

STATE OF NEW YORK

S. 2507--A

A. 3007--A

SENATE - ASSEMBLY

January 20, 2021

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

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

AN ACT 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 extending the Medicaid global cap (Part A); to amend the social services law, in relation to copayments for drugs; to amend the public health law, in relation to prescriber prevails; and to repeal certain provisions of the social services law relating to coverage for certain prescription drugs (Part B); to amend the public health law, in relation to community health centers (Part C); to amend the public health law, in relation to reducing the hospital capital rate add-on (Part D); to amend the public health law, in relation to adjusting the worker recruitment and retention funding (Part E); to amend the public health law, the education law and the insurance law, in relation to comprehensive telehealth reforms (Part F); to amend the public health law, in relation to authorizing the implementation of medical respite pilot programs (Part G); to amend the social services law, in relation to eliminating consumer-paid premium payments in the basic health program (Part H); to amend the public health law, in relation to federal waiver authorization for the NY State of Health, the official Health Plan Marketplace (Part I); to amend the insurance law, in relation to the licensing of pharmacy benefit managers (Part J); 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 restructuring and extending the physicians medical malpractice program; 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 malprac-

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

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tice and professional medical conduct, relating to the effectiveness of certain provisions of such chapter, in relation to extending certain provisions concerning the hospital excess liability pool; and to amend part H of chapter 57 of the laws of 2017, amending the New York Health Care Reform Act of 1996 and other laws relating to extending certain provisions relating thereto, in relation to extending provisions relating to excess coverage (Part K); to amend the public health law, in relation to the general public health work program (Part L); to amend the public health law, the state finance law, chapter 338 of the laws of 1998 amending the public health law, the public officers law and the state finance law relating to establishing a spinal cord injury research board and part H of chapter 58 of the laws of 2007 amending the public health law, the public officers law and the state finance law relating to establishing the empire state stem cell board, in relation to the discontinuation of the empire clinical research investigator program (Part M); to amend the public health law and the education law, in relation to eliminating certain electronic prescription exemptions; and to repeal certain provisions of the public health law and the education law relating thereto (Part N); to repeal certain provisions of the social services law relating to the enhanced quality of adult living program ("EQUAL") grants; to repeal certain provisions of the public health law relating to requiring that the department of health audit hospital working hours; and to repeal certain provisions of the social services law relating to the provision providing operating subsidies to certain publicly operated adult care facilities (Part O); to amend the public health law, the education law, the insurance law and the social services law, in relation to expanding the role of pharmacists; to amend chapter 563 of the laws of 2008, amending the education law and the public health law relating to immunizing agents to be administered to adults by pharmacists, in relation to making such provisions permanent; to amend chapter 116 of the laws of 2012, amending the education law relating to authorizing a licensed pharmacist and certified nurse practitioner to administer certain immunizing agents, in relation to the effectiveness thereof; to amend chapter 274 of the laws of 2013, amending the education law relating to authorizing a licensed pharmacist and certified nurse practitioner to administer meningococcal disease immunizing agents, in relation to the effectiveness thereof; and to amend chapter 21 of the laws of 2011, amending the education law relating to authorizing pharmacists to perform collaborative drug therapy management with physicians in certain settings, in relation to making such provisions permanent (Part P); to amend the education law and the public health law, in relation to the state's physician profiles and enhancing the ability of the department of education to investigate, discipline, and monitor licensed physicians, physician assistants, and specialist assistants (Part Q); to amend the civil rights law, in relation to a change of sex designation (Part R); 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 extending the provisions 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 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 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, in relation to extending government rates for behavioral services and adding an alternative payment methodology requirement; to amend chapter 57 of the laws of 2019 amending the public health law relating to waiver of certain regulations, in relation to the effectiveness thereof; to amend chapter 517 of the laws of 2016, amending the public health law relating to payments from the New York state medical indemnity fund, in relation to the effectiveness thereof; to amend the public health law, in relation to improved integration of health care and financing; and to amend chapter 56 of the laws of 2014, amending the education law relating to the nurse practitioners modernization act, in relation to extending the provisions thereof (Part S); to amend part A of chapter 111 of the laws of 2010 amending the mental hygiene law relating to the receipt of federal and state benefits received by individuals receiving care in facilities operated by an office of the department of mental hygiene, in relation to the effectiveness thereof (Part T); to amend part L of chapter 59 of the laws of 2016, amending the mental hygiene law relating to the appointment of temporary operators for the continued operation of programs and the provision of services for persons with serious mental illness and/or developmental disabilities and/or chemical dependence, in relation to the effectiveness thereof (Part U); to amend part NN of chapter 58 of the laws of 2015, amending the mental hygiene law relating to clarifying the authority of the commissioners in the department of mental hygiene to design and implement time-limited demonstration programs in relation to the effectiveness thereof (Part V); to amend chapter 62 of the laws of 2003, amending the mental hygiene law and the state finance law relating to the community mental health support and workforce reinvestment program, the membership of subcommittees for mental health of community services boards and the duties of such subcommittees and creating the community mental health and workforce reinvestment account, in relation to extending such provisions relating thereto (Part W); authorizing the office of mental health to redesign services of certain facilities and programs and to implement service reductions; and providing for the repeal of such provisions upon expiration thereof (Part X); to amend the mental hygiene law, in relation to setting standards for addiction professionals (Part Y); to amend the mental hygiene law, in relation to imposing sanctions due to a provider's failure to comply with the terms of their operating certificate or applicable law and to charge an application processing fee for the issuance of operating certificates (Part Z); to amend the mental hygiene law and the social services law, in relation to crisis stabilization services (Subpart A); to amend the mental hygiene law in relation to Kendra's law and assisted outpatient treatment (Subpart B); and to amend the mental hygiene law, in relation to involuntary commitment (Subpart C) (Part AA); to amend the mental hygiene law, in relation to establishing the New York state institute for basic research in developmental disabilities (Part BB); to amend the mental hygiene law, in relation to creating the office of addiction and mental health services (Part CC); to amend the social services law, the public health law and the mental hygiene law, in relation to setting comprehensive outpatient services (Part DD); to repeal subdivision 10 of section 553 of the executive law, relating to the requirement that the justice center administer an adult home and residence for adults resident advocacy program (Part EE); to amend the

public health law, in relation to reimbursement from the Medical Indemnity Fund (Part FF); to amend the public health law and the social services law, in relation to improving the safety and quality of nursing homes in New York state; to amend part E of chapter 56 of the laws of 2013 amending the public health law relating to the general public health work program, in relation to the effectiveness thereof (Part GG); and to amend the executive law, in relation to the composition of the developmental disabilities planning council (Part HH)

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 necessary to implement the state health and mental hygiene budget for
3 the 2021-2022 state fiscal year. Each component is wholly contained
4 within a Part identified as Parts A through HH. The effective date for
5 each particular provision contained within such Part is set forth in the
6 last section of such Part. Any provision in any section contained within
7 a Part, including the effective date of the Part, which makes a refer-
8 ence to a section "of this act", when used in connection with that
9 particular component, shall be deemed to mean and refer to the corre-
10 sponding section of the Part in which it is found. Section three of this
11 act sets forth the general effective date of this act.

12 PART A

13 Section 1. Paragraph (a) of subdivision 1 of section 92 of part H of
14 chapter 59 of the laws of 2011, amending the public health law and other
15 laws relating to known and projected department of health state fund
16 Medicaid expenditures, as amended by section 1 of part CCC of chapter 56
17 of the laws of 2020, is amended to read as follows:

18 (a) For state fiscal years 2011-12 through ~~2021-22~~ 2022-23, the
19 director of the budget, in consultation with the commissioner of health
20 referenced as "commissioner" for purposes of this section, shall assess
21 on a monthly basis, as reflected in monthly reports pursuant to subdivi-
22 sion five of this section known and projected department of health state
23 funds medicaid expenditures by category of service and by geographic
24 regions, as defined by the commissioner.

25 § 2. This act shall take effect immediately.

26 PART B

27 Section 1. Paragraph (a) of subdivision 4 of section 365-a of the
28 social services law, as amended by chapter 493 of the laws of 2010, is
29 amended to read as follows:

30 (a) drugs which may be dispensed without a prescription as required by
31 section sixty-eight hundred ten of the education law; provided, however,
32 that the state commissioner of health may by regulation specify certain
33 of such drugs which may be reimbursed as an item of medical assistance
34 in accordance with the price schedule established by such commissioner.
35 Notwithstanding any other provision of law, ~~additions~~ modifications to
36 the list of drugs reimbursable under this paragraph may be filed as
37 regulations by the commissioner of health without prior notice and
38 comment;

§ 2. Paragraph (b) of subdivision 3 of section 273 of the public health law, as added by section 10 of part C of chapter 58 of the laws of 2005, is amended to read as follows:

(b) In the event that the patient does not meet the criteria in paragraph (a) of this subdivision, the prescriber may provide additional information to the program to justify the use of a prescription drug that is not on the preferred drug list. The program shall provide a reasonable opportunity for a prescriber to reasonably present his or her justification of prior authorization. ~~[If, after consultation with the program, the prescriber, in his or her reasonable professional judgment, determines that]~~ The program will consider the additional information and the justification presented to determine whether the use of a prescription drug that is not on the preferred drug list is warranted, and the ~~[prescriber's]~~ program's determination shall be final.

§ 3. Subdivisions 25 and 25-a of section 364-j of the social services law are REPEALED.

§ 4. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2021.

PART C

Section 1. The public health law is amended by adding a new section 2807-pp to read as follows:

§ 2807-pp. 340B reimbursement fund. 1. Notwithstanding any inconsistent provision of law and subject to the availability of federal financial participation, there is hereby created a fund to support activities that expand health services to the medicaid members, the uninsured, and low-income patients, as supported by the 340B program. All funds available for distribution pursuant to this section shall be reserved and set aside and distributed in accordance with this section.

2. Each eligible 340B provider shall receive a proportionate distribution to be determined by a methodology established by the commissioner. Annual aggregate distributions pursuant to this section for the fiscal year from April first, two thousand twenty-one to March thirty-first, two thousand twenty-two, and each fiscal year thereafter, shall be equal to one hundred two million dollars, but may be increased by additional amounts authorized by the director of the division of the budget in consultation with the commissioner.

3. "Eligible 340B provider" means: (a) (1) a voluntary non-profit or publicly sponsored diagnostic and treatment center licensed pursuant to this article twenty-eight that delivers a comprehensive range of health care services, (2) or a voluntary non-profit sexually transmitted disease program receiving financial assistance pursuant to 42 U.S.C. §300ff-11 located in this state, or (3) an entity as defined by 42 U.S.C. §246b(a)(4)(K) in this state; that (b) was enrolled in the 340B program pursuant to section 340B(a)(4) of the Federal Public Health Service act during the calendar year two thousand twenty and that submits to the department the annual recertification of participation in the 340B program as provided by the health resources and services administration.

§ 2. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2021.

PART D

1 Section 1. Paragraph (c) of subdivision 8 of section 2807-c of the
2 public health law, as amended by section 2 of part KK of chapter 56 of
3 the laws of 2020, is amended to read as follows:

4 (c) In order to reconcile capital related inpatient expenses included
5 in rates of payment based on a budget to actual expenses and statistics
6 for the rate period for a general hospital, rates of payment for a
7 general hospital shall be adjusted to reflect the dollar value of the
8 difference between capital related inpatient expenses included in the
9 computation of rates of payment for a prior rate period based on a budg-
10 et and actual capital related inpatient expenses for such prior rate
11 period, each as determined in accordance with paragraph (a) of this
12 subdivision, adjusted to reflect increases or decreases in volume of
13 service in such prior rate period compared to statistics applied in
14 determining the capital related inpatient expenses component of rates of
15 payment based on a budget for such prior rate period. For rates effec-
16 tive ~~[on and after]~~ April first, two thousand twenty through March thir-
17 ty-first, two thousand twenty-one, the budgeted capital-related expenses
18 add-on as described in paragraph (a) of this subdivision, based on a
19 budget submitted in accordance to paragraph (a) of this subdivision,
20 shall be reduced by five percent relative to the rate in effect on such
21 date; and the actual capital expenses add-on as described in paragraph
22 (a) of this subdivision, based on actual expenses and statistics through
23 appropriate audit procedures in accordance with paragraph (a) of this
24 subdivision shall be reduced by five percent relative to the rate in
25 effect on such date. For rates effective on and after April first, two
26 thousand twenty-one, the budgeted capital-related expenses add-on as
27 described in paragraph (a) of this subdivision, based on a budget
28 submitted in accordance to paragraph (a) of this subdivision, shall be
29 reduced by ten percent relative to the rate in effect on such date; and
30 the actual capital expenses add-on as described in paragraph (a) of this
31 subdivision, based on actual expenses and statistics through appropriate
32 audit procedures in accordance with paragraph (a) of this subdivision
33 shall be reduced by ten percent relative to the rate in effect on such
34 date. For any rate year, all reconciliation add-on amounts calculated on
35 and after April first, two thousand twenty shall be reduced by ten
36 percent, and all reconciliation recoupment amounts calculated on or
37 after April first, two thousand twenty shall increase by ten percent.
38 Notwithstanding any inconsistent provision of subparagraph (i) of para-
39 graph (e) of subdivision nine of this section, capital related inpatient
40 expenses of a general hospital included in the computation of rates of
41 payment based on a budget shall not be included in the computation of a
42 volume adjustment made in accordance with such subparagraph. Adjustments
43 to rates of payment for a general hospital made pursuant to this para-
44 graph shall be made in accordance with paragraph (c) of subdivision
45 eleven of this section. Such adjustments shall not be carried forward
46 except for such volume adjustment as may be authorized in accordance
47 with subparagraph (i) of paragraph (e) of subdivision nine of this
48 section for such general hospital.

49 § 2. Clause (A) of subparagraph (ii) of paragraph (b) of subdivision
50 5-d of section 2807-k of the public health law, as amended by section 3
51 of part KK of chapter 56 of the laws of 2020, is amended to read as
52 follows:

53 (A) (1) subject to item two of this clause, one hundred thirty-nine
54 million four hundred thousand dollars shall be distributed as Medicaid
55 Disproportionate Share Hospital ("DSH") payments to major public general
56 hospitals;

(2) for the calendar years two thousand twenty-one through two thousand twenty-two, and for each calendar year thereafter, the total distributions to major public general hospitals shall be reduced to zero dollars annually; and

§ 3. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2021; provided, however, that amendments to subdivision 5-d of section 2807-k of the public health law made by section two of this act shall not affect the expiration of such subdivision and shall be deemed to expire therewith.

PART E

Section 1. Clauses (M) and (N) of subparagraph (ii) of paragraph (bb) of subdivision 1 of section 2807-v of the public health law, as amended by section 14 of part Y of chapter 56 of the laws of 2020, are amended and a new clause (O) is added to read as follows:

(M) for each state fiscal year within the period April first, two thousand seventeen through March thirty-first, two thousand twenty, three hundred forty million dollars; ~~[and]~~

(N) for each state fiscal year within the period April first, two thousand twenty through March thirty-first, two thousand ~~[twenty-three]~~ twenty-one, three hundred forty million dollars~~[-]; and~~

(O) for each state fiscal year within the period April first, two thousand twenty-one through March thirty-first, two thousand twenty-three, one hundred seventy million dollars and each state fiscal year thereafter.

§ 2. Subparagraphs (xiii) and (xiv) of paragraph (cc) of subdivision 1 of section 2807-v of the public health law, as amended by section 14 of part Y of chapter 56 of the laws of 2020, are amended and a new subparagraph (xv) is added to read as follows:

(xiii) up to eleven million two hundred thousand dollars each state fiscal year for the period April first, two thousand seventeen through March thirty-first, two thousand twenty; ~~[and]~~

(xiv) up to eleven million two hundred thousand dollars each state fiscal year for the period April first, two thousand twenty through March thirty-first, two thousand ~~[twenty-three]~~ twenty-one; and

(xv) up to five million six hundred thousand dollars for the state fiscal year commencing April first, two thousand twenty-one and each state fiscal year thereafter.

§ 3. Subparagraphs (ix) and (x) of paragraph (ccc) of subdivision 1 of section 2807-v of the public health law, as amended by section 14 of part Y of chapter 56 of the laws of 2020, are amended and a new subparagraph (xi) is added to read as follows:

(ix) up to fifty million dollars each state fiscal year for the period April first, two thousand seventeen through March thirty-first, two thousand twenty; ~~[and]~~

(x) up to fifty million dollars each state fiscal year for the period April first, two thousand twenty through March thirty-first, two thousand ~~[twenty-three]~~ twenty-one; and

(xi) up to twenty-five million dollars for each state fiscal year within the period April first, two thousand twenty-one through March thirty-first, two thousand twenty-three and each state fiscal year thereafter.

§ 4. The opening paragraph of paragraph (a) of subdivision 8 of section 3614 of the public health law, as amended by section 55 of part A of chapter 56 of the laws of 2013, is amended to read as follows:

1 Notwithstanding any inconsistent provision of law, rule or regulation
2 and subject to the provisions of paragraph (b) of this subdivision and
3 to the availability of federal financial participation, the commissioner
4 shall adjust medical assistance rates of payment for services provided
5 by certified home health agencies for such services provided to children
6 under eighteen years of age and for services provided to a special needs
7 population of medically complex and fragile children, adolescents and
8 young disabled adults by a CHHA operating under a pilot program approved
9 by the department, long term home health care programs and AIDS home
10 care programs in accordance with this paragraph and paragraph (b) of
11 this subdivision for purposes of improving recruitment and retention of
12 non-supervisory home care services workers or any worker with direct
13 patient care responsibility in the following amounts for services
14 provided on and after December first, two thousand two, provided, howev-
15 er, for services provided in the state fiscal year commencing April
16 first, two thousand twenty-one such amounts shall be reduced by fifty
17 percent.

18 § 5. Subdivision 1 of section 4013 of the public health law, as
19 amended by section 9 of part MM of chapter 56 of the laws of 2020, is
20 amended to read as follows:

21 1. The commissioner shall, subject to the provisions of subdivision
22 two of this section, increase medical assistance rates of payment by up
23 to three percent for hospice services provided on and after December
24 first, two thousand two, for purposes of improving recruitment and
25 retention of non-supervisory workers or workers with direct patient care
26 responsibility, provided, however, for services provided in the state
27 fiscal year commencing April first, two thousand twenty-one such
28 increase shall be up to one and one-half percent.

