law, rule or regulation, tobacco, herbal cigarette, and vapor products use shall not be permitted and no person shall use ~~[tobacco]~~ such products on school grounds. "School grounds" means any building, structure and surrounding outdoor grounds, including entrances or exits, contained within a public or private pre-school, nursery school, elementary or secondary school's legally defined property boundaries as registered in a county clerk's office.

§ 13. Section 3624 of the education law, as amended by chapter 529 of the laws of 2002, is amended to read as follows:

§ 3624. Drivers, monitors and attendants. The commissioner shall determine and define the qualifications of drivers, monitors and attendants and shall make the rules and regulations governing the operation of

1 all transportation facilities used by pupils which rules and regulations
2 shall include, but not be limited to, a maximum speed of fifty-five
3 miles per hour for school vehicles engaged in pupil transportation that
4 are operated on roads, interstates or other highways, parkways or bridg-
5 es or portions thereof that have posted speed limits in excess of
6 fifty-five miles per hour, prohibitions relating to smoking and use of
7 vapor products, eating and drinking and any and all other acts or
8 conduct which would otherwise impair the safe operation of such trans-
9 portation facilities while actually being used for the transport of
10 pupils. The employment of each driver, monitor and attendant shall be
11 approved by the chief school administrator of a school district for each
12 school bus operated within his or her district. For the purpose of
13 determining his or her physical fitness, each driver, monitor and
14 attendant may be examined on order of the chief school administrator by
15 a duly licensed physician within two weeks prior to the beginning of
16 service in each school year as a school bus driver, monitor or attend-
17 ant. The report of the physician, in writing, shall be considered by the
18 chief school administrator in determining the fitness of the driver to
19 operate or continue to operate any transportation facilities used by
20 pupils and in determining the fitness of any monitor or attendant to
21 carry out his or her functions on such transportation facilities. Noth-
22 ing in this section shall prohibit a school district from imposing a
23 more restrictive speed limit policy for the operation of school vehicles
24 engaged in pupil transportation than the speed limit policy established
25 by the commissioner.

26 § 14. This act shall take effect on the one hundred eightieth day
27 after it shall have become a law.

28 PART U

29 Section 1. Article 9-B of the social services law is amended by adding
30 a new title 4 to read as follows:

31 TITLE 4

32 ELDER ABUSE

33 Section 473-m. Elder abuse reporting.

34 § 473-m. Elder abuse reporting. 1. Within amounts appropriated there-
35 for, the commissioner shall establish a program for the development of a
36 multidisciplinary investigative team or teams for the purpose of inves-
37 tigating reports of suspected elder abuse or maltreatment.

38 (a) The program shall provide that the social services district shall
39 have discretion with regard to the category or categories of suspected
40 elder abuse or maltreatment such team or teams may investigate,
41 provided, however, that the social services district shall place partic-
42 ular emphasis on cases involving physical abuse, sexual abuse, emotional
43 abuse, active, passive or self neglect, and financial exploitation as
44 defined in subdivision six of section four hundred seventy-three of this
45 article.

46 (b) Members of multidisciplinary teams shall include but not be limit-
47 ed to representatives from the following agencies: adult protective
48 services, law enforcement, the district attorney's office, banks and
49 financial institutions, as well as forensic accountants, physician or
50 medical providers trained in elder abuse and maltreatment, mental health
51 professionals, and victim advocacy personnel. Members of the multidisci-
52 plinary team primarily responsible for the investigation of elder abuse
53 and maltreatment reports, including those representatives from adult
54 protective services, law enforcement, and the district attorney's

1 office, shall participate in joint interviews and conduct investigative
2 functions consistent with the mission of the particular agency member
3 involved. It shall not be required that members of a multidisciplinary
4 team not responsible for the investigation of reports participate in
5 every investigation. Such other members shall provide victim advocacy,
6 emotional support, and access to medical and mental health care, where
7 applicable.

8 (c) All members, consistent with their respective agency missions and
9 professions, shall facilitate efficient delivery of services to victims
10 and appropriate disposition of cases through the criminal justice system
11 in a collaborative manner. However, non-investigative team members
12 shall note their specific role in the team for reports covered by this
13 section.

14 (d) Notwithstanding any other provision of law to the contrary,
15 members of a multidisciplinary investigative team may share with other
16 team members client-identifiable information concerning the victim or
17 the victim's family to facilitate the investigation of suspected elder
18 abuse or maltreatment. Nothing in this subdivision shall preclude the
19 creation of multidisciplinary teams which include more than one social
20 services district. Each team shall develop a written protocol for inves-
21 tigation of elder abuse and maltreatment cases and for interviewing
22 elder abuse and maltreatment victims.

23 2. Approved projects shall submit a report to the director of the
24 state office for the aging, who shall make such reports available to the
25 majority leader of the senate, the speaker of the assembly, and the
26 chairs of the aging committees of the senate and assembly, by November
27 first, two thousand seventeen, documenting initial findings of the
28 multidisciplinary team investigations, including, but not limited to:

29 (a) final dispositions of criminal cases that were investigated and
30 assisted by the multidisciplinary team, with appropriate confidentiality
31 measures taken to protect the identities of victims and the accused;

32 (b) physical and mental health outcomes of victims who were the
33 subjects of elder abuse and maltreatment cases;

34 (c) financial judgments and repayments made as a result of the inves-
35 tigation and intervention of the multidisciplinary team;

36 (d) necessary measures taken to ensure cross-collaboration across
37 agencies and providers; and

38 (e) necessary training that each social services district took to
39 train members including appropriate ways to assess risk, identify indi-
40 cators of elder abuse and maltreatment, and conduct appropriate inter-
41 views.

42 § 2. Subdivisions 2 and 6 of section 223 of the elder law, as added by
43 section 3 of part J of chapter 57 of the laws of 2006, are amended to
44 read as follows:

45 2. The director shall establish the economically sustainable transpor-
46 tation demonstration program for the purpose of enabling seniors to
47 remain independent and mobile in their community. The program would
48 provide an on demand transit service for seniors [~~that would use~~ estab-
49 lishing, at a minimum, operational hours during normal business hours
50 using automobiles driven by volunteer and paid drivers to transport
51 seniors to where they need and want to go. [~~After a period of five~~
52 ~~years, the program would no longer be eligible for state funding and~~
53 ~~would be completely self-sustaining, relying on consumer fares and~~
54 ~~voluntary community support to remain operational.~~]

55 6. [~~Within amounts appropriated, the~~ The director shall establish a
56 pilot program within amounts appropriated therefor, in up to five coun-

1 ties, each with not more than three hundred thousand persons as of the
2 two thousand ten United States census, or a collaborative project of two
3 contiguous counties that each do not have more than three hundred thou-
4 sand persons as of the two thousand ten United States census. The direc-
5 tor shall make grants available to qualified economically sustainable
6 transportation providers of no less than fifty-five thousand dollars per
7 grantee [~~in the first year of the operation of the program~~]. Each
8 provider shall be required to submit a report to the director by Febru-
9 ary first, two thousand eighteen, which shall include, but not be limit-
10 ed to, documentation of participation rates, any impediments to imple-
11 mentation encountered, steps taken to ensure sustainability of the
12 program and proposals for expansion to other service areas. Such provid-
13 ers shall be eligible to receive funding under this section annually for
14 up to five years. After such time, providers must be able to provide
15 economically sustainable transportation services without receiving
16 further public financial assistance for operating or capital expenses.

17 § 3. Article 2 of the elder law is amended by adding a new title 2 to
18 read as follows:

19 TITLE 2

20 STATEWIDE CENTRAL REGISTER OF ELDER ABUSE AND MALTREATMENT REPORTS

21 Section 224. Definitions.

22 225. Statewide central register of elder abuse and maltreatment 23 reports.

24 226. Reporters.

25 § 224. Definitions. For the purposes of this title:

26 1. "Abused or maltreated elder" means any resident of New York state
27 who is sixty years of age or older and who is alleged to be the victim
28 of physical abuse, sexual abuse, emotional abuse, passive or self-ne-
29 glect, or financial exploitation, as defined in subdivision six of
30 section four hundred seventy-three of the social services law.

31 2. "Caregiver" means any person who has assumed full or intermittent
32 responsibility for the care or custody of an elderly adult, whether or
33 not he or she receives compensation.

34 § 225. Statewide central register of elder abuse and maltreatment
35 reports. 1. Subject to appropriation, there shall be established in the
36 New York state office for the aging a statewide central register of
37 elder abuse and maltreatment reports made pursuant to this title.

38 2. The central register created by this section shall:

39 (a) be capable of receiving telephone calls alleging elder abuse or
40 maltreatment and of immediately identifying prior reports of elder abuse
41 or maltreatment and capable of monitoring the provision of adult protec-
42 tive services twenty-four hours a day, seven days a week. To effectuate
43 this purpose, there shall be a single statewide telephone number, in
44 addition to other special express reporting procedures, that all
45 persons, may use to make telephone calls alleging elder abuse or
46 maltreatment and that all persons so authorized may use for determining
47 the existence of prior reports in order to evaluate the condition of the
48 elder;

49 (b) immediately transmit orally or electronically by the office for
50 the aging to the appropriate adult protective service for investigation,
51 any allegations contained in such telephone calls when they could
52 reasonably constitute a report of elder abuse or maltreatment, including
53 such allegations and any previous reports to the central registry
54 involving the subject of such report or elder named in such report, and
55 any previous reports containing allegations of elder abuse and maltreat-

1 ment alleged to have occurred in other counties and districts in New
2 York state;

3 (c) immediately transmit orally or electronically to the appropriate
4 local adult protective service for investigation, any telephone call
5 made by a person required to report cases of suspected elder abuse or
6 maltreatment pursuant to this title containing allegations, which if
7 true would constitute elder abuse or maltreatment;

8 (d) convey by the most expedient means available to the appropriate
9 law enforcement agency, district attorney, or other public official
10 empowered to provide necessary aid or assistance, any information
11 contained in a telephone call to the register where the circumstances
12 despite not constituting abuse or maltreatment as defined in this title,
13 may constitute a crime or an immediate threat to the elder's health or
14 safety;

15 (e) maintain records including, but not limited to: all the informa-
16 tion in the written report; a record of the final disposition of the
17 report; information received from the local social services agency,
18 including services offered and services accepted, the names and identi-
19 fying data, dates and circumstances of any person requesting or receiv-
20 ing information from the register; and any other information which the
21 director of the office for the aging believes might be helpful in the
22 furtherance of the purposes of this title; and

23 (f) maintain the confidentiality of reports written, information
24 obtained, or photographs taken concerning such reports in the possession
25 of the office for the aging or local departments, except for law
26 enforcement agencies and others deemed by the director of the office for
27 the aging to have a relevant interest in the materials given their legal
28 or official status.