29 § 6. This act shall take effect immediately and shall be deemed to
30 have been in full force and effect on and after April 1, 2021.

31 PART F

32 Section 1. Subdivision 3 of section 2999-cc of the public health law,
33 as amended by section 2 of subpart C of part S of chapter 57 of the laws
34 of 2018, is amended to read as follows:

35 3. "Originating site" means a site at which a patient is located at
36 the time health care services are delivered to him or her by means of
37 telehealth. ~~[Originating sites shall be limited to: (a) facilities~~
38 ~~licensed under articles twenty eight and forty of this chapter; (b)~~
39 ~~facilities as defined in subdivision six of section 1.03 of the mental~~
40 ~~hygiene law; (c) certified and non-certified day and residential~~
41 ~~programs funded or operated by the office for people with developmental~~
42 ~~disabilities; (d) private physician's or dentist's offices located with-~~
43 ~~in the state of New York; (e) any type of adult care facility licensed~~
44 ~~under title two of article seven of the social services law; (f) public,~~
45 ~~private and charter elementary and secondary schools, school age child~~
46 ~~care programs, and child day care centers within the state of New York;~~
47 ~~and (g) the patient's place of residence located within the state of New~~
48 ~~York or other temporary location located within or outside the state of~~
49 ~~New York.]~~

50 § 2. Paragraph (d) of subdivision 18-a of section 206 of the public
51 health law, as amended by section 8 of part A of chapter 57 of the laws
52 of 2015, is amended to read as follows:

53 (d) The commissioner may make such rules and regulations as may be
54 necessary to implement federal policies and disburse funds as required

1 by the American Recovery and Reinvestment Act of 2009 and to promote the
2 development of a self-sufficient SHIN-NY to enable widespread, non-du-
3 plicative interoperability among disparate health information systems,
4 including electronic health records, personal health records, health
5 care claims, payment and other administrative data, and public health
6 information systems, while protecting privacy and security. Such rules
7 and regulations shall include, but not be limited to, requirements for
8 organizations covered by 42 U.S.C. 17938 or any other organizations that
9 exchange health information through the SHIN-NY or any other statewide
10 health information system recommended by the workgroup. Such rules and
11 regulations shall require that qualified entities permit access to all
12 of a patient's information by all SHIN-NY participants or any other
13 general designation of who may access such information after consent is
14 obtained using a single statewide SHIN-NY consent form approved by the
15 department and published on the department's website. If the commis-
16 sioner seeks to promulgate rules and regulations prior to issuance of the
17 report identified in subparagraph (iv) of paragraph (b) of this subdivi-
18 sion, the commissioner shall submit the proposed regulations to the
19 workgroup for its input. If the commissioner seeks to promulgate rules
20 and regulations after the issuance of the report identified in such
21 subparagraph (iv) then the commissioner shall consider the report and
22 recommendations of the workgroup. If the commissioner acts in a manner
23 inconsistent with the input or recommendations of the workgroup, he or
24 she shall provide the reasons therefor.

25 § 3. Paragraphs (w) and (x) of subdivision 2 of section 2999-cc of the
26 public health law, as amended by section 1 of part HH of chapter 56 of
27 the laws of 2020, are amended to read as follows:

28 (w) a care manager employed by or under contract to a health home
29 program, patient centered medical home, office for people with develop-
30 mental disabilities Care Coordination Organization (CCO), hospice or a
31 voluntary foster care agency certified by the office of children and
32 family services certified and licensed pursuant to article twenty-nine-i
33 of this chapter; ~~and~~

34 (x) practitioners authorized to provide services in New York pursuant
35 to the interstate licensure program set forth in regulations promulgated
36 by the commissioner of education in accordance with subdivision three of
37 section sixty-five hundred one of the education law; and

38 (y) any other provider as determined by the commissioner pursuant to
39 regulation or, in consultation with the commissioner, by the commis-
40 sioner of the office of mental health, the commissioner of the office of
41 addiction services and supports, or the commissioner of the office for
42 people with developmental disabilities pursuant to regulation.

43 § 4. Section 6501 of the education law is amended by adding a new
44 subdivision 3 to read as follows:

45 3. Notwithstanding any inconsistent provision of law, rule or regu-
46 lation to the contrary, the commissioner shall, in consultation with the
47 commissioners of the department of health, office of mental health,
48 office of addiction services and supports, and office for people with
49 developmental disabilities, issue regulations for the creation of an
50 interstate licensure program which authorizes practitioners licensed by
51 contiguous states or states in the Northeast region to provide tele-
52 health services, as defined by article twenty-nine-g of the public
53 health law and any implementing regulations promulgated by the commis-
54 sioners of the department of health, office of mental health, office of
55 addiction services and supports, and office for people with develop-
56 mental disabilities, to patients located in New York state, taking into

consideration the need for specialty practice areas with historical access issues, as determined by the commissioners of the department of health, office of mental health, office of addiction supports and services, or office for people with developmental disabilities. Such regulations may be promulgated on an emergency basis; provided, however, they shall be promulgated on a final basis no later than March thirty-first, two thousand twenty-two.

§ 5. Section 3217-h of the insurance law is amended by adding a new subsection (c) to read as follows:

(c) An insurer that provides comprehensive coverage for hospital, medical, or surgical care with a network of health care providers shall ensure that such network is adequate to meet the telehealth needs of insured individuals for services covered under the policy when medically appropriate.

§ 6. Section 4306-g of the insurance law is amended by adding a new subsection (c) to read as follows:

(c) A corporation that provides comprehensive coverage for hospital, medical, or surgical care with a network of health care providers shall ensure that such network is adequate to meet the telehealth needs of insured individuals for services covered under the policy when medically appropriate.

§ 7. Subdivisions 1 and 6 of section 24 of the public health law, as added by section 17 of part H of chapter 60 of the laws of 2014, are amended to read as follows:

1. A health care professional, or a group practice of health care professionals, a diagnostic and treatment center or a health center defined under 42 U.S.C. § 254b on behalf of health care professionals rendering services at the group practice, diagnostic and treatment center or health center, shall disclose to patients or prospective patients in writing or through an internet website the health care plans in which the health care professional, group practice, diagnostic and treatment center or health center, is a participating provider and the hospitals with which the health care professional is affiliated prior to the provision of non-emergency services and verbally at the time an appointment is scheduled. Such disclosure shall indicate whether the health care professional, group practice, diagnostic and treatment center or health center offers telehealth services.

6. A hospital shall post on the hospital's website: (a) the health care plans in which the hospital is a participating provider; (b) a statement that (i) physician services provided in the hospital are not included in the hospital's charges; (ii) physicians who provide services in the hospital may or may not participate with the same health care plans as the hospital, and; (iii) the prospective patient should check with the physician arranging for the hospital services to determine the health care plans in which the physician participates; (c) as applicable, the name, mailing address and telephone number of the physician groups that the hospital has contracted with to provide services including anesthesiology, pathology or radiology, and instructions how to contact these groups to determine the health care plan participation of the physicians in these groups; ~~and~~ (d) as applicable, the name, mailing address, and telephone number of physicians employed by the hospital and whose services may be provided at the hospital, and the health care plans in which they participate; and (e) disclosure as to whether the hospital offers telehealth services.

§ 8. Subdivision 8 of section 24 of the public health law is amended by adding a new paragraph (d) to read as follows:

(d) "Telehealth services" means those services provided in accordance with article twenty-nine-g of this chapter, subsection (b) of section thirty-two hundred seventeen-h of the insurance law, or subsection (b) of section forty-three hundred six-g of the insurance law, as applicable.

§ 9. This act shall take effect April 1, 2021; provided, however, if this act shall have become a law after such date it shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2021; provided further, however, that the amendments to paragraph (d) of subdivision 18-a of section 206 of the public health law made by section two of this act shall not affect the repeal of such paragraph and shall be deemed repealed therewith; and provided further, that sections five and six of this act shall take effect October 1, 2021 and shall apply to policies and contracts issued, renewed, modified, altered, or amended on and after such date.

PART G

Section 1. The public health law is amended by adding a new article 29-J to read as follows:

ARTICLE 29-J

MEDICAL RESPITE PROGRAM

Section 2999-hh. Medical respite program.

§ 2999-hh. Medical respite program. 1. Legislative findings and purpose. The legislature finds that an individual who lacks access to safe housing faces an increased risk of adverse health outcomes. By offering medical respite programs as a lower-intensity care setting for individuals who would otherwise require a hospital stay or lack a safe option for discharge and recovery, medical respite programs will reduce hospital inpatient admissions and lengths of stay, hospital readmissions, and emergency room use. The legislature finds that the establishment of medical respite programs will protect the public interest and the interests of patients.

2. Definitions. As used in this article, the following terms shall have the following meanings, unless the context clearly otherwise requires:

(a) "Medical respite program" means a not-for-profit corporation licensed or certified pursuant to subdivision three of this section to serve recipients whose prognosis or diagnosis necessitates the receipt of:

(i) Temporary room and board; and

(ii) The provision or arrangement of the provision of health care and support services; provided, however, that the operation of a medical respite program shall be separate and distinct from any housing programs offered to individuals who do not qualify as recipients.

(b) "Recipient" means an individual who:

(i) Has a qualifying health condition that requires treatment or care;

(ii) Does not require hospital inpatient, observation unit, or emergency room level of care, or a medically indicated emergency department or observation visit; and

(iii) Is experiencing homelessness or at imminent risk of homelessness. (A) Subject to clause (B) of this subparagraph and any rules or regulations promulgated pursuant to subdivision four of this section, a person shall be deemed "homeless" if they are unable to secure or maintain permanent or stable housing without assistance.

1 (B) An operator of a medical respite program may establish eligibility
2 standards using a more limited definition of "homelessness" if such
3 limitation is necessary to ensure the availability of a funding source
4 that will support the medical respite program's provision of room and
5 board, and such limitations are otherwise consistent with any rules or
6 regulations promulgated pursuant to subdivision four of this section.
7 This applies to conditions that may exist in connection with:

8 (1) Public funding provided by a federal, state, or local government
9 entity; or

10 (2) Subject to the approval of the department, private funding from a
11 charitable entity or other non-governmental source.

12 3. Licensure or certification. (a) Notwithstanding any inconsistent
13 provision of law, the commissioner may license or certify a not-for-pro-
14 fit corporation as an operator of a medical respite program.

15 (b) The commissioner may promulgate rules and regulations to establish
16 procedures to review and approve applications for a license or certif-
17 ication pursuant to this article, which may be promulgated on an emer-
18 gency basis and which shall, at a minimum, specify standards for: recip-
19 ient eligibility; mandatory medical respite program services; physical
20 environment; staffing; and policies and procedures governing health and
21 safety, length of stay, referrals, discharge, and coordination of care.

22 4. Operating standards; responsibility for standards. (a) Medical
23 respite programs licensed or certified pursuant to this article shall:

24 (i) Provide recipients with temporary room and board; and

25 (ii) Provide, or arrange for the provision of, health care and support
26 services to recipients.

27 (b) Nothing contained within this article shall affect the applica-
28 tion, qualification, or requirements that may apply to an operator with
29 respect to any other licenses or operating certificates that such opera-
30 tor may hold, including, without limitation, under article twenty-eight
31 of this chapter or article seven of the social services law.

32 5. Temporary accommodation. A medical respite program shall be consid-
33 ered a form of emergency shelter or temporary shelter for purposes of
34 determining a recipient's eligibility for housing programs or benefits
35 administered by the state or by a local social services district,
36 including programs or benefits that support access to accommodations of
37 a temporary, transitional, or permanent nature.

38 6. Inspections and compliance. The commissioner shall have the power
39 to inquire into the operation of any licensed or certified medical
40 respite program and to conduct periodic inspections of facilities with
41 respect to the fitness and adequacy of the premises, equipment, person-
42 nel, rules and by-laws, standards of medical care and services, system
43 of accounts, records, and the adequacy of financial resources and sourc-
44 es of future revenues.

45 7. Suspension or revocation of license or certification. (a) A license
46 or certification for a medical respite program under this article may be
47 revoked, suspended, limited, annulled or denied by the commissioner, in
48 consultation with either the commissioners of the office of mental
49 health, the office of temporary and disability assistance, or the office
50 of addiction services and supports, as appropriate based on a determi-
51 nation of the department depending on the diagnosis or stated needs of
52 the individuals being served or proposed to be served in the medical
53 respite program being considered for revocation, suspension, limitation,
54 annulment or denial of certification, if an operator is determined to
55 have failed to comply with the provisions of this article or the rules
56 and regulations promulgated thereunder. No action taken against an oper-

1 ator under this subdivision shall affect an operator's other licenses or
2 certifications; provided however, that the facts that gave rise to the
3 revocation, suspension, limitation, annulment or denial of certification
4 may also form the basis of a limitation, suspension or revocation of
5 such other licenses or certifications.

6 (b) No such medical respite program license or certification shall be
7 revoked, suspended, limited, annulled or denied without a hearing;
8 provided that a license or certification may be temporarily suspended or
9 limited without a hearing for a period not in excess of thirty days upon
10 written notice that the continuation of the medical respite program
11 places the public health or safety of the recipients in imminent danger.

12 (c) Nothing in this section shall prevent the commissioner from impos-
13 ing sanctions or penalties on a medical respite program that are author-
14 ized under any other law or regulation.

15 § 2. This act shall take effect immediately and shall be deemed to
16 have been in full force and effect on and after April 1, 2021.

17 PART H

18 Section 1. The title heading of title 11-D of article 5 of the social
19 services law, as added by chapter 1 of the laws of 1999, is amended to
20 read as follows:

21 ~~[FAMILY]~~ BASIC HEALTH ~~[PLUS]~~ PROGRAM

22 § 2. Paragraph (d) of subdivision 3, subdivision 5 and subdivision 7
23 of section 369-gg of the social services law, as added by section 51 of
24 part C of chapter 60 of the laws of 2014 and subdivision 7 as renumbered
25 by section 28 of part B of chapter 57 of the laws of 2015, are amended
26 to read as follows:

27 (d) (i) has household income at or below two hundred percent of the
28 federal poverty line defined and annually revised by the United States
29 department of health and human services for a household of the same
30 size; and (ii) has household income that exceeds one hundred thirty-
31 three percent of the federal poverty line defined and annually revised
32 by the United States department of health and human services for a
33 household of the same size; however, MAGI eligible aliens lawfully pres-
34 ent in the United States with household incomes at or below one hundred
35 thirty-three percent of the federal poverty line shall be eligible to
36 receive coverage for health care services pursuant to the provisions of
37 this title if such alien would be ineligible for medical assistance
38 under title eleven of this article due to his or her immigration status.

39 An applicant who fails to make an applicable premium payment, if any,
40 shall lose eligibility to receive coverage for health care services in
41 accordance with time frames and procedures determined by the commission-
42 er.

43 5. Premiums and cost sharing. (a) Subject to federal approval, the
44 commissioner shall establish premium payments enrollees shall pay to
45 approved organizations for coverage of health care services pursuant to
46 this title. ~~[Such premium payments shall be established in the following~~
47 ~~manner:-~~

48 ~~(i) up to twenty dollars monthly for an individual with a household~~
49 ~~income above one hundred and fifty percent of the federal poverty line~~
50 ~~but at or below two hundred percent of the federal poverty line defined~~
51 ~~and annually revised by the United States department of health and human~~
52 ~~services for a household of the same size; and~~

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

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

8 7. Any funds transferred by the secretary of health and human services
9 to the state pursuant to 42 U.S.C. 18051(d) shall be deposited in trust.
10 Funds from the trust shall be used for providing health benefits through
11 an approved organization, which, at a minimum, shall include essential
12 health benefits as defined in 42 U.S.C. 18022(b); to reduce the
13 premiums, if any, and cost sharing of participants in the basic health
14 program; or for such other purposes as may be allowed by the secretary
15 of health and human services. Health benefits available through the
16 basic health program shall be provided by one or more approved organiza-
17 tions pursuant to an agreement with the department of health and shall
18 meet the requirements of applicable federal and state laws and regu-
19 lations.

20 § 3. This act shall take effect June 1, 2021 and shall expire and be
21 deemed repealed should federal approval be withdrawn or 42 U.S.C. 18051
22 be repealed; provided that the commissioner of health shall notify the
23 legislative bill drafting commission upon the withdrawal of federal
24 approval or the repeal of 42 U.S.C. 18051 in order that the commission
25 may maintain an accurate and timely effective data base of the official
26 text of the laws of the state of New York in furtherance of effectuating
27 the provisions of section 44 of the legislative law and section 70-b of
28 the public officers law.

29 PART I

30 Section 1. Subdivision 1 of section 268-c of the public health law, as
31 added by section 2 of part T of chapter 57 of the laws of 2019, is
32 amended to read as follows:

33 1. (a) Perform eligibility determinations for federal and state insur-
34 ance affordability programs including medical assistance in accordance
35 with section three hundred sixty-six of the social services law, child
36 health plus in accordance with section twenty-five hundred eleven of
37 this chapter, the basic health program in accordance with section three
38 hundred sixty-nine-gg of the social services law, premium tax credits
39 and cost-sharing reductions and qualified health plans in accordance
40 with applicable law and other health insurance programs as determined by
41 the commissioner;

42 (b) certify and make available to qualified individuals, qualified
43 health plans, including dental plans, certified by the Marketplace
44 pursuant to applicable law, provided that coverage under such plans
45 shall not become effective prior to certification by the Marketplace;
46 ~~[and]~~

47 (c) certify and/or make available to eligible individuals, health
48 plans certified by the Marketplace pursuant to applicable law, and/or
49 participating in an insurance affordability program pursuant to applica-
50 ble law, provided that coverage under such plans shall not become effec-
51 tive prior to certification by the Marketplace, and/or approval by the
52 commissioner~~[-]~~; and

53 (d) the commissioner, in cooperation with the superintendent, is
54 authorized and directed, subject to the approval of the director of the

division of the budget, to apply for federal waivers when such action would be necessary to assist in promoting the objectives of this section.

§ 2. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2021.

PART J

Section 1. The insurance law is amended by adding a new article 29 to read as follows:

ARTICLE 29

PHARMACY BENEFIT MANAGERS

Section 2901. Definitions.

2902. Acting without a registration.

2903. Registration requirements for pharmacy benefit managers.

2904. Reporting requirements for pharmacy benefit managers.

2905. Acting without a license.

2906. Licensing of a pharmacy benefit manager.

2907. Revocation or suspension of a registration or license of a pharmacy benefit manager.

2908. Penalties for violations.

2909. Stay or suspension of superintendent's determination.

2910. Revoked registrations or licenses.

2911. Change of address.

2912. Duties.

2913. Applicability of other laws.

2914. Assessments.

§ 2901. Definitions. For purposes of this article:

(a) "Health plan" means an insurance company that is an authorized insurer under this chapter, a company organized pursuant to article forty-three of this chapter, a municipal cooperative health benefit plan established pursuant to article forty-seven of this chapter, an entity certified pursuant to article forty-four of the public health law including those providing services pursuant to title eleven of article five of the social services law and title one-A of article twenty-five of the public health law, an institution of higher education certified pursuant to section one thousand one hundred twenty-four of this chapter, the state insurance fund, and the New York state health insurance plan established under article eleven of the civil service law.

(b) "Pharmacy benefit management services" means the management or administration of prescription drug benefits pursuant to a contract with a health plan, directly or through another entity, and regardless of whether the pharmacy benefit manager and the health plan are related, or associated by ownership, common ownership, organization or otherwise; including the procurement of prescription drugs to be dispensed to patients, or the administration or management of prescription drug benefits, including but not limited to, any of the following:

(1) mail service pharmacy;

(2) claims processing, retail network management, or payment of claims to pharmacies for dispensing prescription drugs;

(3) clinical or other formulary or preferred drug list development or management;

(4) negotiation or administration of rebates, discounts, payment differentials, or other incentives, for the inclusion of particular prescription drugs in a particular category or to promote the purchase of particular prescription drugs;

1 (5) patient compliance, therapeutic intervention, or generic substi-
2 tution programs;

3 (6) disease management;

4 (7) drug utilization review or prior authorization;

5 (8) adjudication of appeals or grievances related to prescription drug
6 coverage;

7 (9) contracting with network pharmacies; and

8 (10) controlling the cost of covered prescription drugs.

9 (c) "Pharmacy benefit manager" means any entity, including a wholly
10 owned or partially owned or controlled subsidiary of a pharmacy benefits
11 manager, that contracts to provide pharmacy benefit management services
12 on behalf of a health plan.

13 (d) "Controlling person" means any person or other entity who or which
14 directly or indirectly has the power to direct or cause to be directed
15 the management, control or activities of a pharmacy benefit manager.

16 (e) "Covered individual" means a member, participant, enrollee,
17 contract holder or policy holder or beneficiary of a health plan.

18 § 2902. Acting without a registration. (a) No person, firm, associ-
19 ation, corporation or other entity may act as a pharmacy benefit manager
20 on or after June first, two thousand twenty-one and prior to January
21 first, two thousand twenty-three, without having a valid registration as
22 a pharmacy benefit manager filed with the superintendent in accordance
23 with this article and any regulations promulgated thereunder.

24 (b) Any person, firm, association, corporation or other entity that
25 violates this section shall, in addition to any other penalty provided
26 by law, be liable for restitution to any health plan, pharmacy, or
27 covered individual harmed by the violation and shall also be subject to
28 a penalty not exceeding the greater of: (1) one thousand dollars for the
29 first violation and two thousand five hundred dollars for each subse-
30 quent violation; or (2) the aggregate economic gross receipts attribut-
31 able to all violations.

32 § 2903. Registration requirements for pharmacy benefit managers. (a)
33 Every pharmacy benefit manager that performs pharmacy benefit management
34 services on or after June first, two thousand twenty-one and prior to
35 January first, two thousand twenty-three shall register with the super-
36 intendent in a manner acceptable to the superintendent and shall pay a
37 fee of one thousand dollars for each year or fraction of a year in which
38 the registration shall be valid. The superintendent shall require that
39 the pharmacy benefit manager disclose its officer or officers and direc-
40 tor or directors who are responsible for the business entity's compli-
41 ance with the financial services and insurance laws, rules and regu-
42 lations of this state. The registration shall detail the locations from
43 which it provides services, and a listing of any entities with which it
44 has contracts in New York state. The superintendent can reject a regis-
45 tration application filed by a pharmacy benefit manager that fails to
46 comply with the minimum registration standards.

47 (b) For each business entity, the officer or officers and director or
48 directors named in the application shall be designated responsible for
49 the business entity's compliance with the financial services and insur-
50 ance laws, rules and regulations of this state.

51 (c) Every registration will expire on December thirty-first, two thou-
52 sand twenty-two regardless of when registration was first made.

53 (d) Every pharmacy benefit manager that performs pharmacy benefit
54 management services at any time prior to June first, two thousand twen-
55 ty-one, shall make the registration and fee payment required by
56 subsection (a) of this section on or before June first, two thousand

1 twenty-one. Any other pharmacy benefit manager shall make the registra-
2 tion and fee payment required by subsection (a) of this section prior to
3 performing pharmacy benefit management services.

4 (e) Registrants under this section shall be subject to examination by
5 the superintendent as often as the superintendent may deem it necessary.
6 The superintendent may promulgate regulations establishing methods and
7 procedures for facilitating and verifying compliance with the require-
8 ments of this article and such other regulations as necessary to enforce
9 the provisions of this article.

10 § 2904. Reporting requirements for pharmacy benefit managers. (a)(1)
11 On or before July first of each year, beginning in two thousand twenty-
12 two, every pharmacy benefit manager shall report to the superintendent,
13 in a statement subscribed and affirmed as true under penalties of perju-
14 ry, the information requested by the superintendent including, without
15 limitation:

16 (i) any pricing discounts, rebates of any kind, inflationary payments,
17 credits, clawbacks, fees, grants, chargebacks, reimbursements, other
18 financial or other reimbursements, incentives, inducements, refunds or
19 other benefits received by the pharmacy benefit manager; and

20 (ii) the terms and conditions of any contract or arrangement, includ-
21 ing other financial or other reimbursements incentives, inducements or
22 refunds between the pharmacy benefit manager and any other party relat-
23 ing to pharmacy benefit management services provided to a health plan
24 including but not limited to, dispensing fees paid to pharmacies.

25 (2) The superintendent may require the filing of quarterly or other
26 statements, which shall be in such form and shall contain such matters
27 as the superintendent shall prescribe.

28 (3) The superintendent may address to any pharmacy benefit manager or
29 its officers any inquiry in relation to its provision of pharmacy bene-
30 fit management services or any matter connected therewith. Every pharma-
31 cy benefit manager or person so addressed shall reply in writing to such
32 inquiry promptly and truthfully, and such reply shall be, if required by
33 the superintendent, subscribed by such individual, or by such officer or
34 officers of the pharmacy benefit manager, as the superintendent shall
35 designate, and affirmed by them as true under the penalties of perjury.

36 (b) In the event any pharmacy benefit manager or person does not
37 submit a report required by paragraphs one or two of subsection (a) of
38 this section or does not provide a good faith response to an inquiry
39 from the superintendent pursuant to paragraph three of subsection (a) of
40 this section within a time period specified by the superintendent of not
41 less than fifteen business days, the superintendent is authorized to
42 levy a civil penalty, after notice and hearing, against such pharmacy
43 benefit manager or person not to exceed one thousand dollars per day for
44 each day beyond the date the report is due or the date specified by the
45 superintendent for response to the inquiry.

46 (c) All documents, materials, or other information disclosed by a
47 pharmacy benefit manager under this section which is in the control or
48 possession of the superintendent shall be deemed confidential, shall not
49 be disclosed, either pursuant to freedom of information requests or
50 subpoena, and further shall not be subject to discovery or admissible in
51 evidence in any private civil action; provided however that nothing in
52 this subdivision shall prevent the superintendent, in his or her sole
53 discretion, from providing to any other governmental entity information
54 the superintendent deems necessary for the enforcement of the laws of
55 this state or of the United States.

1 § 2905. Acting without a license. (a) No person, firm, association,
2 corporation or other entity may act as a pharmacy benefit manager on or
3 after January first, two thousand twenty-three without having authority
4 to do so by virtue of a license issued in force pursuant to the
5 provisions of this article.

6 (b) Any person, firm, association, corporation or other entity that
7 violates this section shall, in addition to any other penalty provided
8 by law, be subject to a penalty not exceeding the greater of (1) one
9 thousand dollars for the first violation and two thousand five hundred
10 dollars for each subsequent violation or (2) the aggregate economic
11 gross receipts attributable to all violations.

12 § 2906. Licensing of a pharmacy benefit manager. (a) The superinten-
13 dent may issue a pharmacy benefit manager's license to any person, firm,
14 association or corporation who or that has complied with the require-
15 ments of this article, including regulations promulgated by the super-
16 intendent. The superintendent, in consultation with the commissioner of
17 health, may establish, by regulation, minimum standards for the issuance
18 of a license to a pharmacy benefit manager.

19 (b) The minimum standards established under this section may address,
20 without limitation:

21 (1) prohibitions on conflicts of interest between pharmacy benefit
22 managers and health plans;

23 (2) prohibitions on deceptive practices in connection with the
24 performance of pharmacy benefit management services;

25 (3) prohibitions on anti-competitive practices in connection with the
26 performance of pharmacy benefit management services;

27 (4) prohibitions on pricing models, which may include prohibitions on
28 spread pricing;

29 (5) prohibitions on unfair claims practices in connection with the
30 performance of pharmacy benefit management services;

31 (6) codification of standards and practices in the creation of pharma-
32 cy networks and contracting with network pharmacies and other providers;

33 (7) prohibitions on contract provisions which arbitrarily require a
34 pharmacy to meet any pharmacy accreditation standard or recertification
35 requirement inconsistent with or more stringent than, or in addition to
36 federal or state requirements and codification of standards and prac-
37 tices in the creation and use of specialty pharmacy networks; and

38 (8) best practices for protection of consumers.

39 (c) The superintendent may require any or all of the members, offi-
40 cers, directors, or designated employees of the applicant to be named in
41 the application for a license under this article. For each business
42 entity, the officer or officers and director or directors named in the
43 application shall be designated responsible for the business entity's
44 compliance with the insurance laws, rules and regulations of this state.

45 (d)(1) Before a pharmacy benefit manager's license shall be issued or
46 renewed, the prospective licensee shall properly file in the office of
47 the superintendent a written application therefor in such form or forms
48 and supplements thereto as the superintendent prescribes, and pay a fee
49 of two thousand dollars for each year or fraction of a year in which a
50 license shall be valid.

51 (2) Every pharmacy benefit manager's license shall expire thirty-six
52 months after the date of issue. Every license issued pursuant to this
53 section may be renewed for the ensuing period of thirty-six months upon
54 the filing of an application in conformity with this subsection.

55 (e) If an application for a renewal license shall have been filed with
56 the superintendent at least two months before its expiration, then the

1 license sought to be renewed shall continue in full force and effect
2 either until the issuance by the superintendent of the renewal license
3 applied for or until five days after the superintendent shall have
4 refused to issue such renewal license and given notice of such refusal
5 to the applicant.

6 (f) The superintendent may refuse to issue a pharmacy benefit manager's
7 license if, in the superintendent's judgment, the applicant or any
8 member, principal, officer or director of the applicant, is not trust-
9 worthy and competent to act as or in connection with a pharmacy benefit
10 manager, or that any of the foregoing has given cause for revocation or
11 suspension of such license, or has failed to comply with any prerequi-
12 site for the issuance of such license. As a part of such determination,
13 the superintendent is authorized to fingerprint applicants or any
14 member, principal, officer or director of the applicant for licensure.
15 Such fingerprints shall be submitted to the division of criminal justice
16 services for a state criminal history record check, as defined in subdi-
17 vision one of section three thousand thirty-five of the education law,
18 and may be submitted to the federal bureau of investigation for a
19 national criminal history record check.

20 (g) Licensees and applicants for a license under this section shall be
21 subject to examination by the superintendent as often as the superinten-
22 dent may deem it expedient. The superintendent may promulgate regu-
23 lations establishing methods and procedures for facilitating and verify-
24 ing compliance with the requirements of this section and such other
25 regulations as necessary.

26 (h) The superintendent may issue a replacement for a currently
27 in-force license that has been lost or destroyed. Before the replacement
28 license shall be issued, there shall be on file in the office of the
29 superintendent a written application for the replacement license,
30 affirming under penalty of perjury that the original license has been
31 lost or destroyed, together with a fee of two hundred dollars.

32 (i) No pharmacy benefit manager shall engage in any practice or action
33 that a health plan is prohibited from engaging in pursuant to this chap-
34 ter.

35 § 2907. Revocation or suspension of a registration or license of a
36 pharmacy benefit manager. (a) The superintendent may refuse to renew,
37 may revoke, or may suspend for a period the superintendent determines
38 the registration or license of any pharmacy benefit manager if, the
39 superintendent determines that the registrant or licensee or any member,
40 principal, officer, director, or controlling person of the registrant or
41 licensee, has:

42 (1) violated any insurance laws, section two hundred eighty-a or two
43 hundred eighty-c of the public health law or violated any regulation,
44 subpoena or order of the superintendent or of another state's insurance
45 commissioner, or has violated any law in the course of its dealings in
46 such capacity after such license has been issued or renewed pursuant to
47 section two thousand nine hundred six of this article;

48 (2) provided materially incorrect, materially misleading, materially
49 incomplete or materially untrue information in the registration or
50 license application;

51 (3) obtained or attempted to obtain a registration or license through
52 misrepresentation or fraud;

53 (4)(i) used fraudulent, coercive or dishonest practices;

54 (ii) demonstrated incompetence;

55 (iii) demonstrated untrustworthiness; or

1 (iv) demonstrated financial irresponsibility in the conduct of busi-
2 ness in this state or elsewhere;

3 (5) improperly withheld, misappropriated or converted any monies or
4 properties received in the course of business in this state or else-
5 where;

6 (6) intentionally misrepresented the terms of an actual or proposed
7 insurance contract;

8 (7) admitted or been found to have committed any insurance unfair
9 trade practice or fraud;

10 (8) had a pharmacy benefit manager registration or license, or its
11 equivalent, denied, suspended or revoked in any other state, province,
12 district or territory;

13 (9) failed to pay state income tax or comply with any administrative
14 or court order directing payment of state income tax;

15 (10) failed to pay any assessment required by this article; or

16 (11) ceased to meet the requirements for registration or licensure
17 under this article.

18 (b) Before revoking or suspending the registration or license of any
19 pharmacy benefit manager pursuant to the provisions of this article, the
20 superintendent shall give notice to the registrant or licensee and shall
21 hold, or cause to be held, a hearing not less than ten days after the
22 giving of such notice.

23 (c) If a registration or license pursuant to the provisions of this
24 article is revoked or suspended by the superintendent, then the super-
25 intendent shall forthwith give notice to the registrant or licensee.

26 (d) The revocation or suspension of any registration or license pursu-
27 ant to the provisions of this article shall terminate forthwith such
28 registration or license and the authority conferred thereby upon all
29 licensees. For good cause shown, the superintendent may delay the effec-
30 tive date of a revocation or suspension to permit the registrant or
31 licensee to satisfy some or all of its contractual obligations to
32 perform pharmacy benefit management services in the state.

33 (e)(1) No individual, corporation, firm or association whose registra-
34 tion or license as a pharmacy benefit manager has been revoked pursuant
35 to subsection (a) of this section, and no firm or association of which
36 such individual is a member, and no corporation of which such individual
37 is an officer or director, and no controlling person of the registrant
38 or licensee shall be entitled to obtain any registration or license
39 under the provisions of this article for a minimum period of one year
40 after such revocation, or, if such revocation be judicially reviewed,
41 for a minimum period of one year after the final determination thereof
42 affirming the action of the superintendent in revoking such license.

43 (2) If any such registration or license held by a firm, association or
44 corporation be revoked, no member of such firm or association and no
45 officer or director of such corporation or any controlling person of the
46 registrant or licensee shall be entitled to obtain any registration or
47 license, under this article for the same period of time, unless the
48 superintendent determines, after notice and hearing, that such member,
49 officer or director was not personally at fault in the matter on account
50 of which such registration or license was revoked.

51 (f) If any corporation, firm, association or person aggrieved shall
52 file with the superintendent a verified complaint setting forth facts
53 tending to show sufficient ground for the revocation or suspension of
54 any pharmacy benefit manager's registration or license, then if the
55 superintendent finds the complaint credible, the superintendent shall,

1 after notice and a hearing, determine whether such registration or
2 license shall be suspended or revoked.

3 (g) The superintendent shall retain the authority to enforce the
4 provisions of and impose any penalty or remedy authorized by this chap-
5 ter against any person or entity who is under investigation for or
6 charged with a violation of this chapter, even if the person's or enti-
7 ty's registration or license has been surrendered, or has expired or has
8 lapsed by operation of law.

9 (h) A registrant or licensee subject to this article shall report to
10 the superintendent any administrative action taken against the regis-
11 trant or licensee or any of the members, officers, directors, or desig-
12 nated employees of the applicant named in the registration or licensing
13 application in another jurisdiction or by another governmental agency in
14 this state within thirty days of the final disposition of the matter.
15 This report shall include a copy of the order, consent to order or other
16 relevant legal documents.

17 (i) Within thirty days of the initial pretrial hearing date, a regis-
18 trant or licensee subject to this article shall report to the super-
19 intendent any criminal prosecution of the registrant or licensee or any
20 of the members, officers, directors, or designated employees of the
21 applicant named in the registration or licensing application taken in
22 any jurisdiction. The report shall include a copy of the initial
23 complaint filed, the order resulting from the hearing and any other
24 relevant legal documents.

25 § 2908. Penalties for violations. (a) In addition to any other power
26 conferred by law, the superintendent may in any one proceeding by order,
27 require a registrant or licensee who has violated any provision of this
28 article or whose license would otherwise be subject to revocation or
29 suspension to pay to the people of this state a penalty in a sum not
30 exceeding the greater of: (1) one thousand dollars for each offense and
31 two thousand five hundred dollars for each subsequent violation; or (2)
32 the aggregate gross receipts attributable to all offenses.