29 § 226. Reporters. 1. The following persons and officials, given their
30 official and professional relationship with the aging population, are
31 strongly urged to report or cause a report to be made to the central
32 registry under section two hundred twenty-five of this title when they
33 have reasonable cause to suspect that an elderly person coming before
34 them in their professional or official capacity is an abused or
35 maltreated elder; or when they have reasonable cause to suspect that the
36 individual is an abused or maltreated elder when the spouse, caregiver,
37 or guardian or other person legally responsible for the elder comes
38 before them in their professional or official capacity and states from
39 personal knowledge facts, conditions or circumstances which, if correct,
40 would render the elder an abused or maltreated elder: any physician;
41 registered physician assistant; surgeon; medical examiner; pharmacist;
42 coroner; osteopath; optometrist; chiropractor; podiatrist; psychologist;
43 registered nurse; social worker; emergency medical technician; mental
44 health professional; licensed marriage and family therapist; licensed
45 mental health counselor; licensed psychoanalyst; licensed behavior
46 analyst; hospital personnel engaged in admission, examination, care or
47 treatment of persons; substance abuse counselor; alcoholism counselor;
48 all persons credentialed by the office of alcoholism and substance abuse
49 services; licensed master social worker; licensed clinical social work-
50 er; any administrator or employee in a nursing home or residential
51 healthcare facility that is licensed, certified or operated by the
52 department of health; any employee of a personal care or home health
53 aide program; any person or employee of any corporation, partnership,
54 organization or other entity which is under contract to provide patient
55 care services in a residential health care facility; an employee of a
56 county adult protective services agency; police officer; district attor-

1 ney or assistant district attorney; peace officer; investigator employed
2 in the office of a district attorney; or other law enforcement official;
3 an attorney so long as it does not violate the New York state rules of
4 professional conduct.

5 2. Any person who is urged to investigate reports of abuse or
6 maltreatment as a function of their professional or official relation-
7 ship with the aging population and who has reasonable cause to suspect
8 that a victim died as a result of maltreatment or abuse should imme-
9 diately report the suspicion to the central registry which shall convey
10 the report through the most expedient means available to the appropriate
11 medical examiner and law enforcement authorities, notwithstanding the
12 existence of a death certificate signed by a practicing physician. The
13 medical examiner shall accept the report for investigation and shall
14 report the findings of the investigation, in writing, to the appropriate
15 law enforcement authorities.

16 3. Reports of suspected elder abuse should be made immediately by
17 telephone or by telephone facsimile on a form supplied by the office for
18 the aging to the central registry. Such telephone reports shall be
19 followed by a report in writing within twenty-four hours after such oral
20 report. All cases of alleged abuse in a residential health care facili-
21 ty as defined in section twenty-eight hundred one of the public health
22 law shall be forwarded to the department of health for investigation.

23 4. The director of the office of the aging, in conjunction with the
24 commissioner of health and the commissioner of children and family
25 services shall develop online tools for training reporters to identify
26 and report suspected elder abuse. The online tools shall be made avail-
27 able on the website of the office for the aging.

28 § 4. This act shall take effect immediately; provided, however that
29 section three of this act shall take effect January 1, 2018.

30 PART V

31 Section 1. Subdivision 2 of section 365-a of the social services law
32 is amended by adding a new paragraph (dd) to read as follows:

33 (dd) the cost of donor breast milk (PDHM), for inpatient use, for
34 which a licensed medical practitioner has issued an order for an infant
35 who is medically or physically unable to receive maternal breast milk or
36 participate in breast feeding or whose mother is medically or physically
37 unable to produce maternal breast milk or participate in breast feeding
38 despite optimal lactation support. Such infant must: (i) have a docu-
39 mented birth weight of one thousand five hundred grams or less; or (ii)
40 have a congenital or acquired intestinal condition, and is therefore at
41 a high risk for development of necrotizing enterocolitis and/or
42 infection. Coverage for donor breast milk (PDHM) shall continue until
43 the infant is at an age of medical adjustment of thirty-four weeks
44 corrected gestational age and such coverage shall be not less than the
45 reasonable cost of such milk procured from a certified nonprofit milk
46 bank, plus reasonable processing and handling fees.

47 § 2. Subdivision 2-a of section 2807 of the public health law is
48 amended by adding a new paragraph (j) to read as follows:

49 (j) Notwithstanding any other provision of this subdivision or any
50 other provision of law to the contrary and, subject to an appropriation
51 therefor, on and after April first, two thousand eighteen, rates of
52 payment for diagnostic and treatment center services, emergency
53 services, general hospital inpatient and outpatient services, ambulatory
54 surgical services and referred ambulatory services, provided by a rural

1 hospital designated as a critical access hospital in accordance with
2 title XVIII of the federal social security act shall be equal to one
3 hundred one percent of the reasonable costs of a facility in providing
4 such services to patients eligible for payments made in accordance with
5 this subdivision. Reasonable costs shall be determined in a manner
6 consistent with that used to determine payment for outpatient critical
7 access hospital services provided to beneficiaries of title XVIII of the
8 federal social security act. For facilities without adequate cost expe-
9 rience, such rates shall be based on budgeted costs subsequently
10 adjusted to one hundred one percent of reasonable actual costs.

11 § 3. Paragraph (a) of subdivision 1 of section 212 of chapter 474 of
12 the laws of 1996, amending the education law and other laws relating to
13 rates for residential healthcare facilities, as amended by section 1 of
14 part D of chapter 59 of the laws of 2016, is amended to read as follows:

15 (a) Notwithstanding any inconsistent provision of law or regulation to
16 the contrary, effective beginning August 1, 1996, for the period April
17 1, 1997 through March 31, 1998, April 1, 1998 for the period April 1,
18 1998 through March 31, 1999, August 1, 1999, for the period April 1,
19 1999 through March 31, 2000, April 1, 2000, for the period April 1, 2000
20 through March 31, 2001, April 1, 2001, for the period April 1, 2001
21 through March 31, 2002, April 1, 2002, for the period April 1, 2002
22 through March 31, 2003, and for the state fiscal year beginning April 1,
23 2005 through March 31, 2006, and for the state fiscal year beginning
24 April 1, 2006 through March 31, 2007, and for the state fiscal year
25 beginning April 1, 2007 through March 31, 2008, and for the state fiscal
26 year beginning April 1, 2008 through March 31, 2009, and for the state
27 fiscal year beginning April 1, 2009 through March 31, 2010, and for the
28 state fiscal year beginning April 1, 2010 through March 31, 2016, and
29 for the state fiscal year beginning April 1, 2016 through March 31,
30 2019, the department of health is [~~authorized~~ **required** to pay public
31 general hospitals, as defined in subdivision 10 of section 2801 of the
32 public health law, operated by the state of New York or by the state
33 university of New York or by a county, which shall not include a city
34 with a population of over one million, of the state of New York, and
35 those public general hospitals located in the county of Westchester, the
36 county of Erie or the county of Nassau, additional payments for inpa-
37 tient hospital services as medical assistance payments pursuant to title
38 11 of article 5 of the social services law for patients eligible for
39 federal financial participation under title XIX of the federal social
40 security act in medical assistance pursuant to the federal laws and
41 regulations governing disproportionate share payments to hospitals [~~up~~
42 ~~to~~] **of** one hundred percent of each such public general hospital's
43 medical assistance and uninsured patient losses after all other medical
44 assistance, including disproportionate share payments to such public
45 general hospital for 1996, 1997, 1998, and 1999, based initially for
46 1996 on reported 1994 reconciled data as further reconciled to actual
47 reported 1996 reconciled data, and for 1997 based initially on reported
48 1995 reconciled data as further reconciled to actual reported 1997
49 reconciled data, for 1998 based initially on reported 1995 reconciled
50 data as further reconciled to actual reported 1998 reconciled data, for
51 1999 based initially on reported 1995 reconciled data as further recon-
52 ciled to actual reported 1999 reconciled data, for 2000 based initially
53 on reported 1995 reconciled data as further reconciled to actual
54 reported 2000 data, for 2001 based initially on reported 1995 reconciled
55 data as further reconciled to actual reported 2001 data, for 2002 based
56 initially on reported 2000 reconciled data as further reconciled to

1 actual reported 2002 data, and for state fiscal years beginning on April
2 1, 2005, based initially on reported 2000 reconciled data as further
3 reconciled to actual reported data for 2005, and for state fiscal years
4 beginning on April 1, 2006, based initially on reported 2000 reconciled
5 data as further reconciled to actual reported data for 2006, for state
6 fiscal years beginning on and after April 1, 2007 through March 31,
7 2009, based initially on reported 2000 reconciled data as further recon-
8 ciled to actual reported data for 2007 and 2008, respectively, for state
9 fiscal years beginning on and after April 1, 2009, based initially on
10 reported 2007 reconciled data, adjusted for authorized Medicaid rate
11 changes applicable to the state fiscal year, and as further reconciled
12 to actual reported data for 2009, for state fiscal years beginning on
13 and after April 1, 2010, based initially on reported reconciled data
14 from the base year two years prior to the payment year, adjusted for
15 authorized Medicaid rate changes applicable to the state fiscal year,
16 and further reconciled to actual reported data from such payment year,
17 and to actual reported data for each respective succeeding year. The
18 payments may be added to rates of payment or made as aggregate payments
19 to an eligible public general hospital.

20 § 4. Subdivision 2 of section 2776 of the public health law is renum-
21 bered subdivision 3 and a new subdivision 2 is added to read as follows:

22 2. To the extent the services under subdivision one of this section
23 include the payment of health insurance premiums for certain individuals
24 with acquired immune deficiency syndrome, the premium payments shall
25 include an additional premium subsidy to be paid to the individual's
26 health plan. The subsidy shall be in addition to the premiums otherwise
27 charged for such coverage, in an amount determined by the department of
28 financial services, in consultation with the institute, to be actuarial-
29 ly sufficient to ensure that the coverage provided to the eligible indi-
30 viduals does not negatively impact the current or future cost of such
31 coverage for other individuals purchasing the same or comparable cover-
32 age from the health plan. The amount of the subsidy may vary by health
33 plan, as actuarially necessary.

34 § 5. Subdivision 1 of section 364-j of the social services law is
35 amended by adding two new paragraphs (w) and (w-1) to read as follows:

36 (w) "School-based health center". A clinic licensed under article
37 twenty-eight of the public health law or sponsored by a facility
38 licensed under the public health law which provides primary and preven-
39 tative care including but not limited to health maintenance, well-child
40 care, diagnosis and treatment of injury and acute illness, diagnosis and
41 management of chronic disease, behavioral health services directly or by
42 referral, and which may provide vision care, dental care, nutritional or
43 other enhanced services to children and adolescents within an elementa-
44 ry, secondary or prekindergarten public school setting.

45 (w-1) "Sponsoring organization". A facility licensed under article
46 twenty-eight of the public health law which acts as the sponsor for a
47 school-based health center.

48 § 6. Subdivision 3 of section 364-j of the social services law is
49 amended by adding a new paragraph (d-3) to read as follows:

50 (d-3) Services provided by school-based health centers shall not be
51 provided to medical assistance recipients through managed care programs
52 established pursuant to this section, and shall continue to be provided
53 outside of managed care programs in accordance with applicable
54 reimbursement methodologies. Applicable reimbursement methodologies
55 shall mean:

1 (i) for school-based health centers sponsored by a federally qualified
2 health center, rates of reimbursement and requirements in accordance
3 with those mandated by 42 U.S.C. Secs. 1396a(bb), 1396(m)(2)(A)(ix) and
4 1936(a)(13)(C); and

5 (ii) for school-based health centers sponsored by an entity licensed
6 pursuant to article twenty-eight of the public health law that is not a
7 federally qualified health center, rates of reimbursement at the fee for
8 service rate for such services in effect prior to the effective date of
9 this paragraph for the ambulatory patient group rate for the applicable
10 service.