33 (b) Upon the failure of such a registrant or licensee to pay the
34 penalty ordered pursuant to subsection (a) of this section within twenty
35 days after the mailing of the order, postage prepaid, registered, and
36 addressed to the last known place of business of the licensee, unless
37 the order is stayed by an order of a court of competent jurisdiction,
38 the superintendent may revoke the registration or license of the regis-
39 trant or licensee or may suspend the same for such period as the super-
40 intendent determines.

41 § 2909. Stay or suspension of superintendent's determination. The
42 commencement of a proceeding under article seventy-eight of the civil
43 practice law and rules, to review the action of the superintendent in
44 suspending or revoking or refusing to renew any certificate under this
45 article, shall stay such action of the superintendent for a period of
46 thirty days. Such stay shall not be extended for a longer period unless
47 the court shall determine, after a preliminary hearing of which the
48 superintendent is notified forty-eight hours in advance, that a stay of
49 the superintendent's action pending the final determination or further
50 order of the court will not injure the interests of the people of the
51 state.

52 § 2910. Revoked registrations or licenses. (a)(1) No person, firm,
53 association, corporation or other entity subject to the provisions of
54 this article whose registration or license under this article has been
55 revoked, or whose registration or license to engage in the business of
56 pharmacy benefit management in any capacity has been revoked by any

1 other state or territory of the United States shall become employed or
2 appointed by a pharmacy benefit manager as an officer, director, manag-
3 er, controlling person or for other services, without the prior written
4 approval of the superintendent, unless such services are for maintenance
5 or are clerical or ministerial in nature.

6 (2) No person, firm, association, corporation or other entity subject
7 to the provisions of this article shall knowingly employ or appoint any
8 person or entity whose registration or license issued under this article
9 has been revoked, or whose registration or license to engage in the
10 business of pharmacy benefit management in any capacity has been revoked
11 by any other state or territory of the United States, as an officer,
12 director, manager, controlling person or for other services, without the
13 prior written approval of the superintendent, unless such services are
14 for maintenance or are clerical or ministerial in nature.

15 (3) No corporation or partnership subject to the provisions of this
16 article shall knowingly permit any person whose registration or license
17 issued under this article has been revoked, or whose registration or
18 license to engage in the business of pharmacy benefit management in any
19 capacity has been revoked by any other state, or territory of the United
20 States, to be a shareholder or have an interest in such corporation or
21 partnership, nor shall any such person become a shareholder or partner
22 in such corporation or partnership, without the prior written approval
23 of the superintendent.

24 (b) The superintendent may approve the employment, appointment or
25 participation of any such person whose registration or license has been
26 revoked:

27 (1) if the superintendent determines that the duties and responsibil-
28 ities of such person are subject to appropriate supervision and that
29 such duties and responsibilities will not have an adverse effect upon
30 the public, other registrants or licensees, or the registrant or licen-
31 see proposing employment or appointment of such person; or

32 (2) if such person has filed an application for reregistration or
33 relicensing pursuant to this article and the application for reregistra-
34 tion or relicensing has not been approved or denied within one hundred
35 twenty days following the filing thereof, unless the superintendent
36 determines within the said time that employment or appointment of such
37 person by a registrant or licensee in the conduct of a pharmacy benefit
38 management business would not be in the public interest.

39 (c) The provisions of this section shall not apply to the ownership of
40 shares of any corporation registered or licensed pursuant to this arti-
41 cle if the shares of such corporation are publicly held and traded in
42 the over-the-counter market or upon any national or regional securities
43 exchange.

44 § 2911. Change of address. A registrant or licensee under this article
45 shall inform the superintendent by a means acceptable to the superinten-
46 dent of a change of address within thirty days of the change.

47 § 2912. Duties. (a) A pharmacy benefit manager shall be required to
48 adhere to the code of conduct, as the superintendent may establish by
49 regulation pursuant to section twenty-nine hundred six of this article.

50 (b) No contract with a health plan shall limit access to financial or
51 utilization information of the pharmacy benefit manager in relation to
52 pharmacy benefit management services provided to the health plan.

53 (c) A pharmacy benefit manager shall disclose in writing to a health
54 plan with whom a contract for pharmacy benefit management services has
55 been executed any activity, policy, practice, contract or arrangement of
56 the pharmacy benefit manager that directly or indirectly presents a

1 conflict of interest with the pharmacy benefit manager's contractual
2 relationship with, or duties and obligations to, the health plan.

3 (d) A pharmacy benefit manager shall assist a health plan in answering
4 any inquiry made under section three hundred eight of this chapter.

5 (e) No pharmacy benefit manager shall violate any provision of the
6 public health law applicable to pharmacy benefit managers.

7 (f) (1) Any information required to be disclosed by a pharmacy benefit
8 manager to a health plan under this section that is reasonably desig-
9 nated by the pharmacy benefit manager as proprietary or trade secret
10 information shall be kept confidential by the health plan, except as
11 required or permitted by law or court order, including disclosure neces-
12 sary to prosecute or defend any legitimate legal claim or cause of
13 action.

14 (2) Designation as proprietary or trade secret information under this
15 subsection shall have no effect on the obligations of any pharmacy bene-
16 fit manager or health plan to provide that information to the depart-
17 ment.

18 § 2913. Applicability of other laws. Nothing in this article shall be
19 construed to exempt a pharmacy benefit manager from complying with the
20 provisions of articles twenty-one and forty-nine of this chapter and
21 articles forty-four and forty-nine and sections two hundred eighty-a and
22 two hundred eighty-c of the public health law, section three hundred
23 sixty-four-j of the social services law, or any other provision of this
24 chapter or the financial services law.

25 § 2914. Assessments. Notwithstanding section two hundred six of the
26 financial services law, pharmacy benefit managers that file a registra-
27 tion with the department or are licensed by the department shall be
28 assessed by the superintendent for the operating expenses of the depart-
29 ment that are attributable to regulating such pharmacy benefit managers
30 in such proportions as the superintendent shall deem just and reason-
31 able.

32 § 2. Subsection (b) of section 2402 of the insurance law, as amended
33 by section 71 of part A of chapter 62 of the laws of 2011, is amended to
34 read as follows:

35 (b) "Defined violation" means the commission by a person of an act
36 prohibited by: subsection (a) of section one thousand one hundred two,
37 section one thousand two hundred fourteen, one thousand two hundred
38 seventeen, one thousand two hundred twenty, one thousand three hundred
39 thirteen, subparagraph (B) of paragraph two of subsection (i) of section
40 one thousand three hundred twenty-two, subparagraph (B) of paragraph two
41 of subsection (i) of section one thousand three hundred twenty-four, two
42 thousand one hundred two, two thousand one hundred seventeen, two thou-
43 sand one hundred twenty-two, two thousand one hundred twenty-three,
44 subsection (p) of section two thousand three hundred thirteen, section
45 two thousand three hundred twenty-four, two thousand five hundred two,
46 two thousand five hundred three, two thousand five hundred four, two
47 thousand six hundred one, two thousand six hundred two, two thousand six
48 hundred three, two thousand six hundred four, two thousand six hundred
49 six, two thousand seven hundred three, two thousand nine hundred two,
50 two thousand nine hundred five, three thousand one hundred nine, three
51 thousand two hundred twenty-four-a, three thousand four hundred twenty-
52 nine, three thousand four hundred thirty-three, paragraph seven of
53 subsection (e) of section three thousand four hundred twenty-six, four
54 thousand two hundred twenty-four, four thousand two hundred twenty-five,
55 four thousand two hundred twenty-six, seven thousand eight hundred nine,
56 seven thousand eight hundred ten, seven thousand eight hundred eleven,

1 seven thousand eight hundred thirteen, seven thousand eight hundred
2 fourteen and seven thousand eight hundred fifteen of this chapter; or
3 section 135.60, 135.65, 175.05, 175.45, or 190.20, or article one
4 hundred five of the penal law.

5 § 3. Severability. If any provision of this act, or any application of
6 any provision of this act, is held to be invalid, or ruled by any federal
7 agency to violate or be inconsistent with any applicable federal law
8 or regulation, that shall not affect the validity or effectiveness of
9 any other provision of this act, or of any other application of any
10 provision of this act.

11 § 4. This act shall take effect immediately.

12 PART K

13 Section 1. Section 18 of chapter 266 of the laws of 1986, amending the
14 civil practice law and rules and other laws relating to malpractice and
15 professional medical conduct is amended by adding a new subdivision 9 to
16 read as follows:

17 (9) This subdivision shall apply only to excess insurance coverage or
18 equivalent excess coverage for physicians or dentists that is eligible
19 to be paid for from funds available in the hospital excess liability
20 pool.

21 (a) Notwithstanding any law to the contrary, for any policy period
22 beginning on or after July 1, 2021, excess coverage shall be purchased
23 by a physician or dentist directly from a provider of excess insurance
24 coverage or equivalent excess coverage. Such provider of excess insur-
25 ance coverage or equivalent excess coverage shall bill, in a manner
26 consistent with paragraph (e) of this subdivision, the physician or
27 dentist for an amount equal to fifty percent of the premium for such
28 coverage, as established pursuant to paragraph (c) of this subdivision,
29 during the policy period. At the conclusion of the policy period the
30 superintendent of financial services and the commissioner of health or
31 their designee shall, from funds available in the hospital excess
32 liability pool created pursuant to subdivision 5 of this section, pay
33 half of the remaining fifty percent of the premium to the provider of
34 excess insurance coverage or equivalent excess coverage, and the remain-
35 ing twenty-five percent shall be paid one year thereafter. If the funds
36 available in the hospital excess liability pool are insufficient to meet
37 the percent of the costs of the excess coverage, the provisions of
38 subdivision 8 of this section shall apply.

39 (b) If at the conclusion of the policy period, a physician or dentist,
40 eligible for excess coverage paid for from funds available in the hospi-
41 tal excess liability pool, has failed to pay an amount equal to fifty
42 percent of the premium as established pursuant to paragraph (c) of this
43 subdivision, such excess coverage shall be cancelled and shall be null
44 and void as of the first day on or after the commencement of a policy
45 period where the liability for payment pursuant to this subdivision has
46 not been met. The provider of excess coverage shall remit any portion
47 of premium paid by the eligible physician or dentist for such a policy
48 period.

49 (c) The superintendent of financial services shall establish a rate
50 consistent with subdivision 3 of this section that providers of excess
51 insurance coverage or equivalent excess coverage will charge for such
52 coverage for each policy period. For the policy period beginning July
53 1, 2021, the superintendent of financial services may direct that the

1 premium for that policy period be the same as it was for the policy
2 period that concluded June 30, 2020.

3 (d) No provider of excess insurance coverage or equivalent excess
4 coverage shall issue excess coverage to which this subdivision applies
5 to any physician or dentist unless that physician or dentist meets the
6 eligibility requirements for such coverage set forth in this section.
7 The superintendent of financial services and the commissioner of health
8 or their designee shall not make any payment under this subdivision to a
9 provider of excess insurance coverage or equivalent excess coverage for
10 excess coverage issued to a physician or dentist who does not meet the
11 eligibility requirements for participation in the hospital excess
12 liability pool program set forth in this section.

13 (e) A provider of excess insurance coverage or equivalent coverage
14 that issues excess coverage under this subdivision shall bill the physi-
15 cian or dentist for the portion of the premium required under paragraph
16 (a) of this subdivision in twelve equal monthly installments or in such
17 other manner as the physician or dentist may agree.

18 (f) The superintendent of financial services in consultation with the
19 commissioner of health may promulgate regulations giving effect to the
20 provisions of this subdivision.

21 § 2. Paragraph (a) of subdivision 1 of section 18 of chapter 266 of
22 the laws of 1986, amending the civil practice law and rules and other
23 laws relating to malpractice and professional medical conduct, as
24 amended by section 1 of part AAA of chapter 56 of the laws of 2020, is
25 amended to read as follows:

26 (a) The superintendent of financial services and the commissioner of
27 health or their designee shall, from funds available in the hospital
28 excess liability pool created pursuant to subdivision 5 of this section,
29 purchase a policy or policies for excess insurance coverage, as author-
30 ized by paragraph 1 of subsection (e) of section 5502 of the insurance
31 law; or from an insurer, other than an insurer described in section 5502
32 of the insurance law, duly authorized to write such coverage and actual-
33 ly writing medical malpractice insurance in this state; or shall
34 purchase equivalent excess coverage in a form previously approved by the
35 superintendent of financial services for purposes of providing equiv-
36 alent excess coverage in accordance with section 19 of chapter 294 of
37 the laws of 1985, for medical or dental malpractice occurrences between
38 July 1, 1986 and June 30, 1987, between July 1, 1987 and June 30, 1988,
39 between July 1, 1988 and June 30, 1989, between July 1, 1989 and June
40 30, 1990, between July 1, 1990 and June 30, 1991, between July 1, 1991
41 and June 30, 1992, between July 1, 1992 and June 30, 1993, between July
42 1, 1993 and June 30, 1994, between July 1, 1994 and June 30, 1995,
43 between July 1, 1995 and June 30, 1996, between July 1, 1996 and June
44 30, 1997, between July 1, 1997 and June 30, 1998, between July 1, 1998
45 and June 30, 1999, between July 1, 1999 and June 30, 2000, between July
46 1, 2000 and June 30, 2001, between July 1, 2001 and June 30, 2002,
47 between July 1, 2002 and June 30, 2003, between July 1, 2003 and June
48 30, 2004, between July 1, 2004 and June 30, 2005, between July 1, 2005
49 and June 30, 2006, between July 1, 2006 and June 30, 2007, between July
50 1, 2007 and June 30, 2008, between July 1, 2008 and June 30, 2009,
51 between July 1, 2009 and June 30, 2010, between July 1, 2010 and June
52 30, 2011, between July 1, 2011 and June 30, 2012, between July 1, 2012
53 and June 30, 2013, between July 1, 2013 and June 30, 2014, between July
54 1, 2014 and June 30, 2015, between July 1, 2015 and June 30, 2016,
55 between July 1, 2016 and June 30, 2017, between July 1, 2017 and June
56 30, 2018, between July 1, 2018 and June 30, 2019, between July 1, 2019

1 and June 30, 2020, [~~and~~] between July 1, 2020 and June 30, 2021, and
2 between July 1, 2021 and June 30, 2022 or reimburse the hospital where
3 the hospital purchases equivalent excess coverage as defined in subpara-
4 graph (i) of paragraph (a) of subdivision 1-a of this section for
5 medical or dental malpractice occurrences between July 1, 1987 and June
6 30, 1988, between July 1, 1988 and June 30, 1989, between July 1, 1989
7 and June 30, 1990, between July 1, 1990 and June 30, 1991, between July
8 1, 1991 and June 30, 1992, between July 1, 1992 and June 30, 1993,
9 between July 1, 1993 and June 30, 1994, between July 1, 1994 and June
10 30, 1995, between July 1, 1995 and June 30, 1996, between July 1, 1996
11 and June 30, 1997, between July 1, 1997 and June 30, 1998, between July
12 1, 1998 and June 30, 1999, between July 1, 1999 and June 30, 2000,
13 between July 1, 2000 and June 30, 2001, between July 1, 2001 and June
14 30, 2002, between July 1, 2002 and June 30, 2003, between July 1, 2003
15 and June 30, 2004, between July 1, 2004 and June 30, 2005, between July
16 1, 2005 and June 30, 2006, between July 1, 2006 and June 30, 2007,
17 between July 1, 2007 and June 30, 2008, between July 1, 2008 and June
18 30, 2009, between July 1, 2009 and June 30, 2010, between July 1, 2010
19 and June 30, 2011, between July 1, 2011 and June 30, 2012, between July
20 1, 2012 and June 30, 2013, between July 1, 2013 and June 30, 2014,
21 between July 1, 2014 and June 30, 2015, between July 1, 2015 and June
22 30, 2016, between July 1, 2016 and June 30, 2017, between July 1, 2017
23 and June 30, 2018, between July 1, 2018 and June 30, 2019, between July
24 1, 2019 and June 30, 2020, [~~and~~] between July 1, 2020 and June 30, 2021,
25 and between July 1, 2021 and June 30, 2022 for physicians or dentists
26 certified as eligible for each such period or periods pursuant to subdi-
27 vision 2 of this section by a general hospital licensed pursuant to
28 article 28 of the public health law; provided that no single insurer
29 shall write more than fifty percent of the total excess premium for a
30 given policy year; and provided, however, that such eligible physicians
31 or dentists must have in force an individual policy, from an insurer
32 licensed in this state of primary malpractice insurance coverage in
33 amounts of no less than one million three hundred thousand dollars for
34 each claimant and three million nine hundred thousand dollars for all
35 claimants under that policy during the period of such excess coverage
36 for such occurrences or be endorsed as additional insureds under a
37 hospital professional liability policy which is offered through a volun-
38 tary attending physician ("channeling") program previously permitted by
39 the superintendent of financial services during the period of such
40 excess coverage for such occurrences. During such period, such policy
41 for excess coverage or such equivalent excess coverage shall, when
42 combined with the physician's or dentist's primary malpractice insurance
43 coverage or coverage provided through a voluntary attending physician
44 ("channeling") program, total an aggregate level of two million three
45 hundred thousand dollars for each claimant and six million nine hundred
46 thousand dollars for all claimants from all such policies with respect
47 to occurrences in each of such years provided, however, if the cost of
48 primary malpractice insurance coverage in excess of one million dollars,
49 but below the excess medical malpractice insurance coverage provided
50 pursuant to this act, exceeds the rate of nine percent per annum, then
51 the required level of primary malpractice insurance coverage in excess
52 of one million dollars for each claimant shall be in an amount of not
53 less than the dollar amount of such coverage available at nine percent
54 per annum; the required level of such coverage for all claimants under
55 that policy shall be in an amount not less than three times the dollar
56 amount of coverage for each claimant; and excess coverage, when combined

1 with such primary malpractice insurance coverage, shall increase the
2 aggregate level for each claimant by one million dollars and three
3 million dollars for all claimants; and provided further, that, with
4 respect to policies of primary medical malpractice coverage that include
5 occurrences between April 1, 2002 and June 30, 2002, such requirement
6 that coverage be in amounts no less than one million three hundred thou-
7 sand dollars for each claimant and three million nine hundred thousand
8 dollars for all claimants for such occurrences shall be effective April
9 1, 2002.