11 § 7. Section 365-1 of the social services law, as added by section 37
12 of part H of chapter 59 of the laws of 2011, subdivision 2-a as added by
13 section 23 of part A of chapter 56 of the laws of 2013, subdivision 2-b
14 as amended by section 17 of part B of chapter 59 of the laws of 2016,
15 subdivision 2-c as added by section 25 of part B of chapter 59 of the
16 laws of 2015 and subdivision 9 as amended by section 28 of part B of
17 chapter 59 of the laws of 2016, is amended to read as follows:

18 § 365-1. Health homes. 1. Notwithstanding any law, rule or regulation
19 to the contrary, the commissioner of health is authorized, in consulta-
20 tion with the commissioners of the office of mental health, office of
21 alcoholism and substance abuse services, and office for people with
22 developmental disabilities, to (a) establish, in accordance with appli-
23 cable federal law and regulations, uniform and consistent standards,
24 including a certification process, for the provision of [~~health home~~
25 ~~services~~] assistance with care management provided by health homes to
26 Medicaid enrollees with chronic conditions, (b) establish payment meth-
27 odologies for [~~health home services~~] such assistance based on factors
28 including but not limited to the complexity of the conditions providers
29 will be managing, the anticipated amount of patient contact needed to
30 manage such conditions, and the health care cost savings realized by
31 provision of health home services, (c) establish the criteria under
32 which a Medicaid enrollee will be designated as being an eligible indi-
33 vidual with chronic conditions for purposes of this program, (d) assign
34 any Medicaid enrollee designated as an eligible individual with chronic
35 conditions to a provider of health home services. For purposes of this
36 section, for Medicaid enrollees enrolled with a managed care provider,
37 "assistance with care management" shall be defined as outreach, educa-
38 tional assistance and other logistical coordination designed to assist a
39 managed care provider in undertaking its care management functions. The
40 standards and scope of assistance with care management provided by
41 health homes as authorized by this section, and the payment for such
42 services, shall be prescribed by the commissioner and set forth in the
43 contract between the health home and a managed care provider as
44 prescribed by subdivision ten of this section. In identifying appropri-
45 ate payment for health home services provided pursuant to this subdivi-
46 sion, the commissioner shall take into account socioeconomic and other
47 factors affecting the level and intensity of effort required for effec-
48 tive health home outreach and engagement with identified populations.

49 2. In addition to payments made for health home services pursuant to
50 subdivision one of this section, the commissioner is authorized to pay
51 additional amounts to providers of health home services that meet proc-
52 ess or outcome standards specified by the commissioner and agreed upon
53 by the managed care provider which has contracted with the health home
54 for assistance with care management. A managed care provider shall not
55 be obligated to reimburse a health home for health home services, unless
56 the health home has contracted with the managed care provider.

2-a. Up to fifteen million dollars in state funding may be used to fund health home infrastructure development. Such funds shall be used to develop enhanced systems to support Health Home operations including assignments, workflow, and transmission of data. Funding will also be disbursed pursuant to a formula established by the commissioner to be designated health homes. Such formula may consider prior access to similar funding opportunities, geographic and demographic factors, including the population served, and prevalence of qualifying conditions, connectivity to providers, and other criteria as established by the commissioner.

2-b. The commissioner is authorized to make lump sum payments or adjust rates of payment to providers up to a gross amount of five million dollars, to establish coordination between the health homes and the criminal justice system and for the integration of information of health homes with state and local correctional facilities, to the extent permitted by law. Such rate adjustments may be made to health homes participating in a criminal justice pilot program with the purpose of enrolling incarcerated individuals with serious mental illness, two or more chronic conditions, including substance abuse disorders, or HIV/AIDS, into such health home. Health homes receiving funds under this subdivision shall be required to document and demonstrate the effective use of funds distributed herein.

2-c. The commissioner is authorized to make grants up to a gross amount of one million dollars for certified application counselors and assistants to facilitate the enrollment of persons in high risk populations, including but not limited to persons with mental health and/or substance abuse conditions that have been recently discharged or are pending release from state and local correctional facilities. Funds allocated for certified application counselors and assistants shall be expended through a request for proposal process.

2-d. Notwithstanding any inconsistent provision of sections one hundred twelve and one hundred sixty-three of the state finance law or any other law to the contrary, the commissioner shall make grants for a gross amount of five million dollars to the Collaborative for Children and Families for the purpose of supporting the development and implementation of a comprehensive care management program for children with complex and chronic medical conditions. Funds allocated herein shall be distributed without a request for proposals and shall not be disbursed pursuant to a formula.

3. Until such time as the commissioner obtains necessary waivers and/or approvals of the federal social security act, Medicaid enrollees assigned to providers of health home services will be allowed to opt out of such services. In addition, upon enrollment, an enrollee shall be offered an option of at least two providers of health home services, to the extent practicable.

4. Payments authorized pursuant to this section will be made with state funds only, to the extent that such funds are appropriated therefore, until such time as federal financial participation in the costs of such services is available.

5. The commissioner is authorized to submit amendments to the state plan for medical assistance and/or submit one or more applications for waivers of the federal social security act, to obtain federal financial participation in the costs of health home services provided pursuant to this section, and as provided in subdivision three of this section.

~~6. Notwithstanding any limitations imposed by section three hundred sixty-four-1 of this title on entities participating in demonstration~~

~~projects established pursuant to such section, the commissioner is authorized to allow such entities which meet the requirements of this section to provide health home services.]~~

7. Notwithstanding any law, rule, or regulation 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 jointly establish a single set of operating and reporting requirements and a single set of construction and survey requirements for entities that:

(a) can demonstrate experience in the delivery of health, and mental health and/or alcohol and substance abuse services and/or services to persons with developmental disabilities, and the capacity to offer integrated delivery of such services in each location approved by the commissioner; and

(b) meet the standards established pursuant to subdivision one of this section for providing [~~and receiving payment for health home~~] assistance with care management services; provided, however, that an entity meeting the standards established pursuant to subdivision one of this section shall not be required to be an integrated service provider pursuant to this subdivision.

In establishing a single set of operating and reporting requirements and a single set of construction and survey requirements for entities described in this subdivision, 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 avoid duplication of requirements and to allow the integrated delivery of services in a rational and efficient manner.

8. (a) The commissioner of health is authorized to contract with one or more entities to assist the state in implementing the provisions of this section. Such entity or entities shall be the same entity or entities chosen to assist in the implementation of the multipayor patient centered medical home program pursuant to section twenty-nine hundred fifty-nine-a of the public health law. Responsibilities of the contractor shall include but not be limited to: developing recommendations with respect to program policy, reimbursement, system requirements, reporting requirements, evaluation protocols, and provider and patient enrollment; providing technical assistance to potential medical home and health home providers; data collection; data sharing; program evaluation, and preparation of reports.

(b) Notwithstanding any inconsistent provision 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 other law, the commissioner of health 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:

(i) 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 of health; and

(iii) 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.

9. The contract entered into by the commissioner of health prior to January first, two thousand thirteen pursuant to subdivision eight of this section may be amended or modified without the need for a competitive bid or request for proposal process, and without regard to the provisions of sections one hundred twelve and one hundred sixty-three of the state finance law, section one hundred forty-two of the economic development law, or any other provision of law, excepting the responsible vendor requirements of the state finance law, including, but not limited to, sections one hundred sixty-three and one hundred thirty-nine-k of the state finance law, to allow the purchase of additional personnel and services, subject to available funding, for the limited purpose of assisting the department of health with implementing the Balancing Incentive Program, the Fully Integrated Duals Advantage Program, the Vital Access Provider Program, the Medicaid waiver amendment associated with the public hospital transformation, the addition of behavioral health services as a managed care plan benefit, the delivery system reform incentive payment plan, activities to facilitate the transition of vulnerable populations to managed care and/or any workgroups required to be established by the chapter of the laws of two thousand thirteen that added this subdivision. The department is authorized to extend such contract for a period of one year, without a competitive bid or request for proposal process, upon determination that the existing contractor is qualified to continue to provide such services; provided, however, that the department of health shall submit a request for applications for such contract during the time period specified in this subdivision and may terminate the contract identified herein prior to expiration of the extension authorized by this subdivision.

10. Notwithstanding any provision of this section to the contrary, managed care providers operating pursuant to section three hundred sixty-four-j of this title may either contract directly with one or more care management agencies or with one or more health homes to provide assistance with care management as authorized by this section to Medicaid enrollees who participate with the managed care provider. Such assistance with care management services: (i) shall be available to enrollees who would otherwise be eligible to receive health home services pursuant to this section; (ii) may be provided to participants enrolled with the managed care provider without regard to any service area designation or limitation otherwise applicable to the health home; and (iii) shall not include the delegation of the actual care management functions undertaken by a managed care provider, unless the managed care provider, in its discretion, determines to delegate such function to the health home pursuant to the terms of the agreement between the managed care provider and the health home. Participants in a managed care provider shall not be eligible to receive health home services from any health home that has not entered into a contract to provide assistance with care management services with a managed care provider pursuant to this paragraph.

§ 8. Notwithstanding any provision of law to the contrary, for rates of payment for the period April 1, 2017 through March 31, 2018, not-for-profit residential health care facilities with a department of health

1 bed census count of four hundred seventy beds as of December 31, 2016
2 and located in the county of Monroe shall receive an aggregate per diem
3 adjustment of eight hundred sixty thousand dollars. Such adjustment
4 shall reflect payment for otherwise reimbursable services that were not
5 previously reimbursed due to an unforeseen systems error resulting in
6 the provider's failure to submit timely claims for services. The adjust-
7 ment may be payable by the department of health through Medicaid rates
8 of payment as a rate add-on or lump sum payments through the statewide
9 financial system, on a quarterly basis or any other basis as determined
10 by the commissioner of health. Such adjustment shall be in addition to
11 any other claims for reimbursement made by such eligible facilities.
12 Such adjustment shall be subject to cash receipts assessment and equity
13 withdrawal limitations.

14 § 9. Subdivision 2 of section 365-a of the social services law is
15 amended by adding a new paragraph (ee) to read as follows:

16 (ee) Medical assistance shall include infertility services at the same
17 coverage level as provided for by paragraphs thirteen and thirteen-a of
18 subsection (i) of section three thousand two hundred sixteen, paragraph
19 six of subsection (k) of section three thousand two hundred twenty-one
20 and section four thousand three hundred three of the insurance law.

21 § 10. This act shall take effect immediately; provided, however, that
22 the implementation of the provisions of section two of this act shall be
23 subject to the appropriation of moneys specifically for the purposes
24 thereof; provided, however, that section three of this act shall be
25 deemed to have been in full force and effect on and after April 1, 2016;
26 provided, further, the amendments made to section 364-j of the social
27 services law by sections five and six of this act shall not affect the
28 repeal of such section and shall be deemed repealed therewith.

29 PART W

30 Section 1. Paragraph (q) of subdivision 1 of section 2995-a of the
31 public health law, as added by chapter 542 of the laws of 2000, is
32 amended to read as follows:

33 (q) health care plans with which the licensee has contracts, employ-
34 ment, or other affiliation; provided that the reporting of such informa-
35 tion shall not be the responsibility of the physician, but shall be
36 included and updated by the department utilizing provider network
37 participation information, or other reliable sources of information
38 submitted by health care plans.

39 § 2. Subdivision 4 of section 2995-a of the public health law, as
40 amended by section 3 of part A of chapter 57 of the laws of 2015, is
41 amended to read as follows:

42 4. Each physician shall periodically report to the department on forms
43 and in the time and manner required by the commissioner any other infor-
44 mation as is required by the department for the development of profiles
45 under this section which is not otherwise reasonably obtainable. In
46 addition to such periodic reports and providing the same information,
47 each physician shall update his or her profile information within the
48 six months prior to the ~~[expiration date of such physician's registra-~~
49 ~~tion period]~~ submission of the re-registration application, as a condi-
50 tion of registration renewal under article one hundred thirty-one of the
51 education law. Except for optional information provided, physicians
52 shall notify the department of any change in the profile information
53 within thirty days of such change.