10 § 3. Subdivision 3 of section 18 of chapter 266 of the laws of 1986,
11 amending the civil practice law and rules and other laws relating to
12 malpractice and professional medical conduct, as amended by section 2 of
13 part AAA of chapter 56 of the laws of 2020, is amended to read as
14 follows:

15 (3)(a) The superintendent of financial services shall determine and
16 certify to each general hospital and to the commissioner of health the
17 cost of excess malpractice insurance for medical or dental malpractice
18 occurrences between July 1, 1986 and June 30, 1987, between July 1, 1988
19 and June 30, 1989, between July 1, 1989 and June 30, 1990, between July
20 1, 1990 and June 30, 1991, between July 1, 1991 and June 30, 1992,
21 between July 1, 1992 and June 30, 1993, between July 1, 1993 and June
22 30, 1994, between July 1, 1994 and June 30, 1995, between July 1, 1995
23 and June 30, 1996, between July 1, 1996 and June 30, 1997, between July
24 1, 1997 and June 30, 1998, between July 1, 1998 and June 30, 1999,
25 between July 1, 1999 and June 30, 2000, between July 1, 2000 and June
26 30, 2001, between July 1, 2001 and June 30, 2002, between July 1, 2002
27 and June 30, 2003, between July 1, 2003 and June 30, 2004, between July
28 1, 2004 and June 30, 2005, between July 1, 2005 and June 30, 2006,
29 between July 1, 2006 and June 30, 2007, between July 1, 2007 and June
30 30, 2008, between July 1, 2008 and June 30, 2009, between July 1, 2009
31 and June 30, 2010, between July 1, 2010 and June 30, 2011, between July
32 1, 2011 and June 30, 2012, between July 1, 2012 and June 30, 2013, ~~and~~
33 between July 1, 2013 and June 30, 2014, between July 1, 2014 and June
34 30, 2015, between July 1, 2015 and June 30, 2016, ~~and~~ between July 1,
35 2016 and June 30, 2017, between July 1, 2017 and June 30, 2018, between
36 July 1, 2018 and June 30, 2019, between July 1, 2019 and June 30, 2020,
37 ~~and~~ between July 1, 2020 and June 30, 2021, and between July 1, 2021
38 and June 30, 2022 allocable to each general hospital for physicians or
39 dentists certified as eligible for purchase of a policy for excess
40 insurance coverage by such general hospital in accordance with subdivi-
41 sion 2 of this section, and may amend such determination and certifi-
42 cation as necessary.

43 (b) The superintendent of financial services shall determine and
44 certify to each general hospital and to the commissioner of health the
45 cost of excess malpractice insurance or equivalent excess coverage for
46 medical or dental malpractice occurrences between July 1, 1987 and June
47 30, 1988, between July 1, 1988 and June 30, 1989, between July 1, 1989
48 and June 30, 1990, between July 1, 1990 and June 30, 1991, between July
49 1, 1991 and June 30, 1992, between July 1, 1992 and June 30, 1993,
50 between July 1, 1993 and June 30, 1994, between July 1, 1994 and June
51 30, 1995, between July 1, 1995 and June 30, 1996, between July 1, 1996
52 and June 30, 1997, between July 1, 1997 and June 30, 1998, between July
53 1, 1998 and June 30, 1999, between July 1, 1999 and June 30, 2000,
54 between July 1, 2000 and June 30, 2001, between July 1, 2001 and June
55 30, 2002, between July 1, 2002 and June 30, 2003, between July 1, 2003
56 and June 30, 2004, between July 1, 2004 and June 30, 2005, between July

1 1, 2005 and June 30, 2006, between July 1, 2006 and June 30, 2007,
2 between July 1, 2007 and June 30, 2008, between July 1, 2008 and June
3 30, 2009, between July 1, 2009 and June 30, 2010, between July 1, 2010
4 and June 30, 2011, between July 1, 2011 and June 30, 2012, between July
5 1, 2012 and June 30, 2013, between July 1, 2013 and June 30, 2014,
6 between July 1, 2014 and June 30, 2015, between July 1, 2015 and June
7 30, 2016, between July 1, 2016 and June 30, 2017, between July 1, 2017
8 and June 30, 2018, between July 1, 2018 and June 30, 2019, between July
9 1, 2019 and June 30, 2020, [~~and~~] between July 1, 2020 and June 30, 2021,
10 and between July 1, 2021 and June 30, 2022 allocable to each general
11 hospital for physicians or dentists certified as eligible for purchase
12 of a policy for excess insurance coverage or equivalent excess coverage
13 by such general hospital in accordance with subdivision 2 of this
14 section, and may amend such determination and certification as neces-
15 sary. The superintendent of financial services shall determine and
16 certify to each general hospital and to the commissioner of health the
17 ratable share of such cost allocable to the period July 1, 1987 to
18 December 31, 1987, to the period January 1, 1988 to June 30, 1988, to
19 the period July 1, 1988 to December 31, 1988, to the period January 1,
20 1989 to June 30, 1989, to the period July 1, 1989 to December 31, 1989,
21 to the period January 1, 1990 to June 30, 1990, to the period July 1,
22 1990 to December 31, 1990, to the period January 1, 1991 to June 30,
23 1991, to the period July 1, 1991 to December 31, 1991, to the period
24 January 1, 1992 to June 30, 1992, to the period July 1, 1992 to December
25 31, 1992, to the period January 1, 1993 to June 30, 1993, to the period
26 July 1, 1993 to December 31, 1993, to the period January 1, 1994 to June
27 30, 1994, to the period July 1, 1994 to December 31, 1994, to the period
28 January 1, 1995 to June 30, 1995, to the period July 1, 1995 to December
29 31, 1995, to the period January 1, 1996 to June 30, 1996, to the period
30 July 1, 1996 to December 31, 1996, to the period January 1, 1997 to June
31 30, 1997, to the period July 1, 1997 to December 31, 1997, to the period
32 January 1, 1998 to June 30, 1998, to the period July 1, 1998 to December
33 31, 1998, to the period January 1, 1999 to June 30, 1999, to the period
34 July 1, 1999 to December 31, 1999, to the period January 1, 2000 to June
35 30, 2000, to the period July 1, 2000 to December 31, 2000, to the period
36 January 1, 2001 to June 30, 2001, to the period July 1, 2001 to June 30,
37 2002, to the period July 1, 2002 to June 30, 2003, to the period July 1,
38 2003 to June 30, 2004, to the period July 1, 2004 to June 30, 2005, to
39 the period July 1, 2005 and June 30, 2006, to the period July 1, 2006
40 and June 30, 2007, to the period July 1, 2007 and June 30, 2008, to the
41 period July 1, 2008 and June 30, 2009, to the period July 1, 2009 and
42 June 30, 2010, to the period July 1, 2010 and June 30, 2011, to the
43 period July 1, 2011 and June 30, 2012, to the period July 1, 2012 and
44 June 30, 2013, to the period July 1, 2013 and June 30, 2014, to the
45 period July 1, 2014 and June 30, 2015, to the period July 1, 2015 and
46 June 30, 2016, to the period July 1, 2016 and June 30, 2017, to the
47 period July 1, 2017 to June 30, 2018, to the period July 1, 2018 to June
48 30, 2019, to the period July 1, 2019 to June 30, 2020, [~~and~~] to the
49 period July 1, 2020 to June 30, 2021, and to the period July 1, 2021 to
50 June 30, 2022.

51 § 4. Paragraphs (a), (b), (c), (d) and (e) of subdivision 8 of section
52 18 of chapter 266 of the laws of 1986, amending the civil practice law
53 and rules and other laws relating to malpractice and professional
54 medical conduct, as amended by section 3 of part AAA of chapter 56 of
55 the laws of 2020, 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 to June 30, 2016, during the period July 1, 2016 to June 30, 2017, during the period July 1, 2017 to June 30, 2018, during the period July 1, 2018 to June 30, 2019, during the period July 1, 2019 to June 30, 2020, ~~and~~ during the period July 1, 2020 to June 30, 2021, and during the period July 1, 2021 to June 30, 2022 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, or covering the period July 1, 2018 to
3 June 30, 2019, or covering the period July 1, 2019 to June 30, 2020, or
4 covering the period July 1, 2020 to June 30, 2021, or covering the peri-
5 od July 1, 2021 to June 30, 2022 shall notify a covered physician or
6 dentist by mail, mailed to the address shown on the last application for
7 excess insurance coverage or equivalent excess coverage, of the amount
8 due to such provider from such physician or dentist for such coverage
9 period determined in accordance with paragraph (a) of this subdivision.
10 Such amount shall be due from such physician or dentist to such provider
11 of excess insurance coverage or equivalent excess coverage in a time and
12 manner determined by the superintendent of financial services.

13 (c) If a physician or dentist liable for payment of a portion of the
14 costs of excess insurance coverage or equivalent excess coverage cover-
15 ing the period July 1, 1992 to June 30, 1993, or covering the period
16 July 1, 1993 to June 30, 1994, or covering the period July 1, 1994 to
17 June 30, 1995, or covering the period July 1, 1995 to June 30, 1996, or
18 covering the period July 1, 1996 to June 30, 1997, or covering the peri-
19 od July 1, 1997 to June 30, 1998, or covering the period July 1, 1998 to
20 June 30, 1999, or covering the period July 1, 1999 to June 30, 2000, or
21 covering the period July 1, 2000 to June 30, 2001, or covering the peri-
22 od July 1, 2001 to October 29, 2001, or covering the period April 1,
23 2002 to June 30, 2002, or covering the period July 1, 2002 to June 30,
24 2003, or covering the period July 1, 2003 to June 30, 2004, or covering
25 the period July 1, 2004 to June 30, 2005, or covering the period July 1,
26 2005 to June 30, 2006, or covering the period July 1, 2006 to June 30,
27 2007, or covering the period July 1, 2007 to June 30, 2008, or covering
28 the period July 1, 2008 to June 30, 2009, or covering the period July 1,
29 2009 to June 30, 2010, or covering the period July 1, 2010 to June 30,
30 2011, or covering the period July 1, 2011 to June 30, 2012, or covering
31 the period July 1, 2012 to June 30, 2013, or covering the period July 1,
32 2013 to June 30, 2014, or covering the period July 1, 2014 to June 30,
33 2015, or covering the period July 1, 2015 to June 30, 2016, or covering
34 the period July 1, 2016 to June 30, 2017, or covering the period July 1,
35 2017 to June 30, 2018, or covering the period July 1, 2018 to June 30,
36 2019, or covering the period July 1, 2019 to June 30, 2020, or covering
37 the period July 1, 2020 to June 30, 2021, or covering the period July 1,
38 2021 to June 30, 2022 determined in accordance with paragraph (a) of
39 this subdivision fails, refuses or neglects to make payment to the
40 provider of excess insurance coverage or equivalent excess coverage in
41 such time and manner as determined by the superintendent of financial
42 services pursuant to paragraph (b) of this subdivision, excess insurance
43 coverage or equivalent excess coverage purchased for such physician or
44 dentist in accordance with this section for such coverage period shall
45 be cancelled and shall be null and void as of the first day on or after
46 the commencement of a policy period where the liability for payment
47 pursuant to this subdivision has not been met.

48 (d) Each provider of excess insurance coverage or equivalent excess
49 coverage shall notify the superintendent of financial services and the
50 commissioner of health or their designee of each physician and dentist
51 eligible for purchase of a policy for excess insurance coverage or
52 equivalent excess coverage covering the period July 1, 1992 to June 30,
53 1993, or covering the period July 1, 1993 to June 30, 1994, or covering
54 the period July 1, 1994 to June 30, 1995, or covering the period July 1,
55 1995 to June 30, 1996, or covering the period July 1, 1996 to June 30,
56 1997, or covering the period July 1, 1997 to June 30, 1998, or covering

1 the period July 1, 1998 to June 30, 1999, or covering the period July 1,
2 1999 to June 30, 2000, or covering the period July 1, 2000 to June 30,
3 2001, or covering the period July 1, 2001 to October 29, 2001, or cover-
4 ing the period April 1, 2002 to June 30, 2002, or covering the period
5 July 1, 2002 to June 30, 2003, or covering the period July 1, 2003 to
6 June 30, 2004, or covering the period July 1, 2004 to June 30, 2005, or
7 covering the period July 1, 2005 to June 30, 2006, or covering the peri-
8 od July 1, 2006 to June 30, 2007, or covering the period July 1, 2007 to
9 June 30, 2008, or covering the period July 1, 2008 to June 30, 2009, or
10 covering the period July 1, 2009 to June 30, 2010, or covering the peri-
11 od July 1, 2010 to June 30, 2011, or covering the period July 1, 2011 to
12 June 30, 2012, or covering the period July 1, 2012 to June 30, 2013, or
13 covering the period July 1, 2013 to June 30, 2014, or covering the peri-
14 od July 1, 2014 to June 30, 2015, or covering the period July 1, 2015 to
15 June 30, 2016, or covering the period July 1, 2016 to June 30, 2017, or
16 covering the period July 1, 2017 to June 30, 2018, or covering the peri-
17 od July 1, 2018 to June 30, 2019, or covering the period July 1, 2019 to
18 June 30, 2020, or covering the period July 1, 2020 to June 30, 2021, or
19 covering the period July 1, 2021 to June 30, 2022 that has made payment
20 to such provider of excess insurance coverage or equivalent excess
21 coverage in accordance with paragraph (b) of this subdivision and of
22 each physician and dentist who has failed, refused or neglected to make
23 such payment.

24 (e) A provider of excess insurance coverage or equivalent excess
25 coverage shall refund to the hospital excess liability pool any amount
26 allocable to the period July 1, 1992 to June 30, 1993, and to the period
27 July 1, 1993 to June 30, 1994, and to the period July 1, 1994 to June
28 30, 1995, and to the period July 1, 1995 to June 30, 1996, and to the
29 period July 1, 1996 to June 30, 1997, and to the period July 1, 1997 to
30 June 30, 1998, and to the period July 1, 1998 to June 30, 1999, and to
31 the period July 1, 1999 to June 30, 2000, and to the period July 1, 2000
32 to June 30, 2001, and to the period July 1, 2001 to October 29, 2001,
33 and to the period April 1, 2002 to June 30, 2002, and to the period July
34 1, 2002 to June 30, 2003, and to the period July 1, 2003 to June 30,
35 2004, and to the period July 1, 2004 to June 30, 2005, and to the period
36 July 1, 2005 to June 30, 2006, and to the period July 1, 2006 to June
37 30, 2007, and to the period July 1, 2007 to June 30, 2008, and to the
38 period July 1, 2008 to June 30, 2009, and to the period July 1, 2009 to
39 June 30, 2010, and to the period July 1, 2010 to June 30, 2011, and to
40 the period July 1, 2011 to June 30, 2012, and to the period July 1, 2012
41 to June 30, 2013, and to the period July 1, 2013 to June 30, 2014, and
42 to the period July 1, 2014 to June 30, 2015, and to the period July 1,
43 2015 to June 30, 2016, to the period July 1, 2016 to June 30, 2017, and
44 to the period July 1, 2017 to June 30, 2018, and to the period July 1,
45 2018 to June 30, 2019, and to the period July 1, 2019 to June 30, 2020,
46 and to the period July 1, 2020 to June 30, 2021, and to the period July
47 1, 2021 to June 30, 2022 received from the hospital excess liability
48 pool for purchase of excess insurance coverage or equivalent excess
49 coverage covering the period July 1, 1992 to June 30, 1993, and covering
50 the period July 1, 1993 to June 30, 1994, and covering the period July
51 1, 1994 to June 30, 1995, and covering the period July 1, 1995 to June
52 30, 1996, and covering the period July 1, 1996 to June 30, 1997, and
53 covering the period July 1, 1997 to June 30, 1998, and covering the
54 period July 1, 1998 to June 30, 1999, and covering the period July 1,
55 1999 to June 30, 2000, and covering the period July 1, 2000 to June 30,
56 2001, and covering the period July 1, 2001 to October 29, 2001, and

1 covering the period April 1, 2002 to June 30, 2002, and covering the
2 period July 1, 2002 to June 30, 2003, and covering the period July 1,
3 2003 to June 30, 2004, and covering the period July 1, 2004 to June 30,
4 2005, and covering the period July 1, 2005 to June 30, 2006, and cover-
5 ing the period July 1, 2006 to June 30, 2007, and covering the period
6 July 1, 2007 to June 30, 2008, and covering the period July 1, 2008 to
7 June 30, 2009, and covering the period July 1, 2009 to June 30, 2010,
8 and covering the period July 1, 2010 to June 30, 2011, and covering the
9 period July 1, 2011 to June 30, 2012, and covering the period July 1,
10 2012 to June 30, 2013, and covering the period July 1, 2013 to June 30,
11 2014, and covering the period July 1, 2014 to June 30, 2015, and cover-
12 ing the period July 1, 2015 to June 30, 2016, and covering the period
13 July 1, 2016 to June 30, 2017, and covering the period July 1, 2017 to
14 June 30, 2018, and covering the period July 1, 2018 to June 30, 2019,
15 and covering the period July 1, 2019 to June 30, 2020, and covering the
16 period July 1, 2020 to June 30, 2021, and covering the period July 1,
17 2021 to June 30, 2022 for a physician or dentist where such excess
18 insurance coverage or equivalent excess coverage is cancelled in accord-
19 ance with paragraph (c) of this subdivision.