§ 3. Subdivision 6 of section 2995-a of the public health law, as added by chapter 542 of the laws of 2000, is amended to read as follows:

6. A physician may elect to have his or her profile omit certain information provided pursuant to paragraphs (l), (m)[~~r~~] and (n) [~~and~~ (~~q~~)] of subdivision one of this section. In collecting information for such profiles and disseminating the same, the department shall inform physicians that they may choose not to provide such information required pursuant to paragraphs (l), (m)[~~r~~] and (n) [~~and~~ (~~q~~)] of subdivision one of this section.

§ 4. Section 2995-a of the public health law is amended by adding a new subdivision 7-a to read as follows:

7-a. For purposes of this section, a physician may authorize a designee to register, transmit, enter or update information on his or her behalf, provided that:

(a) the designee so authorized is employed by the physician or the same professional practice or is under contract with such practice;

(b) the physician takes reasonable steps to ensure that such designee is sufficiently competent in the profile requirements; and

(c) the physician remains responsible for ensuring the accuracy of the information provided and for any failure to provide accurate information.

The commissioner shall establish in regulation reasonable parameters with regard to a physician's ability to authorize designees pursuant to this section, which shall include processes necessary to allow the department to: (i) grant access to the profile in a reasonably prompt manner to designees authorized by physicians; (ii) require that physicians notify the department upon terminating the authorization of any designee; and (iii) establish a mechanism to prevent such terminated designees from accessing the profile in a reasonably prompt manner following such notification.

§ 5. The article heading of article 43-B of the public health law, as added by chapter 589 of the laws of 1990, is amended to read as follows:

ORGAN[~~, TISSUE AND BODY PARTS~~] PROCUREMENT AND [~~STORAGE~~]

DONOR SUPPORT

§ 6. Sections 4360 through 4368 of article 43-B of the public health law are designated title 1, and a new title heading is added to read as follows:

ORGAN, TISSUE AND BODY PARTS PROCUREMENT AND STORAGE

§ 7. Article 43-B of the public health law is amended by adding a new title 2 to read as follows:

TITLE 2

LIVING ORGAN DONATION

Section 4369. Definitions.

4370. Reimbursement of living donor expenses.

4371. Transplant education of patients with kidney disease or end stage renal failure.

§ 4369. Definitions. As used in this title, the following terms shall have the following meanings, unless the context clearly requires otherwise:

1. "Living donation" means the gift by an individual of an organ of that individual's body to be transplanted into another individual's body, the gift to be executed while the donating individual is living and with the intent that the donating individual will continue to live after the execution of the gift.

2. "Living donor" means an individual who makes a living donation.

1 3. "Living donor expenses" means financial costs incurred by a living
2 donor that arise due to the act of living donation and its consequences,
3 that are subject to reimbursement under section forty-three hundred
4 seventy of this title.

5 4. "Living donor support program" or "program" means the living donor
6 support program established under section forty-three hundred seventy of
7 this title.

8 5. "Paired donation" means a living donation in which the living
9 donor's organ is incompatible with the ultimate intended recipient and
10 the living donor's organ is transplanted into another recipient, and in
11 turn another living donor makes a living donation, directly or through
12 one or more paired donations, to the ultimate recipient.

13 § 4370. Reimbursement of living donor expenses. 1. The living donor
14 support program is hereby established in the department.

15 2. (a) Subject to appropriations therefor, the program shall pay the
16 living donor expenses for living donors who are residents of the state
17 and make a living donation in which the ultimate recipient, either
18 directly or through paired donation is a resident of the state. The
19 commissioner through regulations shall establish eligible living donor
20 expenses that are eligible for reimbursement under the program which
21 shall include at a minimum: lost wages (including demonstrated lost
22 non-employment income); the economic value of sick or vacation days
23 expended; travel and lodging, child care and elder care expenses; and
24 costs of medications and care associated with the living donation
25 surgery. The total period of time related to lost wages or expended sick
26 or vacation days shall not exceed four weeks unless special circum-
27 stances are demonstrated, such as the nature of physical labor required
28 for the living donor's employment; provided that the total period shall
29 in no event exceed eight weeks. The commissioner may by regulation
30 impose a limitation on: (i) the amount of lost wages for a living donor
31 making an income in excess of an annual rate of one hundred twenty-five
32 thousand dollars; or (ii) the amount of living donor expenses above
33 fourteen thousand dollars for any single living donor; and may include
34 additional living donor expenses including reimbursement for costs of
35 care performed by relatives or family members of the living donor.

36 (b) The program shall not pay reimbursement for expenses paid or
37 required to be paid for by any third-party payer, including wages or
38 other expenses that were covered under paid medical leave by the living
39 donor's employer or that are covered by other sources of reimbursement
40 such as the federal National Living Donor Assistance Program. The
41 program shall be the payer of last resort with respect to any benefit
42 under the program.

43 (c) Living donor expenses shall be reimbursed as close in time as
44 possible to their being incurred by the donor, including by pre-payment
45 where practicable.

46 3. (a) The commissioner may contract for the administration of
47 reimbursement under the program. Factors such as cost to the state, ease
48 of use for the living donor, and ease of use for transplant center
49 hospitals shall be taken into consideration when awarding such contract.

50 (b) The commissioner shall make regulations to implement this section.

51 (c) This section shall be interpreted so as not to conflict with the
52 federal National Organ Transplant Act (42 U.S.C. 274e).

53 § 4371. Transplant education of patients with kidney disease or end
54 stage renal failure. For any patient with chronic kidney disease stage
55 four or end stage renal disease, a nephrologist managing the patient's
56 treatment or, if the patient is not under the treatment of a nephrolo-

gist then the patient's primary care practitioner, shall consider whether the patient is a candidate for transplantation under applicable professional and legal guidelines, and, if the patient appears to be a candidate for transplantation, provide the patient with transplant education materials including those prepared under section two hundred seven of this chapter.

§ 8. Paragraph (d) of subdivision 1 of section 207 of the public health law, as amended by section 16 of part A of chapter 109 of the laws of 2010, is amended to read as follows:

(d) The need for and importance of organ and tissue donation, including living donation, including information about being registered as an organ and tissue donor and executing documents of gift under article forty-three of this chapter; and information to increase patient understanding about the medical option of transplant and its desirability. In implementing this paragraph, the department shall consult with the transplant council in the department.

§ 9. Paragraph 38 of subsection (c) of section 612 of the tax law, as added by chapter 565 of the laws of 2006, is amended to read as follows:

(38) An amount of up to ten thousand dollars if a taxpayer, while living, donates one or more of his or her human organs to another human being for human organ transplantation. For purposes of this paragraph, "human organ" means all or part of a liver, pancreas, kidney, intestine, lung, or bone marrow. A subtract modification allowed under this paragraph shall be claimed in the taxable year in which the human organ transplantation occurs. Provided, however, that this deduction shall not apply to any donation for which the taxpayer has received benefits under section forty-three hundred seventy of the public health law.

§ 10. The social services law is amended by adding a new section 365-o to read as follows:

§ 365-o. Provision and coverage of services for living organ donors. This section applies in the case of a living donor under section forty-three hundred seventy of the public health law who is otherwise eligible for medical assistance under this article. Services for that person covered under that section that would otherwise be health care services under this article shall be paid for under this article and not under such section, provided federal financial participation is available.

§ 11. Article 2 of the public health law is amended by adding a new title 4-A to read as follows:

TITLE IV-A

LUPUS RESEARCH ENHANCEMENT ACT

Section 256. Short title.

256-a. Legislative intent.

256-b. Definition.

256-c. Lupus research enhancement program.

256-d. Lupus research advisory council.

256-e. Lupus research enhancement fund.

§ 256. Short title. This title shall be known and may be cited as the "lupus research enhancement act".

§ 256-a. Legislative intent. 1. The legislature hereby finds the following:

(a) Lupus is a serious, complex, debilitating autoimmune disease that can cause inflammation and tissue damage to virtually any organ system in the body, including the skin, joints, other connective tissue, blood and blood vessels, heart, lungs, kidney, and brain.

1 (b) The Lupus Foundation of America, Inc. estimates that approximately
2 1.5 to two million Americans live with some form of lupus; lupus affects
3 women nine times more often than men and eighty percent of newly diag-
4 nosed cases of lupus develop among women of childbearing age.

5 (c) Lupus disproportionately affects women of color - it is two to
6 three times more common among African-Americans, Hispanics, Asians and
7 Native Americans and is generally more prevalent in minority populations
8 - a health disparity that remains unexplained. According to the Centers
9 for Disease Control and Prevention the rate of lupus mortality has
10 increased since the late nineteen seventies and is higher among older
11 African-American women.

12 (d) No new drugs have been approved by the U.S. Food and Drug Adminis-
13 tration specifically for lupus in nearly forty years, and while current
14 treatments for the disease can be effective, they can lead to damaging
15 side effects.

16 (e) The pain and fatigue associated with lupus can threaten people's
17 ability to live independently, make it difficult to maintain employment
18 and lead normal lives, and one in five people with lupus is disabled by
19 the disease, and consequently receives support from government programs,
20 including medicare, medicaid, social security disability, and social
21 security supplemental income.

22 (f) The estimated average annual cost of medical treatment for an
23 individual with lupus can range between ten thousand dollars and thirty
24 thousand dollars; for people who have the most serious form of lupus,
25 medical costs can greatly exceed this amount, causing a significant
26 economic, emotional and social burden to the entire family and society.

27 (g) More than half of the people with lupus suffer four or more years
28 and visit three or more physicians before obtaining a diagnosis of
29 lupus; early diagnosis of and commencement of treatment for lupus can
30 prevent or reduce serious organ damage, disability, and death.

31 (h) Despite the magnitude of lupus and its impact on individuals and
32 families, health professional and public understanding of lupus remains
33 low; only one of five Americans can provide even basic information about
34 lupus, and awareness of lupus is lowest among adults ages eighteen to
35 thirty-four - the age group most likely to develop symptoms of lupus.

36 (i) Lupus is a significant national health issue that deserves a
37 comprehensive and coordinated response by state and federal governments
38 with involvement of the health care provider, patient, and public health
39 communities.

40 2. The purposes of this title are:

41 (a) To promote basic and clinical research programs designed to reduce
42 or prevent suffering from lupus, by providing additional funding to
43 state academic medical institutions within the state currently conduct-
44 ing or having an interest in conducting basic and clinical, social,
45 translational, technological, epidemiological, and behavioral research
46 on lupus. Such activities may include:

47 (i) investigating the pathogenesis and physiology of lupus;
48 (ii) identifying and validating lupus biomarkers;
49 (iii) enhancing the statewide infrastructure to conduct clinical
50 trials of potential new lupus therapies;

51 (iv) developing or improving diagnostic tests for early detection of
52 lupus; and

53 (v) developing novel therapies to treat lupus.

54 (b) To establish a multidisciplinary lupus research advisory council
55 to monitor progress and make granting recommendations to the department.

1 § 256-b. Definition. As used in this title, "program" shall mean the
2 lupus research enhancement program created pursuant to section two
3 hundred fifty-six-c of this title.