20 § 5. Section 40 of chapter 266 of the laws of 1986, amending the civil
21 practice law and rules and other laws relating to malpractice and
22 professional medical conduct, as amended by section 5 of part AAA of
23 chapter 56 of the laws of 2020, is amended to read as follows:

24 § 40. The superintendent of financial services shall establish rates
25 for policies providing coverage for physicians and surgeons medical
26 malpractice for the periods commencing July 1, 1985 and ending June 30,
27 ~~2021~~ 2022; provided, however, that notwithstanding any other provision
28 of law, the superintendent shall not establish or approve any increase
29 in rates for the period commencing July 1, 2009 and ending June 30,
30 2010. The superintendent shall direct insurers to establish segregated
31 accounts for premiums, payments, reserves and investment income attrib-
32 utable to such premium periods and shall require periodic reports by the
33 insurers regarding claims and expenses attributable to such periods to
34 monitor whether such accounts will be sufficient to meet incurred claims
35 and expenses. On or after July 1, 1989, the superintendent shall impose
36 a surcharge on premiums to satisfy a projected deficiency that is
37 attributable to the premium levels established pursuant to this section
38 for such periods; provided, however, that such annual surcharge shall
39 not exceed eight percent of the established rate until July 1, ~~2021~~
40 2022, at which time and thereafter such surcharge shall not exceed twen-
41 ty-five percent of the approved adequate rate, and that such annual
42 surcharges shall continue for such period of time as shall be sufficient
43 to satisfy such deficiency. The superintendent shall not impose such
44 surcharge during the period commencing July 1, 2009 and ending June 30,
45 2010. On and after July 1, 1989, the surcharge prescribed by this
46 section shall be retained by insurers to the extent that they insured
47 physicians and surgeons during the July 1, 1985 through June 30, ~~2021~~
48 2022 policy periods; in the event and to the extent physicians and
49 surgeons were insured by another insurer during such periods, all or a
50 pro rata share of the surcharge, as the case may be, shall be remitted
51 to such other insurer in accordance with rules and regulations to be
52 promulgated by the superintendent. Surcharges collected from physicians
53 and surgeons who were not insured during such policy periods shall be
54 apportioned among all insurers in proportion to the premium written by
55 each insurer during such policy periods; if a physician or surgeon was
56 insured by an insurer subject to rates established by the superintendent

1 during such policy periods, and at any time thereafter a hospital,
2 health maintenance organization, employer or institution is responsible
3 for responding in damages for liability arising out of such physician's
4 or surgeon's practice of medicine, such responsible entity shall also
5 remit to such prior insurer the equivalent amount that would then be
6 collected as a surcharge if the physician or surgeon had continued to
7 remain insured by such prior insurer. In the event any insurer that
8 provided coverage during such policy periods is in liquidation, the
9 property/casualty insurance security fund shall receive the portion of
10 surcharges to which the insurer in liquidation would have been entitled.
11 The surcharges authorized herein shall be deemed to be income earned for
12 the purposes of section 2303 of the insurance law. The superintendent,
13 in establishing adequate rates and in determining any projected defi-
14 ciency pursuant to the requirements of this section and the insurance
15 law, shall give substantial weight, determined in his discretion and
16 judgment, to the prospective anticipated effect of any regulations
17 promulgated and laws enacted and the public benefit of stabilizing
18 malpractice rates and minimizing rate level fluctuation during the peri-
19 od of time necessary for the development of more reliable statistical
20 experience as to the efficacy of such laws and regulations affecting
21 medical, dental or podiatric malpractice enacted or promulgated in 1985,
22 1986, by this act and at any other time. Notwithstanding any provision
23 of the insurance law, rates already established and to be established by
24 the superintendent pursuant to this section are deemed adequate if such
25 rates would be adequate when taken together with the maximum authorized
26 annual surcharges to be imposed for a reasonable period of time whether
27 or not any such annual surcharge has been actually imposed as of the
28 establishment of such rates.

29 § 6. Section 5 and subdivisions (a) and (e) of section 6 of part J of
30 chapter 63 of the laws of 2001, amending chapter 266 of the laws of
31 1986, amending the civil practice law and rules and other laws relating
32 to malpractice and professional medical conduct, as amended by section 6
33 of part AAA of chapter 56 of the laws of 2020, are amended to read as
34 follows:

35 § 5. The superintendent of financial services and the commissioner of
36 health shall determine, no later than June 15, 2002, June 15, 2003, June
37 15, 2004, June 15, 2005, June 15, 2006, June 15, 2007, June 15, 2008,
38 June 15, 2009, June 15, 2010, June 15, 2011, June 15, 2012, June 15,
39 2013, June 15, 2014, June 15, 2015, June 15, 2016, June 15, 2017, June
40 15, 2018, June 15, 2019, June 15, 2020, ~~and~~ June 15, 2021, and June
41 15, 2022 the amount of funds available in the hospital excess liability
42 pool, created pursuant to section 18 of chapter 266 of the laws of 1986,
43 and whether such funds are sufficient for purposes of purchasing excess
44 insurance coverage for eligible participating physicians and dentists
45 during the period July 1, 2001 to June 30, 2002, or July 1, 2002 to June
46 30, 2003, or July 1, 2003 to June 30, 2004, or July 1, 2004 to June 30,
47 2005, or July 1, 2005 to June 30, 2006, or July 1, 2006 to June 30,
48 2007, or July 1, 2007 to June 30, 2008, or July 1, 2008 to June 30,
49 2009, or July 1, 2009 to June 30, 2010, or July 1, 2010 to June 30,
50 2011, or July 1, 2011 to June 30, 2012, or July 1, 2012 to June 30,
51 2013, or July 1, 2013 to June 30, 2014, or July 1, 2014 to June 30,
52 2015, or July 1, 2015 to June 30, 2016, or July 1, 2016 to June 30,
53 2017, or July 1, 2017 to June 30, 2018, or July 1, 2018 to June 30,
54 2019, or July 1, 2019 to June 30, 2020, or July 1, 2020 to June 30,
55 2021, or July 1, 2021 to June 30, 2022 as applicable.

(a) This section shall be effective only upon a determination, pursuant to section five of this act, by the superintendent of financial services and the commissioner of health, and a certification of such determination to the state director of the budget, the chair of the senate committee on finance and the chair of the assembly committee on ways and means, that the amount of funds in the hospital excess liability pool, created pursuant to section 18 of chapter 266 of the laws of 1986, is insufficient for purposes of purchasing excess insurance coverage for eligible participating physicians and dentists during the period 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, or July 1, 2007 to June 30, 2008, or July 1, 2008 to June 30, 2009, or July 1, 2009 to June 30, 2010, or July 1, 2010 to June 30, 2011, or July 1, 2011 to June 30, 2012, or July 1, 2012 to June 30, 2013, or July 1, 2013 to June 30, 2014, or July 1, 2014 to June 30, 2015, or July 1, 2015 to June 30, 2016, or July 1, 2016 to June 30, 2017, or July 1, 2017 to June 30, 2018, or July 1, 2018 to June 30, 2019, or July 1, 2019 to June 30, 2020, or July 1, 2020 to June 30, 2021, or July 1, 2021 to June 30, 2022 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, June 15, 2017, June 15, 2018, June 15, 2019, June 15, 2020, ~~and~~ June 15, 2021, and June 15, 2022 as applicable.

§ 7. Section 20 of part H of chapter 57 of the laws of 2017, amending the New York Health Care Reform Act of 1996 and other laws relating to extending certain provisions thereto, as amended by section 7 of part AAA of chapter 56 of the laws of 2020, is amended to read as follows:

§ 20. 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 ~~twenty~~ twenty-one, shall be eligible to apply for such coverage for the coverage period beginning the first of July, two thousand ~~twenty~~ twenty-one; 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 ~~twenty~~ twenty-one exceeds the total number of physicians or dentists certified as eligible for the coverage period beginning the first of July, two thousand ~~twenty~~ twenty-one, then the general hospitals may certify additional eligible physicians or dentists in a number equal to such general hospital's proportional share of the

1 total number of physicians or dentists for whom excess coverage or
2 equivalent excess coverage was purchased with funds available in the
3 hospital excess liability pool as of the thirtieth of June, two thousand
4 [~~twenty~~] twenty-one, as applied to the difference between the number of
5 eligible physicians or dentists for whom a policy for excess coverage or
6 equivalent excess coverage was purchased for the coverage period ending
7 the thirtieth of June, two thousand [~~twenty~~] twenty-one and the number
8 of such eligible physicians or dentists who have applied for excess
9 coverage or equivalent excess coverage for the coverage period beginning
10 the first of July, two thousand [~~twenty~~] twenty-one.

11 § 8. This act shall take effect immediately and shall be deemed to
12 have been in full force and effect on and after April 1, 2021.

13 PART L

14 Section 1. Subdivision 2 of section 605 of the public health law, as
15 amended by section 1 of part 0 of chapter 57 of the laws of 2019, is
16 amended to read as follows:

17 2. State aid reimbursement for public health services provided by a
18 municipality under this title, shall be made if the municipality is
19 providing some or all of the core public health services identified in
20 section six hundred two of this title, pursuant to an approved applica-
21 tion for state aid, at a rate of no less than thirty-six per centum,
22 except for the city of New York which shall receive no less than [~~twen-~~
23 ~~ty~~] ten per centum, of the difference between the amount of moneys
24 expended by the municipality for public health services required by
25 section six hundred two of this title during the fiscal year and the
26 base grant provided pursuant to subdivision one of this section. No such
27 reimbursement shall be provided for services that are not eligible for
28 state aid pursuant to this article.

29 § 2. Subdivision 1 of section 616 of the public health law, as amended
30 by section 2 of part 0 of chapter 57 of the laws of 2019, is amended to
31 read as follows:

32 1. The total amount of state aid provided pursuant to this article
33 shall be limited to the amount of the annual appropriation made by the
34 legislature. In no event, however, shall such state aid be less than an
35 amount to provide the full base grant and, as otherwise provided by
36 subdivision two of section six hundred five of this article, no less
37 than thirty-six per centum, except for the city of New York which shall
38 receive no less than [~~twenty~~] ten per centum, of the difference between
39 the amount of moneys expended by the municipality for eligible public
40 health services pursuant to an approved application for state aid during
41 the fiscal year and the base grant provided pursuant to subdivision one
42 of section six hundred five of this article.

43 § 3. This act shall take effect July 1, 2021.

44 PART M

45 Section 1. Subdivision 1, paragraph (f) of subdivision 3, paragraphs
46 (a) and (d) of subdivision 5 and subdivisions 5-a and 12 of section
47 2807-m of the public health law, subdivision 1, paragraph (f) of subdivi-
48 sion 3, paragraph (a) of subdivision 5, and subdivision 5-a as amended
49 and paragraph (d) of subdivision 5 as added by section 6 of part Y of
50 chapter 56 of the laws of 2020, are amended to read as follows:

51 1. Definitions. For purposes of this section, the following defi-
52 nitions shall apply, unless the context clearly requires otherwise:

1 (a) [~~"Clinical research" means patient-oriented research, epidemiolog-~~
2 ~~ic and behavioral studies, or outcomes research and health services~~
3 ~~research that is approved by an institutional review board by the time~~
4 ~~the clinical research position is filled.~~

5 (b) ~~"Clinical research plan" means a plan submitted by a consortium or~~
6 ~~teaching general hospital for a clinical research position which demon-~~
7 ~~strates, in a form to be provided by the commissioner, the following:~~

8 (i) ~~financial support for overhead, supervision, equipment and other~~
9 ~~resources equal to the amount of funding provided pursuant to subpara-~~
10 ~~graph (i) of paragraph (b) of subdivision five a of this section by the~~
11 ~~teaching general hospital or consortium for the clinical research posi-~~
12 ~~tion;~~

13 (ii) ~~experience the sponsor mentor and teaching general hospital has~~
14 ~~in clinical research and the medical field of the study;~~

15 (iii) ~~methods, data collection and anticipated measurable outcomes of~~
16 ~~the clinical research to be performed;~~

17 (iv) ~~training goals, objectives and experience the researcher will be~~
18 ~~provided to assess a future career in clinical research;~~

19 (v) ~~scientific relevance, merit and health implications of the~~
20 ~~research to be performed;~~

21 (vi) ~~information on potential scientific meetings and peer review~~
22 ~~journals where research results can be disseminated;~~

23 (vii) ~~clear and comprehensive details on the clinical research posi-~~
24 ~~tion;~~

25 (viii) ~~qualifications necessary for the clinical research position and~~
26 ~~strategy for recruitment;~~

27 (ix) ~~non duplication with other clinical research positions from the~~
28 ~~same teaching general hospital or consortium;~~

29 (x) ~~methods to track the career of the clinical researcher once the~~
30 ~~term of the position is complete; and~~

31 (xi) ~~any other information required by the commissioner to implement~~
32 ~~subparagraph (i) of paragraph (b) of subdivision five a of this section.~~

33 (xii) ~~The clinical review plan submitted in accordance with this para-~~
34 ~~graph may be reviewed by the commissioner in consultation with experts~~
35 ~~outside the department of health.~~

36 (c) ~~"Clinical research position" means a post graduate residency posi-~~
37 ~~tion which:~~

38 (i) ~~shall not be required in order for the researcher to complete a~~
39 ~~graduate medical education program;~~

40 (ii) ~~may be reimbursed by other sources but only for costs in excess~~
41 ~~of the funding distributed in accordance with subparagraph (i) of para-~~
42 ~~graph (b) of subdivision five a of this section;~~

43 (iii) ~~shall exceed the minimum standards that are required by the~~
44 ~~residency review committee in the specialty the researcher has trained~~
45 ~~or is currently training;~~

46 (iv) ~~shall not be previously funded by the teaching general hospital~~
47 ~~or supported by another funding source at the teaching general hospital~~
48 ~~in the past three years from the date the clinical research plan is~~
49 ~~submitted to the commissioner;~~

50 (v) ~~may supplement an existing research project;~~

51 (vi) ~~shall be equivalent to a full time position comprising of no less~~
52 ~~than thirty five hours per week for one or two years;~~

53 (vii) ~~shall provide, or be filled by a researcher who has formalized~~
54 ~~instruction in clinical research, including biostatistics, clinical~~
55 ~~trial design, grant writing and research ethics;~~

~~(viii) shall be supervised by a sponsor mentor who shall either (A) be employed, contracted for employment or paid through an affiliated faculty practice plan by a teaching general hospital which has received at least one research grant from the National Institutes of Health in the past five years from the date the clinical research plan is submitted to the commissioner; (B) maintain a faculty appointment at a medical, dental or podiatric school located in New York state that has received at least one research grant from the National Institutes of Health in the past five years from the date the clinical research plan is submitted to the commissioner; or (C) be collaborating in the clinical research plan with a researcher from another institution that has received at least one research grant from the National Institutes of Health in the past five years from the date the clinical research plan is submitted to the commissioner; and~~

~~(ix) shall be filled by a researcher who is (A) enrolled or has completed a graduate medical education program, as defined in paragraph (i) of this subdivision; (B) a United States citizen, national, or permanent resident of the United States; and (C) a graduate of a medical, dental or podiatric school located in New York state, a graduate or resident in a graduate medical education program, as defined in paragraph (i) of this subdivision, where the sponsoring institution, as defined in paragraph (g) of this subdivision, is located in New York state, or resides in New York state at the time the clinical research plan is submitted to the commissioner.~~

~~(d)~~ "Consortium" means an organization or association, approved by the commissioner in consultation with the council, of general hospitals which provide graduate medical education, together with any affiliated site; provided that such organization or association may also include other providers of health care services, medical schools, payors or consumers, and which meet other criteria pursuant to subdivision six of this section.

~~(e)~~ **(b)** "Council" means the New York state council on graduate medical education.

~~(f)~~ **(c)** "Direct medical education" means the direct costs of residents, interns and supervising physicians.

~~(g)~~ **(d)** "Distribution period" means each calendar year set forth in subdivision two of this section.

~~(h)~~ **(e)** "Faculty" means persons who are employed by or under contract for employment with a teaching general hospital or are paid through a teaching general hospital's affiliated faculty practice plan and maintain a faculty appointment at a medical school. Such persons shall not be limited to persons with a degree in medicine.

~~(i)~~ **(f)** "Graduate medical education program" means a post-graduate medical education residency in the United States which has received accreditation from a nationally recognized accreditation body or has been approved by a nationally recognized organization for medical, osteopathic, podiatric or dental residency programs including, but not limited to, specialty boards.

~~(j)~~ **(g)** "Indirect medical education" means the estimate of costs, other than direct costs, of educational activities in teaching hospitals as determined in accordance with the methodology applicable for purposes of determining an estimate of indirect medical education costs for reimbursement for inpatient hospital service pursuant to title XVIII of the federal social security act (medicare).

1 ~~[(k)]~~ (h) "Medicare" means the methodology used for purposes of reim-
2 bursing inpatient hospital services provided to beneficiaries of title
3 XVIII of the federal social security act.

4 ~~[(l)]~~ (i) "Primary care" residents specialties shall include family
5 medicine, general pediatrics, primary care internal medicine, and prima-
6 ry care obstetrics and gynecology. In determining whether a residency is
7 in primary care, the commissioner shall consult with the council.

8 ~~[(m)]~~ (j) "Regions", for purposes of this section, shall mean the
9 regions as defined in paragraph (b) of subdivision sixteen of section
10 twenty-eight hundred seven-c of this article as in effect on June thir-
11 tieth, nineteen hundred ninety-six. For purposes of distributions pursu-
12 ant to subdivision five-a of this section, except distributions made in
13 accordance with paragraph (a) of subdivision five-a of this section,
14 "regions" shall be defined as New York city and the rest of the state.

15 ~~[(n)]~~ (k) "Regional pool" means a professional education pool estab-
16 lished on a regional basis by the commissioner from funds available
17 pursuant to sections twenty-eight hundred seven-s and twenty-eight
18 hundred seven-t of this article.

19 ~~[(o)]~~ (l) "Resident" means a person in a graduate medical education
20 program which has received accreditation from a nationally recognized
21 accreditation body or in a program approved by any other nationally
22 recognized organization for medical, osteopathic or dental residency
23 programs including, but not limited to, specialty boards.

24 ~~[(p)] "Shortage specialty" means a specialty determined by the commis-~~
25 ~~sioner, in consultation with the council, to be in short supply in the~~
26 ~~state of New York.~~

27 ~~[(q)]~~ (m) "Sponsoring institution" means the entity that has the over-
28 all responsibility for a program of graduate medical education. Such
29 institutions shall include teaching general hospitals, medical schools,
30 consortia and diagnostic and treatment centers.