4 § 256-c. Lupus research enhancement program. 1. The commissioner shall
5 establish within the department a lupus research enhancement program
6 through which the department shall make grants to state academic medical
7 institutions within the state currently conducting or having an interest
8 in conducting basic and clinical, social, translational, technological,
9 epidemiological, and behavioral research on lupus.

10 2. All research funds shall be awarded on the basis of the research
11 priorities established for the program and the scientific merit of the
12 proposed research, as determined by an open, competitive peer review
13 process that ensures objectivity, consistency, and high quality. All
14 investigators, regardless of affiliation, shall have equal access and
15 opportunity to compete for program funds.

16 3. The peer review process for the selection of research grants
17 awarded under this program shall be modeled generally on that used by
18 the national institutes of health in its grant making process.

19 4. An awardee shall be awarded grants for the full cost, both direct
20 and indirect, of conducting the sponsored research consistent with those
21 federal guidelines governing all federal research grants and contracts.
22 All intellectual property assets developed under this program shall be
23 treated in accordance with state and federal law.

24 5. In establishing its research priorities, the state shall consult
25 with the lupus research advisory council and consider a broad range of
26 cross-disciplinary lupus research, including, but not limited to,
27 research into the cause, cure, and diagnosis of lupus; translational and
28 technological research, including research to develop improved diagnos-
29 tic tests; research regarding the cultural, economic, and legal barriers
30 to accessing the health care system for early detection and treatment of
31 lupus; and research examining the health disparities seen in the inci-
32 dence and prevalence of lupus.

33 § 256-d. Lupus research advisory council. 1. Operations. (a) The coun-
34 cil shall be comprised of fifteen members representing a broad range of
35 expertise and experience.

36 (b) Individuals and organizations may submit nominations to the
37 commissioner through the council.

38 (c) Each appointed council member should have familiarity with lupus
39 and issues that surround lupus and be one of the following: health and
40 medical professional with expertise in lupus; an individual with lupus;
41 a representative from a local or county health department; or a recog-
42 nized expert in the provision of health services to women, lupus
43 research or health disparities.

44 (d) The council shall be comprised as follows:

45 (i) at least three individuals with lupus;

46 (ii) no more than two representatives from the department;

47 (iii) at least five individuals from lupus nonprofit health organiza-
48 tions; and

49 (iv) at least five scientists or clinicians with experience in lupus
50 and who participate in various fields of scientific endeavor, including,
51 but not limited to, the fields of biomedical research, social, transla-
52 tional, behavioral and epidemiological research, and public health.

53 (e) All members of the council shall be appointed by the commissioner
54 and the commissioner shall choose from among the fifteen council members
55 one member to serve as chair.

1 (f) All members of the council shall serve terms of two years each.
2 Members can be named to serve a total of two terms and terms can be
3 consecutive.

4 (g) Members shall serve without compensation, but shall be entitled to
5 actual, necessary expenses incurred in the performance of their business
6 as members of the council.

7 (h) A majority of the members of the council shall constitute a
8 quorum. A majority vote of a quorum shall be required for any official
9 action of the council.

10 (i) The council shall meet at the call of the chair, but not less than
11 four times per year.

12 2. Functions. The lupus research advisory council shall:

13 (a) review submitted grant applications and make recommendations to
14 the commissioner, and the commissioner shall, at his or her discretion,
15 grant approval of applications for grants from those applications recom-
16 mended by the council (if a council member submits an application for a
17 grant from the lupus research and education fund, he or she will be
18 prohibited from reviewing and making a recommendation on the applica-
19 tion);

20 (b) consult with the national institutes of health, centers for
21 disease control and prevention, the agency for healthcare research and
22 quality, the national academy of sciences (institute of medicine), lupus
23 advocacy groups, and other organizations or entities which may be
24 involved in lupus research to solicit both information regarding lupus
25 research projects that are currently being conducted and recommendations
26 for future research projects; and

27 (c) shall transmit annually on or before December thirty-first, a
28 report to the legislature on grants made, grants in progress, program
29 accomplishments, and future program directions. Each report shall
30 include, but not be limited to, the following information:

31 (i) the number and dollar amounts of research grants, including the
32 amount allocated to indirect costs;

33 (ii) the subject of research grants;

34 (iii) the relationship between federal and state funding for lupus
35 research;

36 (iv) the relationship between each project and the overall strategy of
37 the research program;

38 (v) a summary of research findings including discussion of promising
39 new areas;

40 (vi) the institutions and campuses receiving grant awards; and

41 (vii) the first annual report shall include an evaluation and recom-
42 mendations concerning the desirability and feasibility of requiring
43 for-profit grantees to compensate the state in the event that a grant
44 results in the development of a profit-making product. This evaluation
45 shall include, but not be limited to, the costs and benefits of requir-
46 ing a for-profit grantee to repay the grant, to provide the product at
47 cost to state programs serving low-income lupus patients, and to pay the
48 state a percentage of the royalties derived from the product.

49 3. Contributions. The secretary of the lupus research advisory council
50 may accept grants, services, and property from the federal government,
51 foundations, organizations, medical schools, and other entities as may
52 be available for the purposes of fulfilling the obligations of this
53 program. Any such funds shall supplement and not supplant appropriations
54 provided for the implementation of this article.

1 4. Waivers. The secretary of the lupus research advisory council shall
2 seek any federal waiver or waivers that may be necessary to maximize
3 funds from the federal government to implement this program.

4 § 256-e. Lupus research enhancement fund. All moneys received pursuant
5 to section two hundred fifty-six-c of this title shall be credited to
6 the fund, as established by section ninety-five-i of the state finance
7 law. The commissioner shall use the fund to administer the lupus
8 research enhancement program and to make grants to awardees pursuant to
9 section two hundred fifty-six-c of this title.

10 § 12. The state finance law is amended by adding a new section 95-i to
11 read as follows:

12 § 95-i. Lupus research enhancement fund. 1. There is hereby estab-
13 lished in the joint custody of the commissioner of taxation and finance
14 and the comptroller, a special fund to be known as the "lupus research
15 enhancement fund".

16 2. Such fund shall consist of all monies appropriated for the purpose
17 of such fund and any grant, gift or bequest made to the lupus research
18 enhancement program as established by title four-A of article two of the
19 public health law.

20 3. Moneys of the fund shall be available for grants through the lupus
21 research enhancement program advisory council and for the expenses of
22 the lupus research enhancement program advisory council, and shall be
23 expended only for the purposes spelled out in sections two hundred
24 fifty-six-c and two hundred fifty-six-d of the public health law.

25 4. Moneys in the lupus research enhancement fund shall be kept sepa-
26 rate and shall not be commingled with any other moneys in the custody of
27 the commissioner of taxation and finance and the comptroller.

28 5. The moneys of the fund shall be paid out on the audit and warrant
29 of the comptroller on vouchers certified or approved by the commissioner
30 of health, or by an officer or employee of the department of health
31 designated by such commissioner.

32 § 13. Section 2805-x of the public health law, as added by section` 48
33 of part B of chapter 57 of the laws of 2015, is amended to read as
34 follows:

35 § 2805-x. Hospital-home care-physician collaboration program. 1. The
36 purpose of this section shall be to facilitate innovation in hospital,
37 home care agency and physician collaboration in meeting the community's
38 health care needs. It shall provide a framework to support voluntary
39 initiatives in collaboration to improve patient care access and manage-
40 ment, patient health outcomes, cost-effectiveness in the use of health
41 care services and community population health. Such collaborative hospi-
42 tal-home care-physician initiatives may also include payors, skilled
43 nursing facilities, emergency medical services and other interdiscipli-
44 nary providers, practitioners and service entities as part of such
45 hospital-home care-physician collaborative.

46 2. For purposes of this section:

47 (a) "Hospital" shall include a general hospital as defined in this
48 article or other inpatient facility for rehabilitation or specialty care
49 within the definition of hospital in this article.

50 (b) "Home care agency" shall mean a certified home health agency, long
51 term home health care program or licensed home care services agency as
52 defined in article thirty-six of this chapter.

53 (c) "Payor" shall mean a health plan approved pursuant to article
54 forty-four of this chapter, or article thirty-two or forty-three of the
55 insurance law.

(d) "Practitioner" shall mean any of the health, mental health or health related professions licensed pursuant to title eight of the education law.

(e) "Emergency medical services" (EMS) shall mean the services of an ambulance service or an advanced life support first response service certified under article thirty of this chapter staffed by emergency medical technicians or advanced emergency medical technicians to provide basic or advance life support and, for the purposes of the community paramedicine collaboration model set forth in subdivision four of this section, also to provide such services pursuant to such models in circumstances other than the initial emergency medical care and transportation of sick and injured persons.

3. The commissioner is authorized to provide financing including, but not limited to, grants or positive adjustments in medical assistance rates or premium payments, to the extent of funds available and allocated or appropriated therefor, including funds provided to the state through federal waivers, funds made available through state appropriations and/or funding through section twenty-eight hundred seven-v of this article, as well as waivers of regulations under title ten of the New York codes, rules and regulations, to support the voluntary initiatives and objectives of this section. Nothing in this section shall be construed to limit, or to imply the need for state approval of, collaborative initiatives enumerated in this section which are otherwise permissible under law or regulation, provided however that the approval of the commissioner shall be required for either state funding or regulatory waivers as provided for under this section.

4. Hospital-home care-physician collaborative initiatives under this section may include, but shall not be limited to:

(a) Hospital-home care-physician integration initiatives, including but not limited to:

(i) transitions in care initiatives to help effectively transition patients to post-acute care at home, coordinate follow-up care and address issues critical to care plan success and readmission avoidance;

(ii) clinical pathways for specified conditions, guiding patients' progress and outcome goals, as well as effective health services use;

(iii) application of telehealth/telemedicine services in monitoring and managing patient conditions, and promoting self-care/management, improved outcomes and effective services use;

(iv) facilitation of physician house calls to homebound patients and/or to patients for whom such home visits are determined necessary and effective for patient care management;

(v) additional models for prevention of avoidable hospital readmissions and emergency room visits;

(vi) health home development;

(vii) development and demonstration of new models of integrated or collaborative care and care management not otherwise achievable through existing models; ~~and~~

(viii) bundled payment demonstrations for hospital-to-post-acute-care for specified conditions or categories of conditions, in particular, conditions predisposed to high prevalence of readmission, including those currently subject to federal/state penalty, and other discharges with extensive post-acute needs; and

(ix) models of community paramedicine, under which hospitals, emergency medical services who utilize employed or volunteer emergency medical technicians or advanced emergency medical technicians, physicians and home care agencies may develop and implement a plan for the collabora-

tive provision of services in community-settings. In addition to emergency services provided under article thirty of this chapter, models of community paramedicine may include collaborative services to at-risk individuals living in the community to prevent emergencies, avoidable emergency room need, avoidable transport and potentially avoidable hospital admissions and readmissions; community paramedicine services to individuals with behavioral health conditions, or developmental or intellectual disabilities, shall further include the collaboration of appropriate providers of behavioral health services licensed or certified under the mental hygiene law;

(b) Recruitment, training and retention of hospital/home care direct care staff and physicians, in geographic or clinical areas of demonstrated need. Such initiatives may include, but are not limited to, the following activities:

(i) outreach and public education about the need and value of service in health occupations;

(ii) training/continuing education and regulatory facilitation for cross-training to maximize flexibility in the utilization of staff, including:

(A) training of hospital nurses in home care;

(B) dual certified nurse aide/home health aide certification; ~~and~~

(C) dual personal care aide/HHA certification; and

(D) orientation and/or collaborative training of EMS, hospital, home care, physician and, as necessary, other participating provider staff in community paramedicine;

(iii) salary/benefit enhancement;

(iv) career ladder development; and

(v) other incentives to practice in shortage areas; and

(c) Hospital - home care - physician collaboratives for the care and management of special needs, high-risk and high-cost patients, including but not limited to best practices, and training and education of direct care practitioners and service employees.