31 ~~[(r)]~~ (n) "Weighted resident count" means a teaching general hospi-
32 tal's total number of residents as of July first, nineteen hundred nine-
33 ty-five, including residents in affiliated non-hospital ambulatory
34 settings, reported to the commissioner. Such resident counts shall
35 reflect the weights established in accordance with rules and regulations
36 adopted by the state hospital review and planning council and approved
37 by the commissioner for purposes of implementing subdivision twenty-five
38 of section twenty-eight hundred seven-c of this article and in effect on
39 July first, nineteen hundred ninety-five. Such weights shall not be
40 applied to specialty hospitals, specified by the commissioner, whose
41 primary care mission is to engage in research, training and clinical
42 care in specialty eye and ear, special surgery, orthopedic, joint
43 disease, cancer, chronic care or rehabilitative services.

44 ~~[(s)]~~ (o) "Adjustment amount" means an amount determined for each
45 teaching hospital for periods prior to January first, two thousand nine
46 by:

47 (i) determining the difference between (A) a calculation of what each
48 teaching general hospital would have been paid if payments made pursuant
49 to paragraph (a-3) of subdivision one of section twenty-eight hundred
50 seven-c of this article between January first, nineteen hundred ninety-
51 six and December thirty-first, two thousand three were based solely on
52 the case mix of persons eligible for medical assistance under the
53 medical assistance program pursuant to title eleven of article five of
54 the social services law who are enrolled in health maintenance organiza-
55 tions and persons paid for under the family health plus program enrolled
56 in approved organizations pursuant to title eleven-D of article five of

1 the social services law during those years, and (B) the actual payments
2 to each such hospital pursuant to paragraph (a-3) of subdivision one of
3 section twenty-eight hundred seven-c of this article between January
4 first, nineteen hundred ninety-six and December thirty-first, two thou-
5 sand three.

6 (ii) reducing proportionally each of the amounts determined in subpar-
7 agraph (i) of this paragraph so that the sum of all such amounts totals
8 no more than one hundred million dollars;

9 (iii) further reducing each of the amounts determined in subparagraph
10 (ii) of this paragraph by the amount received by each hospital as a
11 distribution from funds designated in paragraph (a) of subdivision five
12 of this section attributable to the period January first, two thousand
13 three through December thirty-first, two thousand three, except that if
14 such amount was provided to a consortium then the amount of the
15 reduction for each hospital in the consortium shall be determined by
16 applying the proportion of each hospital's amount determined under
17 subparagraph (i) of this paragraph to the total of such amounts of all
18 hospitals in such consortium to the consortium award;

19 (iv) further reducing each of the amounts determined in subparagraph
20 (iii) of this paragraph by the amounts specified in paragraph ~~(t)~~ (p)
21 of this subdivision; and

22 (v) dividing each of the amounts determined in subparagraph (iii) of
23 this paragraph by seven.

24 ~~(t)~~ (p) "Extra reduction amount" shall mean an amount determined for
25 a teaching hospital for which an adjustment amount is calculated pursu-
26 ant to paragraph ~~(s)~~ (o) of this subdivision that is the hospital's
27 proportionate share of the sum of the amounts specified in paragraph
28 ~~(u)~~ (q) of this subdivision determined based upon a comparison of the
29 hospital's remaining liability calculated pursuant to paragraph ~~(s)~~
30 (o) of this subdivision to the sum of all such hospital's remaining
31 liabilities.

32 ~~(u)~~ (q) "Allotment amount" shall mean an amount determined for
33 teaching hospitals as follows:

34 (i) for a hospital for which an adjustment amount pursuant to para-
35 graph ~~(s)~~ (o) of this subdivision does not apply, the amount received
36 by the hospital pursuant to paragraph (a) of subdivision five of this
37 section attributable to the period January first, two thousand three
38 through December thirty-first, two thousand three, or

39 (ii) for a hospital for which an adjustment amount pursuant to para-
40 graph ~~(s)~~ (o) of this subdivision applies and which received a
41 distribution pursuant to paragraph (a) of subdivision five of this
42 section attributable to the period January first, two thousand three
43 through December thirty-first, two thousand three that is greater than
44 the hospital's adjustment amount, the difference between the distrib-
45 ution amount and the adjustment amount.

46 (f) Effective January first, two thousand five through December thir-
47 ty-first, two thousand eight, each teaching general hospital shall
48 receive a distribution from the applicable regional pool based on its
49 distribution amount determined under paragraphs (c), (d) and (e) of this
50 subdivision and reduced by its adjustment amount calculated pursuant to
51 paragraph ~~(s)~~ (o) of subdivision one of this section and, for distrib-
52 utions for the period January first, two thousand five through December
53 thirty-first, two thousand five, further reduced by its extra reduction
54 amount calculated pursuant to paragraph ~~(t)~~ (p) of subdivision one of
55 this section.

(a) Up to thirty-one million dollars annually for the periods January first, two thousand through December thirty-first, two thousand three, and up to twenty-five million dollars plus the sum of the amounts specified in paragraph ~~[(n)]~~ (k) of subdivision one of this section for the period January first, two thousand five through December thirty-first, two thousand five, and up to thirty-one million dollars annually for the period January first, two thousand six through December thirty-first, two thousand seven, shall be set aside and reserved by the commissioner from the regional pools established pursuant to subdivision two of this section for supplemental distributions in each such region to be made by the commissioner to consortia and teaching general hospitals in accordance with a distribution methodology developed in consultation with the council and specified in rules and regulations adopted by the commissioner.

(d) Notwithstanding any other provision of law or regulation, for the period January first, two thousand five through December thirty-first, two thousand five, the commissioner shall distribute as supplemental payments the allotment specified in paragraph ~~[(n)]~~ (k) of subdivision one of this section.

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, 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, 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, and~~

~~up to eight million six hundred twelve thousand dollars each state fiscal year for the period April first, two thousand twenty through March thirty-first, two thousand twenty-three, 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 (6) of this subparagraph. Such distributions shall be made in accordance with the following methodology:~~

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

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

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

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

~~(I) Each consortium or teaching general hospital with a one-year ECRIP award shall receive its annual distribution amount in full upon~~

~~completion of the requirements set forth in items (I) and (II) of clause (G) of this subparagraph. The requirements set forth in items (IV) and (V) of clause (G) of this subparagraph must be completed by the consortium or teaching general hospital in order for the consortium or teaching general hospital to be eligible to apply for ECRIP funding in any subsequent funding cycle.~~

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

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

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

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

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

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

~~(III) Information on the status of the clinical research plan, accomplishments, changes in research activities, progress, and performance of the researcher shall be provided upon completion of one-half of the award term;~~

~~(IV) A final report detailing training experiences, accomplishments, activities and performance of the clinical researcher, and data, methods, results and analyses of the clinical research plan shall be provided three months after the clinical research position ends; and~~

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

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

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

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

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

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

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

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

~~(c)]~~ Physician loan repayment program. One million nine hundred sixty thousand dollars for the period January first, two thousand eight through December thirty-first, two thousand eight, one million nine hundred sixty thousand dollars for the period January first, two thousand nine through December thirty-first, two thousand nine, one million nine hundred sixty thousand dollars for the period January first, two thousand ten through December thirty-first, two thousand ten, four hundred ninety thousand dollars for the period January first, two thousand eleven through March thirty-first, two thousand eleven, one million seven hundred thousand dollars each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen, up to one million seven hundred five thousand dollars each state fiscal year for the period April first, two thousand fourteen through March thirty-first, two thousand seventeen, up to one million seven hundred five thousand dollars each state fiscal year for the period April first, two thousand seventeen through March thirty-first, two thousand twenty, and up to one million seven hundred five thousand dollars each state fiscal year for the period April first, two thousand twenty through March thirty-first, two thousand twenty-three, 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 purposes of physician loan repayment in accordance with subdivision ten of this section. Notwithstanding any contrary provision of this section, sections one hundred twelve and one hundred sixty-three of the state finance law, or any other contrary provision of law, such funding shall be allocated regionally with one-third of available funds

1 going to New York city and two-thirds of available funds going to the
2 rest of the state and shall be distributed in a manner to be determined
3 by the commissioner without a competitive bid or request for proposal
4 process as follows:

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

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

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

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

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

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

32 ~~[(d)]~~ (c) Physician practice support. Four million nine hundred thou-
33 sand dollars for the period January first, two thousand eight through
34 December thirty-first, two thousand eight, four million nine hundred
35 thousand dollars annually for the period January first, two thousand
36 nine through December thirty-first, two thousand ten, one million two
37 hundred twenty-five thousand dollars for the period January first, two
38 thousand eleven through March thirty-first, two thousand eleven, four
39 million three hundred thousand dollars each state fiscal year for the
40 period April first, two thousand eleven through March thirty-first, two
41 thousand fourteen, up to four million three hundred sixty thousand
42 dollars each state fiscal year for the period April first, two thousand
43 fourteen through March thirty-first, two thousand seventeen, up to four
44 million three hundred sixty thousand dollars for each state fiscal year
45 for the period April first, two thousand seventeen through March thir-
46 ty-first, two thousand twenty, and up to four million three hundred
47 sixty thousand dollars for each fiscal year for the period April first,
48 two thousand twenty through March thirty-first, two thousand twenty-
49 three, shall be set aside and reserved by the commissioner from the
50 regional pools established pursuant to subdivision two of this section
51 and shall be available for purposes of physician practice support.
52 Notwithstanding any contrary provision of this section, sections one
53 hundred twelve and one hundred sixty-three of the state finance law, or
54 any other contrary provision of law, such funding shall be allocated
55 regionally with one-third of available funds going to New York city and
56 two-thirds of available funds going to the rest of the state and shall

1 be distributed in a manner to be determined by the commissioner without
2 a competitive bid or request for proposal process as follows:

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

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

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

17 ~~[(e)]~~ (d) Work group. For funding available pursuant to paragraphs
18 ~~[(c) and (d)-(e)]~~ (b) and (c) of this subdivision:

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

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

31 ~~[(f)]~~ (e) Study on physician workforce. Five hundred ninety thousand
32 dollars annually for the period January first, two thousand eight
33 through December thirty-first, two thousand ten, one hundred forty-eight
34 thousand dollars for the period January first, two thousand eleven
35 through March thirty-first, two thousand eleven, five hundred sixteen
36 thousand dollars each state fiscal year for the period April first, two
37 thousand eleven through March thirty-first, two thousand fourteen, up to
38 four hundred eighty-seven thousand dollars each state fiscal year for
39 the period April first, two thousand fourteen through March thirty-
40 first, two thousand seventeen, up to four hundred eighty-seven thousand
41 dollars for each state fiscal year for the period April first, two thou-
42 sand seventeen through March thirty-first, two thousand twenty, and up
43 to four hundred eighty-seven thousand dollars each state fiscal year for
44 the period April first, two thousand twenty through March thirty-first,
45 two thousand twenty-three, shall be set aside and reserved by the
46 commissioner from the regional pools established pursuant to subdivision
47 two of this section and shall be available to fund a study of physician
48 workforce needs and solutions including, but not limited to, an analysis
49 of residency programs and projected physician workforce and community
50 needs. The commissioner shall enter into agreements with one or more
51 organizations to conduct such study based on a request for proposal
52 process.

53 ~~[(g)]~~ (f) Diversity in medicine/post-baccalaureate program. Notwith-
54 standing any inconsistent provision of section one hundred twelve or one
55 hundred sixty-three of the state finance law or any other law, one
56 million nine hundred sixty thousand dollars annually for the period

1 January first, two thousand eight through December thirty-first, two
2 thousand ten, four hundred ninety thousand dollars for the period Janu-
3 ary first, two thousand eleven through March thirty-first, two thousand
4 eleven, one million seven hundred thousand dollars each state fiscal
5 year for the period April first, two thousand eleven through March thir-
6 ty-first, two thousand fourteen, up to one million six hundred five
7 thousand dollars each state fiscal year for the period April first, two
8 thousand fourteen through March thirty-first, two thousand seventeen, up
9 to one million six hundred five thousand dollars each state fiscal year
10 for the period April first, two thousand seventeen through March thir-
11 ty-first, two thousand twenty, and up to one million six hundred five
12 thousand dollars each state fiscal year for the period April first, two
13 thousand twenty through March thirty-first, two thousand twenty-three,
14 shall be set aside and reserved by the commissioner from the regional
15 pools established pursuant to subdivision two of this section and shall
16 be available for distributions to the Associated Medical Schools of New
17 York to fund its diversity program including existing and new post-bac-
18 calaureate programs for minority and economically disadvantaged students
19 and encourage participation from all medical schools in New York. The
20 associated medical schools of New York shall report to the commissioner
21 on an annual basis regarding the use of funds for such purpose in such
22 form and manner as specified by the commissioner.

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

28 12. Notwithstanding any provision of law to the contrary, applications
29 submitted on or after April first, two thousand sixteen, for the physi-
30 cian loan repayment program pursuant to paragraph ~~(e)~~ (b) of subdivi-
31 sion five-a of this section and subdivision ten of this section or the
32 physician practice support program pursuant to paragraph ~~(d)~~ (c) of
33 subdivision five-a of this section, shall be subject to the following
34 changes:

35 (a) Awards shall be made from the total funding available for new
36 awards under the physician loan repayment program and the physician
37 practice support program, with neither program limited to a specific
38 funding amount within such total funding available;

39 (b) An applicant may apply for an award for either physician loan
40 repayment or physician practice support, but not both;

41 (c) An applicant shall agree to practice for three years in an under-
42 served area and each award shall provide up to forty thousand dollars
43 for each of the three years; and

44 (d) To the extent practicable, awards shall be timed to be of use for
45 job offers made to applicants.

46 § 2. Subparagraph (xvi) of paragraph (a) of subdivision 7 of section
47 2807-s of the public health law, as amended by section 8 of part Y of
48 chapter 56 of the laws of 2020, is amended to read as follows:

49 (xvi) provided further, however, for periods prior to July first, two
50 thousand nine, amounts set forth in this paragraph shall be reduced by
51 an amount equal to the actual distribution reductions for all facilities
52 pursuant to paragraph ~~(s)~~ (o) of subdivision one of section twenty-
53 eight hundred seven-m of this article.

54 § 3. Subdivision (c) of section 92-dd of the state finance law, as
55 amended by section 9 of part Y of chapter 56 of the laws of 2020, is
56 amended to read as follows:

(c) The pool administrator shall, from appropriated funds transferred to the pool administrator from the comptroller, continue to make payments as required pursuant to sections twenty-eight hundred seven-k, twenty-eight hundred seven-m (not including payments made pursuant to subdivision five-b and paragraphs (b), (c)[~~-(d),-(f)]~~ and [~~(g)~~] (f) of subdivision five-a of section twenty-eight hundred seven-m), and twenty-eight hundred seven-w of the public health law, paragraph (e) of subdivision twenty-five of section twenty-eight hundred seven-c of the public health law, paragraphs (b) and (c) of subdivision thirty of section twenty-eight hundred seven-c of the public health law, paragraph (b) of subdivision eighteen of section twenty-eight hundred eight of the public health law, subdivision seven of section twenty-five hundred-d of the public health law and section eighty-eight of chapter one of the laws of nineteen hundred ninety-nine.

§ 4. Subdivision 2 of section 251 of the public health law, as added by chapter 338 of the laws of 1998, is amended to read as follows:

2. Solicit, receive, and review applications from public and private agencies and organizations and qualified research institutions for grants from the spinal cord injury research trust fund, created pursuant to section ninety-nine-f of the state finance law, to conduct research programs which focus on the treatment and cure of spinal cord injury. The board shall make recommendations to the commissioner, and the commissioner shall, in his or her discretion, grant approval of applications for grants from those applications recommended by the board; provided, however, that the board shall not recommend, and the commissioner shall not approve, any new grants on or after April first, two thousand twenty-one.

§ 5. Subdivision 1 of section 265-a of the public health law, as added by section 1 of part H of chapter 58 of the laws of 2007, is amended to read as follows:

1. The empire state stem cell board ("board"), comprised of a funding committee and an ethics committee, both of which shall be chaired by the commissioner, is hereby created within the department for the purpose of administering the empire state stem cell trust fund ("fund"), created pursuant to section ninety-nine-p of the state finance law. The board is hereby empowered, subject to annual appropriations and other funding authorized or made available, to make grants to basic, applied, translational or other research and development activities that will advance scientific discoveries in fields related to stem cell biology; provided, however, that the board shall not make any grants on or after April first, two thousand twenty-one.

§ 6. Section 6 of chapter 338 of the laws of 1998 amending the public health law, the public officers law and the state finance law relating to establishing a spinal cord injury research board, is amended to read as follows:

§ 6. This act shall take effect January 1, 1999 and shall expire and be deemed repealed December 31, 2024.

§ 7. Section 4 of part H of chapter 58 of the laws of 2007 amending the public health law, the public officers law and the state finance law relating to establishing the empire state stem cell board, is amended to read as follows:

§ 4. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2007 and shall expire and be deemed repealed December 31, 2025.

§ 8. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2021; provided,

1 however the amendments to subparagraph (xvi) of paragraph (a) of subdi-
2 vision 7 of section 2807-s of the public health law made by section two
3 of this act shall not affect the expiration of such section and shall be
4 deemed to expire therewith; provided further, however, that the amend-
5 ments to section 251 of the public health law made by section four of
6 this act shall not affect the expiration of such section and shall be
7 deemed to expire therewith; and provided further, however, the amend-
8 ments to section 265-a of the public health law made by section five of
9 this act shall not affect the expiration of such section and shall be
10 deemed to expire therewith.