5. Hospitals and home care agencies which are provided financing or waivers pursuant to this section shall report to the commissioner on the patient, service and cost experiences pursuant to this section, including the extent to which the project goals are achieved. The commissioner shall compile and make such reports available on the department's website.

§ 14. The public health law is amended by adding a new section 3001-a to read as follows:

§ 3001-a. Community paramedicine services. Notwithstanding any inconsistent provision of this article, an emergency medical technician or advanced emergency medical technician in course of his or her work as an employee or volunteer of an ambulance service or an advanced life support first response service certified under this article to provide emergency medical services may also participate in models of community paramedicine pursuant to section twenty-eight hundred five-x of this chapter.

§ 15. Subdivision 15 of section 3001 of the public health law, as amended by chapter 445 of the laws of 1993, is amended to read as follows:

15. "Medical control" means: (a) advice and direction provided by a physician or under the direction of a physician to certified first responders, emergency medical technicians or advanced emergency medical technicians who are providing medical care at the scene of an emergency or en route to a health care facility, or in community paramedicine

1 collaborative initiative pursuant to section twenty-eight hundred five-x
2 of this chapter; and (b) indirect medical control including the written
3 policies, procedures, and protocols for prehospital emergency medical
4 care and transportation developed by the state emergency medical advi-
5 sory committee, approved by the state emergency medical services council
6 and the commissioner, and implemented by regional medical advisory
7 committees.

8 § 16. Section 617 of the public health law, as amended by section 28
9 of part E of chapter 56 of the laws of 2013, is amended to read as
10 follows:

11 § 617. Maintenance of effort. Such amount of state aid provided will
12 be used to support and to the extent practicable, to increase the level
13 of funds that would otherwise be made available for such purposes and
14 not to supplant the amount to be provided by the municipalities. If a
15 municipality that is provided state aid pursuant to title one of this
16 article reduces its expenditures beneath the amount expended in its base
17 year, which is the most recent fiscal year for which the municipality
18 has filed all expenditure reports to the department, state aid
19 reimbursement provided pursuant to subdivision one of section six
20 hundred five of this article will be reduced by the percentage reduction
21 in expenditures between its base year and its current fiscal year. For
22 purposes of this section, reductions in expenditures shall be adjusted
23 for: an absence of extraordinary expenditures of a temporary nature,
24 such as disaster relief; unavoidable or justifiable program reductions,
25 such as a program being subsumed by another agency; or in circumstances
26 where the municipality can demonstrate, to the department's satisfac-
27 tion, that the need for the expenditure no longer exists. Maintenance of
28 effort shall be based on a municipality's total eligible expenditures in
29 the current fiscal year, and shall not be required for each individual
30 core service. Review of expenditures for purposes of maintenance of
31 effort requirements will occur no more than once each fiscal year.

32 § 17. This act shall take effect immediately; provided, however, that:

33 1. sections one, two, three and four of this act shall take effect on
34 the ninetieth day after it shall have become a law; and

35 2. sections five, six, seven, eight, nine and ten of this act shall
36 take effect April 1, 2018; provided that, effective immediately, the
37 commissioner of health shall make regulations and take other actions
38 reasonably necessary to implement such provisions on that date.

39 PART X

40 Section 1. This act shall be known and may be cited as the "clean
41 water act of 2017".

42 § 2. Intentionally omitted.

43 § 2-a. The clean water bond act of 2017 is enacted to read as follows:

44 CLEAN WATER BOND ACT OF 2017

45 Section 1. Short title.

46 2. Creation of a state debt.

47 3. Bonds of the state.

48 4. Use of the moneys received.

49 Section 1. Short title. This act shall be known and may be cited as
50 the "clean water bond act of 2017".

51 § 2. Creation of a state debt. The creation of a state debt to an
52 amount not exceeding in the aggregate five billion dollars
53 (\$5,000,000,000), is hereby authorized to provide moneys for the single
54 purpose of preserving, enhancing, restoring and improving the quality of

1 the state's water by the accomplishment of projects and the funding of
2 activities by state agencies, public authorities and public benefit
3 corporations, municipalities, and other governmental entities and not-
4 for-profit corporations exclusively through the implementation of the
5 New York state regional water infrastructure improvement act of 2017.

6 Funds expended from moneys derived from the sale of bonds authorized
7 in section three of this act that are later recovered under a state or
8 federal superfund or through other means from polluters shall be repaid
9 to satisfy any state debt created pursuant to this act.

10 § 3. Bonds of the state. The state comptroller is hereby authorized
11 and empowered to issue and sell bonds of the state to the amount of five
12 billion dollars (\$5,000,000,000), for the purpose of this act, subject
13 to the provisions of article 5 of the state finance law.

14 The aggregate principal amount of such bonds shall not exceed five
15 billion dollars (\$5,000,000,000), excluding bonds issued to refund or
16 otherwise repay bonds theretofore issued for such purpose; provided,
17 however, that upon any such refunding or repayment the total aggregate
18 principal amount of outstanding bonds may be greater than five billion
19 dollars (\$5,000,000,000), only if the present value of the aggregate
20 debt service of the refunding or repayment bonds to be issued shall not
21 exceed the present value of the aggregate debt service of the bonds to
22 be refunded or repaid. The method for calculating present value shall be
23 determined by law. Any funds expended from moneys derived from the sale
24 of bonds pursuant to this section that are subsequently recovered under
25 state or federal superfund or other methods from polluters shall be used
26 to repay the bonds.

27 § 4. Use of the moneys received. The moneys received by the state from
28 the sale of bonds sold pursuant to this act shall be expended pursuant
29 to the New York state regional water infrastructure improvement act of
30 2017.

31 § 3. The public health law is amended by adding a new section 1113 to
32 read as follows:

33 § 1113. Lead service line replacement grant program. Notwithstanding
34 section one hundred sixty-three of the state finance law or any incon-
35 sistent provision of law to the contrary, and within amounts appropri-
36 ated therefor, the department shall award grants to municipalities with-
37 out a formal competitive process, for purposes of replacing lead service
38 lines used to supply drinking water. When determining which munici-
39 palities shall receive awards and the amount of such awards, the depart-
40 ment shall consider for each municipality the cost of replacing lead
41 service lines and the number of persons who receive drinking water from
42 such service lines, and shall give priority to those municipalities with
43 low-income communities, according to a methodology as shall be deter-
44 mined by the department.

45 § 4. Article 27 of the environmental conservation law is amended by
46 adding a new title 12 to read as follows:

47 TITLE 12

48 IMMEDIATE ABATEMENT, REMEDIATION AND INFRASTRUCTURE NEEDS

49 Section 27-1201. Solid waste management facility and drinking water
50 investigation and remediation.

51 27-1203. Emergency infrastructure investigation and financial
52 assistance grant program.

53 § 27-1201. Solid waste management facility and drinking water investi-
54 gation and remediation.

55 1. The department shall investigate an active or inactive solid waste
56 management facility which is known or suspected of contributing to a

1 significant or imminent threat to the public health or welfare. After
2 such investigation the department shall remediate any active or inactive
3 solid waste management facility which is known to cause an imminent
4 threat to the public health or welfare. Up to four million dollars over
5 twenty-four months from the date of initial response shall be made
6 available for such remediation projects. If the department determines
7 that hazardous wastes at such site constitute a significant threat to
8 the environment pursuant to section 27-1313 of this article, the commis-
9 sioner shall pursuant to such section immediately require the develop-
10 ment and implementation of a department-approved inactive hazardous
11 waste disposal site remedial program.

12 2. The department shall investigate any area or structure which is
13 known or suspected of causing or contributing to an exceedance of maxi-
14 mum contaminant level or other threshold level set by the department of
15 health or otherwise recommended by the drinking water quality institute,
16 at a current source of drinking water. After such investigation, if the
17 department, in conjunction with the department of health, determines the
18 area or structure is causing or contributing to an exceedance of any
19 maximum contaminant level or other threshold level set by the department
20 of health or recommended by the drinking water quality institute, the
21 department shall institute remedial measures which may include the
22 installation of treatment systems, including but not limited to instal-
23 lation of onsite water supplies, or the provision of alternative water
24 supply sources to ensure that water meets applicable maximum contaminant
25 levels or other threshold concentrations set by the department of
26 health. Up to four million dollars over twenty-four months from the date
27 of initial response shall be made available for such remediation
28 projects. If the department determines hazardous wastes at such site
29 constitute a significant threat to the environment pursuant to section
30 27-1313 of this article, the commissioner shall pursuant to such section
31 immediately require the development and implementation of a department-
32 approved inactive hazardous waste disposal site remedial program.

33 3. The department shall make all reasonable efforts to recover from a
34 responsible person the full amount of any funds expended for investi-
35 gation or remediation undertaken pursuant to subdivision one or two of
36 this section, provided however that recovery is not authorized for
37 investigation or remediation costs incurred pursuant to subdivision one
38 or two of this section where such investigation does not reveal an immi-
39 nent threat to public health or welfare, or an exceedance of any maximum
40 contaminant level or other threshold warranting remediation. Nothing in
41 this subdivision shall limit the department's ability to recover from a
42 responsible person the department's costs associated with investigating
43 or remediating an inactive hazardous waste disposal site pursuant to
44 title thirteen of this article.

45 § 27-1203. Emergency infrastructure investigation and financial assist-
46 ance grant program.

47 The department shall, within amounts appropriated therefor, create an
48 emergency infrastructure investigation and financial assistance grant
49 program. Upon a municipality's request, the department shall investigate
50 any situation in which the state of the municipality's infrastructure is
51 causing or may cause an imminent threat to the public health or welfare,
52 or the environment. After such investigation, if the department deter-
53 mines the state of the infrastructure is or may result in harm to the
54 public health or welfare, or to the environment, grants of up to one
55 hundred percent of infrastructure construction, updating, replacement,
56 or repair shall be made for any infrastructure project that will elimi-

1 nate or substantially reduce such harm. Nothing in this section shall
2 prohibit a municipality from eligibility for other infrastructure fund-
3 ing provided by the state.

4 § 4-a. Subdivision 3 of section 27-1309 of the environmental conserva-
5 tion law, as amended by section 4 of part E of chapter 1 of the laws of
6 2003, is amended to read as follows:

7 3. Any duly designated officer or employee of the department, or of
8 any state agency, and any agent, consultant, contractor, or other
9 person, including an employee, agent, consultant, or contractor of a
10 responsible person acting at the direction of the department, so author-
11 ized in writing by the commissioner, may enter any inactive hazardous
12 waste disposal site or area where the disposal of wastes may pose an
13 imminent threat to the public health or environment and areas near such
14 site and inspect and take samples of wastes, soils, air, surface water,
15 and groundwater. In order to take such samples, the department or
16 authorized person may utilize or cause to be utilized such sampling
17 methods as it determines to be necessary including, but not limited to,
18 soil borings and monitoring wells.

19 § 4-b. Sections four-b through four-f of this act shall be known and
20 may be cited as the "New York state regional water infrastructure
21 improvement act of 2017".

22 § 4-c. For purposes of sections four-b through four-f of this act:

23 1. "water quality infrastructure project" shall mean "sewage treatment
24 works" as defined in section 17-1903 of the environmental conservation
25 law, "eligible project" as defined in paragraphs (a), (b), (c) and (e)
26 of subdivision 4 of section 1160 of the public health law, or "stormwa-
27 ter collecting system" as defined in subdivision 27 of section 56-0101
28 of the environmental conservation law.

29 2. "construction" shall mean:

30 (a) For sewage treatment works, the same meaning as defined in section
31 17-1903 of the environmental conservation law;

32 (b) For eligible projects, the same meaning as defined in section 1160
33 of the public health law; and

34 (c) For stormwater collecting systems the erection, building, acquisi-
35 tion, alteration, reconstruction, improvement or extension of such
36 systems; the inspection and supervision thereof; and the engineering,
37 architectural, legal, fiscal and economic investigations and studies,
38 surveys, designs, plans, working drawings, specifications, procedures,
39 and other actions necessary thereto.

40 3. "municipality" shall mean any county, city, town, village, district
41 corporation, county or town improvement district, school district, Indi-
42 an nation or tribe recognized by the state or the United States with a
43 reservation wholly or partly within the boundaries of New York state,
44 any public benefit corporation or public authority established pursuant
45 to the laws of New York or any agency of New York state which is
46 empowered to construct and operate a water quality infrastructure
47 project, or any two or more of the foregoing which are acting jointly in
48 connection with a water quality infrastructure project.

49 4. "corporation" shall mean the environmental facilities corporation.

50 § 4-d. 1. The corporation shall undertake and provide financial
51 assistance payments, from funds appropriated for such purpose, to muni-
52 cipalities in support of projects provided, however, in any such year
53 each municipal project shall be eligible to receive up to ten million
54 dollars of appropriated funds. Such state financial assistance payments
55 shall be awarded only to projects for:

1 (a) clean water through the protection of the state's watersheds and
2 natural resources; and drinking water supply protection, and water qual-
3 ity related research and development;

4 (b) for clean water infrastructure for water quality improvement
5 projects for repairing, replacing and updating and new construction of
6 New York state's municipal stormwater, wastewater and drinking water
7 infrastructures, updating and replacing septic systems or compliance
8 with environmental and public health laws and regulations related to
9 water quality; or

10 (c) The implementation of new filtration systems and water testing,
11 and other measures necessary for areas that suspect or know they have a
12 contamination issue and have not yet received superfund status.

13 2. Any state financial assistance payment awarded pursuant to this
14 subdivision shall not exceed ninety percent of the project cost, with
15 the exception of financial assistance payments awarded pursuant to
16 section four-f of this section.

17 3. A municipality may make an application for such state financial
18 assistance payment, in a manner, form and timeframe and containing such
19 information as the environmental facilities corporation may require
20 provided however, such requirements shall not include a requirement for
21 prior listing on the intended use plan.

22 4. A municipality shall not be required to accept environmental facil-
23 ities corporation loan financing in order to obtain a state financial
24 assistance payment pursuant to this act if it can provide proof of
25 having obtained similarly low cost financing or other funding from
26 another source.

27 5. An applicant shall have the option of including a project for which
28 the application is made under this act within the design, creation, or
29 implementation of a plan for municipal consolidation between the appli-
30 cant and one or more municipalities, provided, however that the corpo-
31 ration shall be prohibited from requiring any project be included in
32 such plan, requiring any project to include or establish such plan, or
33 otherwise giving preference to projects included in such plans as a
34 condition when awarding grants.

35 6. In awarding such state financial assistance payments, the corpo-
36 ration shall consider and give preference to municipalities that meet
37 the hardship criteria established by the corporation pursuant to section
38 1285-m of the public authorities law and projects that result in the
39 greatest water quality improvement or greatest reduction in serious risk
40 to public health. For the purposes of sections four-b through four-e of
41 this act, the hardship criteria of section 1285-m of the public authori-
42 ties law shall also apply to sewage treatment works defined in section
43 17-1903 of the environmental conservation law, and stormwater collecting
44 systems as defined in section four-c of this act. After the effective
45 date of this act, all previous applications submitted through the water
46 infrastructure improvement act of 2015 and not yet awarded shall be
47 deemed to have applied through this act.

48 § 4-e. 1. The corporation shall, in cooperation with the commissioner
49 of environmental conservation, develop a program to encourage the updat-
50 ing, replacement, improvement and installation of new septic systems.

51 2. The program created pursuant to this section shall include rebates
52 for the updating, replacement, improvement and installation of new
53 septic systems.

54 3. Within one year of the effective date of this section, the corpo-
55 ration shall implement and administer this section including rules
56 relating to the forms required to claim a rebate, the required documen-

1 tation for establishing eligibility for a rebate, procedures and guide-
2 lines for claiming a rebate, and the collection of economic impact data
3 from applicants and any other requirements the corporation deems neces-
4 sary. The corporation shall determine and publish on its website on an
5 ongoing basis the amount of available funding for rebates remaining in
6 each fiscal year.

7 4. No later than April 1, 2019, and annually thereafter, the corpo-
8 ration shall issue a report to the temporary president of the senate,
9 the speaker of the assembly, the chair of the senate committee on envi-
10 ronmental conservation, the chair of the senate committee on health, the
11 chair of the assembly committee on environmental conservation, and the
12 chair of the assembly committee on health detailing the status of its
13 program to encourage the updating, replacement, and installation of new
14 septic systems. Such report shall include:

15 (a) the amount of funding dedicated by the environmental facilities
16 corporation for the program in the preceding year;

17 (b) the amount of eligible purchases for which a rebate was awarded;

18 (c) the amount and geographic distribution of rebates; and

19 (d) any other information the corporation deems necessary.

20 § 4-f. The corporation shall undertake and provide state financial
21 assistance payments, from funds appropriated for such purpose, for other
22 water infrastructure improvement projects that do not satisfy or exceed
23 criteria established in section 4-d of this act but are in accordance
24 with a plan approved in memorandum of understanding executed by the
25 director of the budget, the speaker of the assembly, and the temporary
26 president of the senate.

27 § 5. Subdivisions 1, 2 and 6 and paragraphs (i) and (j) of subdivision
28 3 of section 97-b of the state finance law, subdivision 1 as amended and
29 paragraph (j) of subdivision 3 as added by section 4 of part I of chap-
30 ter 1 of the laws of 2003, subdivision 2 as amended by section 5 of part
31 X of chapter 58 of the laws of 2015, paragraph (i) of subdivision 3 as
32 amended by section 1 of part R of chapter 59 of the laws of 2007, subdi-
33 vision 6 as amended by chapter 38 of the laws of 1985, are amended and a
34 new paragraph (k) is added to subdivision 3 to read as follows:

35 1. There is hereby established in the custody of the state comptroller
36 a nonlapsing revolving fund to be known as the "hazardous waste remedial
37 fund", which shall consist of [~~a "site investigation and construction~~
38 ~~account",~~] an "industry fee transfer account", an "environmental resto-
39 ration project account", "hazardous waste cleanup account", [~~and~~] a
40 "hazardous waste remediation oversight and assistance account" and a
41 "solid waste and drinking water emergency action account".

42 2. Such fund shall consist of all of the following:

43 (a) [~~moneys appropriated for transfer to the fund's site investigation~~
44 ~~and construction account, (b) all fines and other sums accumulated in~~
45 ~~the fund prior to April first, nineteen hundred eighty-eight pursuant to~~
46 ~~section 71-2725 of the environmental conservation law for deposit in the~~
47 ~~fund's site investigation and construction account, (c)] all moneys~~

48 collected or received by the department of taxation and finance pursuant
49 to section 27-0923 of the environmental conservation law for deposit in
50 the fund's industry fee transfer account; [~~(d)~~] (b) all moneys paid into
51 the fund pursuant to section 72-0201 of the environmental conservation
52 law which shall be deposited in the fund's industry fee transfer
53 account; [~~(e)~~] (c) all moneys paid into the fund pursuant to paragraph
54 (b) of subdivision one of section one hundred eighty-six of the naviga-
55 tion law which shall be deposited in the fund's industry fee transfer
56 account; [~~(f)~~] (d) all [~~monies~~] moneys recovered under sections 56-0503,

56-0505 and 56-0507 of the environmental conservation law into the fund's environmental restoration project account; ~~[(g)]~~ (e) all fees paid into the fund pursuant to section 72-0402 of the environmental conservation law which shall be deposited in the fund's industry fee transfer account; ~~[(h)]~~ (f) payments received for all state costs incurred in negotiating and overseeing the implementation of brownfield site cleanup agreements pursuant to title fourteen of article twenty-seven of the environmental conservation law shall be deposited in the hazardous waste remediation oversight and assistance account; (g) all moneys recovered pursuant to title twelve of article twenty-seven of the environmental conservation law into the fund's solid waste and drinking water emergency action account and ~~[(i)]~~ (h) other moneys credited or transferred thereto from any other fund or source for deposit in the fund's ~~[site investigation and construction]~~ hazardous waste cleanup account.

(i) with respect to moneys in the hazardous waste remediation oversight and assistance account, non-bondable costs associated with hazardous waste remediation projects. Such costs shall be limited to agency staff costs associated with the administration of state assistance for brownfield opportunity areas pursuant to section nine hundred seventy-r of the general municipal law, agency staff costs associated with the administration of technical assistance grants pursuant to titles thirteen and fourteen of article twenty-seven of the environmental conservation law, and costs of the department of environmental conservation related to the geographic information system required by section 3-0315 of the environmental conservation law; ~~[and]~~

(j) with respect to moneys in the hazardous waste remediation oversight and assistance account, technical assistance grants pursuant to titles thirteen and fourteen of article twenty-seven of the environmental conservation law~~[-]~~; and

(k) With respect to moneys in the solid waste and drinking water emergency action account, when allocated, shall be available to the department of environmental conservation to undertake investigation and/or remediation as the department of environmental conservation may determine necessary due to environmental conditions related to a solid waste site pursuant to title twelve of article twenty-seven of the environmental conservation law which indicates that conditions on such property are impairing drinking water quality, ground water quality or creating other environmental contamination and to ensure the provision of safe drinking water in areas determined to have drinking water contamination by the department of health.

6. The commissioner of the department of environmental conservation shall make all reasonable efforts to recover the full amount of any funds expended from the fund pursuant to paragraph (a) and paragraph (k) of subdivision three of this section through litigation or cooperative agreements with responsible persons. Any and all moneys recovered or reimbursed pursuant to this section through voluntary agreements or court orders shall be deposited with the comptroller and credited to the account of such fund from which such expenditures were made.

§ 6. Intentionally omitted.

§ 7. Intentionally omitted.

§ 8. Section 1285-q of the public authorities law, as added by section 6 of part I of chapter 1 of the laws of 2003, subdivisions 1 and 3 as amended by section 43 of part BB of chapter 56 of the laws of 2015, is amended to read as follows:

§ 1285-q. Financing of hazardous waste site remediation and solid waste and drinking water emergency action site projects. In order to effectuate the purposes of this title, the corporation shall have the following additional special powers:

1. Subject to chapter fifty-nine of the laws of two thousand, but notwithstanding any other provisions of law to the contrary, in order to assist the corporation in undertaking the administration and the financing of hazardous waste site remediation projects for payment of the state's share of the costs of the remediation of hazardous waste sites and solid waste and drinking water emergency action sites, in accordance with ~~[title]~~ titles twelve and thirteen of article twenty-seven of the environmental conservation law and section ninety-seven-b of the state finance law, and for payment of state costs associated with the remediation of offsite contamination at significant threat sites as provided in section 27-1411 of the environmental conservation law, and beginning in state fiscal year two thousand fifteen - two thousand sixteen for environmental restoration projects pursuant to title five of article fifty-six of the environmental conservation law provided that funding for such projects shall not exceed ten percent of the funding appropriated for the purposes of financing hazardous waste site remediation projects, pursuant to ~~[title]~~ titles twelve and thirteen of article twenty-seven of the environmental conservation law in any state fiscal year pursuant to capital appropriations made to the department of environmental conservation, the director of the division of budget and the corporation are each authorized to enter into one or more service contracts, none of which shall exceed twenty years in duration, upon such terms and conditions as the director and the corporation may agree, so as to annually provide to the corporation in the aggregate, a sum not to exceed the annual debt service payments and related expenses required for any bonds and notes authorized pursuant to section twelve hundred ninety of this title. Any service contract entered into pursuant to this section shall provide that the obligation of the state to fund or to pay the amounts therein provided for shall not constitute a debt of the state within the meaning of any constitutional or statutory provision and shall be deemed executory only to the extent of moneys available for such purposes, subject to annual appropriation by the legislature. Any such service contract or any payments made or to be made thereunder may be assigned and pledged by the corporation as security for its bonds and notes, as authorized pursuant to section twelve hundred ninety of this title.

2. The comptroller is hereby authorized to receive from the corporation any portion of bond proceeds paid to provide funds for or reimburse the state for its costs associated with any hazardous waste site remediation and solid waste and drinking water emergency action projects and to credit such amounts to the capital projects fund or any other appropriate fund.

3. The maximum amount of bonds that may be issued for the purpose of financing hazardous waste site remediation and solid waste and drinking water emergency action projects and environmental restoration projects authorized by this section shall not exceed two billion two hundred million dollars and shall not exceed one hundred million dollars for appropriations enacted for any state fiscal year, provided that the bonds not issued for such appropriations may be issued pursuant to reappropriation in subsequent fiscal years. No bonds shall be issued for the repayment of any new appropriation enacted after March thirty-first, two thousand twenty-six for hazardous waste site remediation projects

1 authorized by this section. Amounts authorized to be issued by this
2 section shall be exclusive of bonds issued to fund any debt service
3 reserve funds, pay costs of issuance of such bonds, and bonds or notes
4 issued to refund or otherwise repay bonds or notes previously issued.
5 Such bonds and notes of the corporation shall not be a debt of the
6 state, and the state shall not be liable thereon, nor shall they be
7 payable out of any funds other than those appropriated by this state to
8 the corporation for debt service and related expenses pursuant to any
9 service contracts executed pursuant to subdivision one of this section,
10 and such bonds and notes shall contain on the face thereof a statement
11 to such effect.

12 § 9. Subdivision 9 of section 97-b of the state finance law is
13 REPEALED.

14 § 10. Subdivision 4 of section 52-0303 of the environmental conserva-
15 tion law, as added by chapter 512 of the laws of 1986, is amended to
16 read as follows:

17 4. A provision that in the event that any federal payments and respon-
18 sible party payments become available which were not included in the
19 calculation of the state share pursuant to subdivision two of this
20 section, the amount of the state share shall be recalculated accordingly
21 and the municipality shall pay to the state for deposit in the [~~design~~
22 ~~and construction~~] hazardous waste cleanup account of the hazardous waste
23 remedial fund established under section ninety-seven-b of the state
24 finance law the amount by which the state payment actually made exceeds
25 the recalculated state share.

26 § 11. The opening paragraph, and paragraphs i and j of subdivision 4
27 of section 27-1305 of the environmental conservation law, as amended by
28 section 3 of part E of chapter 1 of the laws of 2003, are amended to
29 read as follows:

30 On or before July first, nineteen hundred eighty-six and July first of
31 each succeeding year, the department shall prepare a status report on
32 the implementation of the plan, and an update of the policies, program
33 objectives, methods and strategies as outlined in the plan which guide
34 the overall inactive hazardous waste site remediation program and solid
35 waste site and drinking water emergency action investigation and remedi-
36 ation programs. Such status report shall reflect information available
37 to the department as of March thirty-first of each year, and shall
38 include an accounting of all [~~monies~~] moneys expended or encumbered from
39 the environmental quality bond act of nineteen hundred eighty-six or the
40 hazardous waste remedial fund during the preceding fiscal year, such
41 accounting to separately list:

42 i. [~~monies~~] moneys expended or encumbered in stand-by contracts
43 entered into pursuant to section 3-0309 of this chapter and the purposes
44 for which these stand-by contracts were entered into; [~~and~~]

45 j. moneys expended or encumbered pursuant to title twelve of this
46 article; and

47 k. an accounting of payments received and payments obligated to be
48 received pursuant to this title and title twelve of this article, and a
49 report of the department's attempts to secure such obligations.

50 § 12. Intentionally omitted.

51 § 13. Intentionally omitted.

52 § 14. The section heading and subdivision 1 of section 27-1316 of the
53 environmental conservation law, as added by section 8 of part E of chap-
54 ter 1 of the laws of 2003, are amended to read as follows:

55 [~~Citizen-technical~~] Technical assistance grants.

1 1. The commissioner is authorized to provide, or order a person acting
2 under order or on consent, to provide grants to any eligible municipi-
3 pality or not-for-profit corporation exempt from taxation under section
4 501(c)(3) of the internal revenue code who may be affected by an inac-
5 tive hazardous waste disposal site remedial program. To qualify to
6 receive such assistance, a community group must demonstrate that its
7 membership represents the interests of the community affected by such
8 site, and that members', , or in the case of a municipality its residents,
9 health, economic well-being or enjoyment of the environment are poten-
10 tially affected by such site. An eligible municipality shall be a coun-
11 ty, city, town, village, or Indian tribe or nation residing within New
12 York state, with a population of ten thousand or less, provided, howev-
13 er, that the department may make a municipality eligible if it deter-
14 mines that a municipality is a hardship community. A municipality shall
15 not be eligible for a grant for any site which is owned or has been
16 operated by such municipality. Such grants shall be known as technical
17 assistance grants and may be used to obtain technical assistance in
18 interpreting information with regard to the nature of the hazard posed
19 by hazardous waste located at or emanating from an inactive hazardous
20 waste disposal site or sites and the development and implementation of
21 an inactive hazardous waste disposal site remedial program or programs.
22 Such grants may also be used:

23 (a) to advise affected residents on any health assessment; and
24 (b) for training funds for the education of interested affected commu-
25 nity members or municipality to enable them to more effectively partic-
26 ipate in the remedy selection process.

27 Grants awarded under this section may not be used for the purposes of
28 collecting field sampling data, political activity or lobbying legisla-
29 tive bodies.

30 § 15. Subdivision 1 of section 27-1321 of the environmental conserva-
31 tion law, as amended by section 22 of part G of chapter 58 of the laws
32 of 2012, is amended to read as follows:

33 1. Notwithstanding any other provision of law to the contrary, any
34 person who is, by professional training or experience and attainment,
35 qualified to analyze and interpret matters pertaining to the treatment,
36 storage, disposal, or transport of hazardous materials or hazardous
37 wastes, and who voluntarily and without expectation of monetary compen-
38 sation provides assistance or advice in mitigating the effects of an
39 accidental or threatened discharge of any hazardous materials or hazard-
40 ous wastes, or in preventing, cleaning up, or disposing of any such
41 discharge, shall not be subject to a penalty or to civil liability for
42 damages or injuries alleged to have been sustained by any person or
43 entity by reason of an act or omission in the giving of such assistance
44 or advice. For the purposes of this section, the term "hazardous materi-
45 als" shall have the same meaning as that term is defined in regulations
46 promulgated by the commissioner of transportation pursuant to section
47 fourteen-f of the transportation law, and the term "hazardous wastes"
48 shall mean those wastes identified or listed pursuant to subdivision one
49 of section [27-0903] 27-1301 of this article and any rules and regu-
50 lations promulgated thereunder.

51 § 16. Intentionally omitted.

52 § 17. Paragraph a of subdivision 1 of section 71-2725 of the environ-
53 mental conservation law is REPEALED.

54 § 18. Intentionally omitted.

55 § 18-a. Concentrated animal feeding operations assistance program.
56 Notwithstanding any provision of law to the contrary, and within amounts

1 appropriated therefor, the department shall provide financial assistance
2 to soil and water conservation districts for the reimbursement of costs
3 for the construction of manure storage facilities for farms or other
4 entities designated as concentrated animal feeding operations for the
5 purpose of being in compliance with federal and state environmental
6 regulations.

7 § 19. Section 15-1303 of the environmental conservation law is amended
8 by adding a new subdivision 7 to read as follows:

9 7. Establish, in conjunction with the commissioner of health, an
10 online tracking and mapping system for New York water, which shall
11 include but not be limited to, two separate databases: one to track both
12 federally regulated contaminants and emerging contaminants as defined by
13 paragraph (a) of subdivision 2 of section 1112 of the public health law,
14 where they have been detected and at what levels, and another to track
15 remediation and infrastructure needs, projects past and present and
16 areas with ongoing water issues. The commissioner shall also include
17 information recommended by the drinking water quality institute estab-
18 lished under section 267 of the public health law within the tracking
19 and mapping system and shall report annually to such institute, begin-
20 ning no later than April first, two thousand eighteen.

21 § 20. If any clause, sentence, paragraph, section or part of this act
22 shall be adjudged by any court of competent jurisdiction to be invalid,
23 such judgment shall not affect, impair or invalidate the remainder ther-
24 eof, but shall be confined in its operation to the clause, sentence,
25 paragraph, section or part thereof directly involved in the controversy
26 in which such judgment shall have been rendered.

27 § 21. This act shall take effect immediately; provided, however, that:

28 (a) section two-a of this act shall not take effect unless and until
29 it shall have been submitted to the people at the general election to be
30 held in November 2018, and shall have received a majority of all votes
31 cast for and against it at such election. Upon approval by the people,
32 section two-a of this act shall take effect immediately.

33 The ballots to be furnished for the use of voters upon submission of
34 section two-a of this act shall be in the form prescribed by the
35 election law and the proposition or question to be submitted shall be
36 printed thereon in substantially the following form, namely, "Shall
37 section 2-a of part X of chapter (here insert the number of the chapter)
38 of the laws of 2017, known as the clean water bond act of 2017, author-
39 izing the creation of a state debt in the amount of five billion dollars
40 (\$5,000,000,000), to provide moneys exclusively for the implementation
41 of the New York state regional water infrastructure improvement act of
42 2017 be approved?"; and

43 (b) sections four-b, four-c, four-d, four-e and four-f of this act
44 shall take effect April 1, 2017.

45 § 2. Severability clause. If any clause, sentence, paragraph, subdivi-
46 sion, section or part of this act shall be adjudged by any court of
47 competent jurisdiction to be invalid, such judgment shall not affect,
48 impair, or invalidate the remainder thereof, but shall be confined in
49 its operation to the clause, sentence, paragraph, subdivision, section
50 or part thereof directly involved in the controversy in which such judg-
51 ment shall have been rendered. It is hereby declared to be the intent of
52 the legislature that this act would have been enacted even if such
53 invalid provisions had not been included herein.

54 § 3. This act shall take effect immediately provided, however, that
55 the applicable effective date of Parts A through X of this act shall be
56 as specifically set forth in the last section of such Parts.