11 PART N

12 Section 1. Subdivision 3 of section 281 of the public health law, as
13 amended by chapter 13 of the laws of 2015, is amended to read as
14 follows:

15 3. On or before December thirty-first, two thousand twelve, the
16 commissioner shall promulgate regulations, in consultation with the
17 commissioner of education, establishing standards for electronic
18 prescriptions. Notwithstanding any other provision of this section or
19 any other law to the contrary, effective three years subsequent to the
20 date on which such regulations are promulgated, no person shall issue
21 any prescription in this state unless such prescription is made by elec-
22 tronic prescription from the person issuing the prescription to a phar-
23 macy in accordance with such regulatory standards, except for
24 prescriptions: (a) ~~[issued by veterinarians; (b)]~~ issued in circum-
25 stances where electronic prescribing is not available due to temporary
26 technological or electrical failure, as set forth in regulation; ~~[(c)]~~
27 ~~(b) issued by practitioners [who have received a waiver or a renewal~~
28 ~~thereof for a specified period determined by the commissioner, not to~~
29 ~~exceed one year, from the requirement to use electronic prescribing,~~
30 ~~pursuant to a process established in regulation by the commissioner, in~~
31 ~~consultation with the commissioner of education, due to economic hard-~~
32 ~~ship, technological limitations that are not reasonably within the~~
33 ~~control of the practitioner, or other]~~ in such exceptional ~~[circumstance~~
34 ~~demonstrated by the practitioner; (d)]~~ circumstances as may be deter-
35 mined by the commissioner; (c) issued by a practitioner under circum-
36 stances where, notwithstanding the practitioner's present ability to
37 make an electronic prescription as required by this subdivision, such
38 practitioner reasonably determines that it would be impractical for the
39 patient to obtain substances prescribed by electronic prescription in a
40 timely manner, and such delay would adversely impact the patient's
41 medical condition, provided that if such prescription is for a
42 controlled substance, the quantity of controlled substances does not
43 exceed a five day supply if the controlled substance were used in
44 accordance with the directions for use; or ~~[(e)]~~ (d) issued by a practi-
45 tioner to be dispensed by a pharmacy located outside the state, as set
46 forth in regulation.

47 § 2. Subdivision 5 of section 281 of the public health law, as amended
48 by chapter 350 of the laws of 2016, is amended to read as follows:

49 5. In the case of a prescription for a controlled substance issued by
50 a practitioner under paragraph ~~[(d)]~~ (c) or ~~[(e)]~~ (d) of subdivision
51 three of this section, the practitioner shall, upon issuing such
52 prescription, indicate in the patient's health record either that the
53 prescription was issued other than electronically because it (a) was
54 impractical to issue an electronic prescription in a timely manner and

1 such delay would have adversely impacted the patient's medical condi-
2 tion, or (b) was to be dispensed by a pharmacy located outside the
3 state.

4 § 3. Subdivision 10 of section 6810 of the education law, as amended
5 by chapter 13 of the laws of 2015, is amended to read as follows:

6 10. Notwithstanding any other provision of this section or any other
7 law to the contrary, effective three years subsequent to the date on
8 which regulations establishing standards for electronic prescriptions
9 are promulgated by the commissioner of health, in consultation with the
10 commissioner pursuant to subdivision three of section two hundred eight-
11 y-one of the public health law, no practitioner shall issue any
12 prescription in this state, unless such prescription is made by elec-
13 tronic prescription from the practitioner to a pharmacy, except for
14 prescriptions: (a) ~~[issued by veterinarians; (b)]~~ issued or dispensed in
15 circumstances where electronic prescribing is not available due to
16 temporary technological or electrical failure, as set forth in regu-
17 lation; ~~[(c)] (b)~~ issued by practitioners ~~[who have received a waiver or~~
18 ~~a renewal thereof for a specified period determined by the commissioner~~
19 ~~of health, not to exceed one year, from the requirement to use electron-~~
20 ~~ic prescribing, pursuant to a process established in regulation by the~~
21 ~~commissioner of health, in consultation with the commissioner due to~~
22 ~~economic hardship, technological limitations that are not reasonably~~
23 ~~within the control of the practitioner, or other]~~ in such exceptional
24 [circumstance demonstrated by the practitioner] circumstances as may be
25 determined by the commissioner of health; ~~[(d)] (c)~~ issued by a practi-
26 tioner under circumstances where, notwithstanding the practitioner's
27 present ability to make an electronic prescription as required by this
28 subdivision, such practitioner reasonably determines that it would be
29 impractical for the patient to obtain substances prescribed by electron-
30 ic prescription in a timely manner, and such delay would adversely
31 impact the patient's medical condition, provided that if such
32 prescription is for a controlled substance, the quantity that does not
33 exceed a five day supply if the controlled substance was used in accord-
34 ance with the directions for use; or ~~[(e)] (d)~~ issued by a practitioner
35 to be dispensed by a pharmacy located outside the state, as set forth in
36 regulation.

37 § 4. Subdivisions 11 and 12 of section 6810 of the education law, as
38 amended by chapter 350 of the laws of 2016, are amended to read as
39 follows:

40 11. In the case of a prescription issued by a practitioner under para-
41 graph ~~[(b)] (a)~~ of subdivision ten of this section, the practitioner
42 shall be required to indicate in the patient's health record that the
43 prescription was issued other than electronically due to temporary tech-
44 nological or electrical failure.

45 12. In the case of a prescription issued by a practitioner under para-
46 graph ~~[(d)] (c)~~ or ~~[(e)] (d)~~ of subdivision ten of this section, the
47 practitioner shall, upon issuing such prescription, indicate in the
48 patient's health record either that the prescription was issued other
49 than electronically because it (a) was impractical to issue an electron-
50 ic prescription in a timely manner and such delay would have adversely
51 impacted the patient's medical condition, or (b) was to be dispensed by
52 a pharmacy located outside the state.

53 § 5. Subdivisions 6 and 7 of section 281 of the public health law are
54 REPEALED.

55 § 6. Subdivisions 13 and 15 of section 6810 of the education law are
56 REPEALED.

§ 7. This act shall take effect on November 1, 2021.

PART O

Section 1. Section 461-s of the social services law is REPEALED.

§ 2. Subdivision 9 of section 2803 of the public health law is REPEALED.

§ 3. Paragraph (c) of subdivision 1 of section 461-b of the social services law is REPEALED.

§ 4. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2021.

PART P

Section 1. Subdivision 6 of section 571 of the public health law, as amended by chapter 444 of the laws of 2013, is amended to read as follows:

6. "Qualified health care professional" means a physician, dentist, podiatrist, optometrist performing a clinical laboratory test that does not use an invasive modality as defined in section seventy-one hundred one of the education law, pharmacist, physician assistant, specialist assistant, nurse practitioner, or midwife, who is licensed and registered with the state education department.

§ 2. Section 6801 of the education law is amended by adding two new subdivisions 6 and 7 to read as follows:

6. A licensed pharmacist is a qualified health care professional under section five hundred seventy-one of the public health law for the purposes of directing a limited service laboratory and ordering and administering tests approved by the Food and Drug Administration (FDA), subject to certificate of waiver requirements established pursuant to the federal clinical laboratory improvement act of nineteen hundred eighty-eight.

7. A licensed pharmacist may act as a referring healthcare provider for diabetes self-management education and asthma self-management training.

§ 3. Subdivision 7 of section 6527 of the education law, as amended by chapter 110 of the laws of 2020, is amended to read as follows:

7. A licensed physician may prescribe and order a patient specific order or non-patient specific regimen to a licensed pharmacist, pursuant to regulations promulgated by the commissioner, and consistent with the public health law, for administering immunizations to prevent influenza, pneumococcal, acute herpes zoster, meningococcal, tetanus, diphtheria, COVID-19, or pertussis disease or, for patients eighteen years of age or older, any other immunizations recommended by the advisory committee on immunization practices of the centers for disease control and prevention, and medications required for emergency treatment of anaphylaxis. Nothing in this subdivision shall authorize unlicensed persons to administer immunizations, vaccines or other drugs.

§ 4. Subdivision 7 of section 6909 of the education law, as amended by chapter 110 of the laws of 2020, is amended to read as follows:

7. A certified nurse practitioner may prescribe and order a patient specific order or non-patient specific regimen to a licensed pharmacist, pursuant to regulations promulgated by the commissioner, and consistent with the public health law, for administering immunizations to prevent influenza, pneumococcal, acute herpes zoster, meningococcal, tetanus, diphtheria, COVID-19, or pertussis disease or, for patients eighteen

1 years of age or older, any other immunizations recommended by the advisory
2 committee on immunization practices of the centers for disease
3 control and prevention, and medications required for emergency treatment
4 of anaphylaxis. Nothing in this subdivision shall authorize unlicensed
5 persons to administer immunizations, vaccines or other drugs.

6 § 5. Paragraph a of subdivision 22 of section 6802 of the education
7 law, as amended by chapter 110 of the laws of 2020, is amended to read
8 as follows:

9 a. the direct application of an immunizing agent to adults, whether by
10 injection, ingestion, inhalation or any other means, pursuant to a
11 patient specific order or non-patient specific regimen prescribed or
12 ordered by a physician or certified nurse practitioner, who has a prac-
13 tice site in the county or adjoining county in which the immunization is
14 administered, for immunizations to prevent influenza, pneumococcal,
15 acute herpes zoster, meningococcal, tetanus, diphtheria, COVID-19, or
16 pertussis disease, or, for patients eighteen years of age or older, any
17 other immunizations recommended by the advisory committee on immuniza-
18 tion practices of the centers for disease control and prevention, and
19 medications required for emergency treatment of anaphylaxis. If the
20 commissioner of health determines that there is an outbreak of disease,
21 or that there is the imminent threat of an outbreak of disease, then the
22 commissioner of health may issue a non-patient specific regimen applica-
23 ble statewide.

24 § 6. Section 6801-a of the education law, as amended by chapter 238 of
25 the laws of 2015, is amended to read as follows:

26 § 6801-a. Collaborative drug therapy management [~~demonstration~~]
27 program. 1. As used in this section, the following terms shall have the
28 following meanings:

29 a. "Board" shall mean the state board of pharmacy as established by
30 section sixty-eight hundred four of this article.

31 b. "Clinical services" shall mean the collection and interpretation of
32 patient data for the purpose of [~~initiating, modifying and~~] monitoring
33 drug therapy and prescribing in order to adjust or manage drug therapy,
34 with associated accountability and responsibility for outcomes in a
35 direct patient care setting.

36 c. "Collaborative drug therapy management" shall mean the performance
37 of clinical services by a pharmacist relating to the review, evaluation
38 and management of drug therapy to a patient, who is being treated by a
39 physician, or nurse practitioner for a specific disease or associated
40 disease states, in accordance with a written agreement or protocol with
41 a voluntarily participating physician, or nurse practitioner and in
42 accordance with the policies, procedures, and protocols of the facility.
43 Such agreement or protocol as entered into by the physician, or nurse
44 practitioner and a pharmacist, may include[, ~~and shall be limited to~~]:

45 (i) [~~adjusting or managing~~] prescribing in order to adjust or manage a
46 drug regimen of a patient, pursuant to a patient specific order or non-
47 patient specific protocol made by the patient's physician or nurse prac-
48 titioner, which may include adjusting drug strength, frequency of admin-
49 istration or route of administration[, ~~Adjusting the drug regimen shall~~
50 ~~not include substituting~~] or selecting a [~~different~~] drug which differs
51 from that initially prescribed by the patient's physician [~~unless such~~
52 ~~substitution is expressly~~] or nurse practitioner as authorized in the
53 written [~~order~~] agreement or protocol. The pharmacist shall be required
54 to immediately document in the patient record changes made to the
55 patient's drug therapy and shall use any reasonable means or method
56 established by the facility or practice to notify the patient's other

1 treating physicians [~~with whom he or she does not have a written agree-~~
2 ~~ment or protocol regarding such changes. The patient's physician may~~
3 ~~prohibit, by written instruction, any adjustment or change in the~~
4 ~~patient's drug regimen by the pharmacist~~], nurse practitioners and other
5 health care professionals as required by the facility or the collabora-
6 tive practice agreement;

7 (ii) evaluating [~~and, only if specifically~~] as authorized by the
8 protocol and only to the extent necessary to discharge the responsibil-
9 ities set forth in this section, ordering disease state laboratory tests
10 related to the drug therapy management for the specific disease or
11 disease [~~state~~] states specified within the written agreement or proto-
12 col; and

13 (iii) [~~only if specifically~~] as authorized by the written agreement or
14 protocol and only to the extent necessary to discharge the responsibil-
15 ities set forth in this section, ordering or performing routine patient
16 monitoring functions as may be necessary in the drug therapy management,
17 including the collecting and reviewing of patient histories, and order-
18 ing or checking patient vital signs[, ~~including pulse, temperature,~~
19 ~~blood pressure and respiration~~].

20 d. "Facility" shall mean[~~:(i)~~] a [~~teaching hospital or~~] general
21 hospital, [~~including any~~] diagnostic center, treatment center, or hospi-
22 tal-based outpatient department as defined in section twenty-eight
23 hundred one of the public health law[~~; or (ii)~~], a nursing home, or any
24 facility as defined in section twenty-eight hundred one of the public
25 health law or other entity that provides direct patient care under the
26 auspices of a medical director; with an on-site pharmacy staffed by a
27 licensed pharmacist; provided, however, for the purposes of this section
28 the term "facility" shall not include dental clinics, dental dispensar-
29 ies[, ~~residential health care facilities~~] and rehabilitation centers. In
30 addition, a "practice" shall mean a place or situation in which physi-
31 cians and nurse practitioners either alone or in group practices provide
32 diagnostic and treatment care for patients.

33 [~~For the purposes of this section, a "teaching hospital" shall mean a~~
34 ~~hospital licensed pursuant to article twenty-eight of the public health~~
35 ~~law that is eligible to receive direct or indirect graduate medical~~
36 ~~education payments pursuant to article twenty-eight of the public health~~
37 ~~law.~~]

38 e. "Physician or nurse practitioner" shall mean the physician, or
39 nurse practitioner selected by or assigned to a patient, who has primary
40 responsibility for the treatment and care of the patient for the disease
41 and associated disease states that are the subject of the collaborative
42 drug therapy management.

43 f. "Written agreement or protocol" shall mean a written document,
44 pursuant to and consistent with any applicable state or federal require-
45 ments, that addresses a specific disease or associated disease states
46 and that describes the nature and scope of collaborative drug therapy
47 management to be undertaken by the pharmacists, in collaboration with
48 the participating physician, or nurse practitioner in accordance with
49 the provisions of this section.

50 2. a. A pharmacist who meets the experience requirements of paragraph
51 b of this subdivision and who is [~~employed by or otherwise affiliated~~
52 ~~with a facility~~] certified by the department to engage in collaborative
53 drug therapy management and who is either employed by or otherwise
54 affiliated with a facility or is participating with a practicing physi-
55 cian or nurse practitioner shall be permitted to enter into a written
56 agreement or protocol with a physician or nurse practitioner authorizing

1 collaborative drug therapy management, subject to the limitations set
2 forth in this section, within the scope of such employment ~~[or]~~, affil-
3 iation or participation. Only pharmacists so certified may engage in
4 collaborative drug therapy management as defined in this section.

5 b. A participating pharmacist must:

6 (i) ~~[(A) have been awarded either a master of science in clinical phar-~~
7 ~~macy or a doctor of pharmacy degree;~~

8 ~~(B)] maintain a current unrestricted license; and~~

9 ~~[(C) have a minimum of two years experience, of which at least one~~
10 ~~year of such experience shall include clinical experience in a health~~
11 ~~facility, which involves consultation with physicians with respect to~~
12 ~~drug therapy and may include a residency at a facility involving such~~
13 ~~consultation; or~~

14 ~~(ii)(A) have been awarded a bachelor of science in pharmacy;~~

15 ~~(B) maintain a current unrestricted license; and~~

16 ~~(C) within the last seven years, have a minimum of three years experi-~~
17 ~~ence, of which at least one year of such experience shall include clin-~~
18 ~~ical experience in a health facility, which involves consultation with~~
19 ~~physicians with respect to drug therapy and may include a residency at a~~
20 ~~facility involving such consultation; and~~

21 ~~(iii) meet any additional education, experience, or other requirements~~
22 ~~set forth by the department in consultation with the board]~~

23 (ii) satisfy any two of the following criteria:

24 (A) certification in a relevant area of practice including but not
25 limited to ambulatory care, critical care, geriatric pharmacy, nuclear
26 pharmacy, nutrition support pharmacy, oncology pharmacy, pediatric phar-
27 macy, pharmacotherapy, or psychiatric pharmacy, from a national accred-
28 iting body as approved by the department;

29 (B) postgraduate residency through an accredited postgraduate program
30 requiring at least fifty percent of the experience be in direct patient
31 care services with interdisciplinary terms; or

32 (C) have provided clinical services to patients for at least one year
33 either:

34 (I) under a collaborative practice agreement or protocol with a physi-
35 cian, nurse practitioner or facility; or

36 (II) has documented experience in provision of clinical services to
37 patients for at least one year or one thousand hours, and deemed accept-
38 able to the department upon recommendation of the board of pharmacy.

39 c. Notwithstanding any provision of law, nothing in this section shall
40 prohibit a licensed pharmacist from engaging in clinical services asso-
41 ciated with collaborative drug therapy management, in order to gain
42 experience necessary to qualify under ~~[clause (C) of subparagraph (i) or~~
43 ~~(ii) of paragraph b of this subdivision]~~ item (II) of clause (C) of
44 subparagraph (ii) of paragraph b of this subdivision, provided that such
45 practice is under the supervision of a pharmacist that currently meets
46 the referenced requirement, and that such practice is authorized under
47 the written agreement or protocol with the physician or nurse practi-
48 tioner.

49 d. Notwithstanding any provision of this section, nothing herein shall
50 authorize the pharmacist to diagnose disease. In the event that a treat-
51 ing physician or nurse practitioner may disagree with the exercise of
52 professional judgment by a pharmacist, the judgment of the treating
53 physician or nurse practitioner shall prevail.

54 ~~[3. The physician who is a party to a written agreement or protocol~~
55 ~~authorizing collaborative drug therapy management shall be employed by~~

~~1 or otherwise affiliated with the same facility with which the pharmacist~~
~~2 is also employed or affiliated.]~~

~~3 4. [The existence of a written agreement or protocol on collaborative~~
~~4 drug therapy management and the patient's right to choose to not partic-~~
~~5 ipate in collaborative drug therapy management shall be disclosed to any~~
~~6 patient who is eligible to receive collaborative drug therapy manage-~~
~~7 ment. Collaborative drug therapy management shall not be utilized unless~~
~~8 the patient or the patient's authorized representative consents, in~~
~~9 writing, to such management. If the patient or the patient's authorized~~
~~10 representative consents, it shall be noted on the patient's medical~~
~~11 record. If the patient or the patient's authorized representative who~~
~~12 consented to collaborative drug therapy management chooses to no longer~~
~~13 participate in such management, at any time, it shall be noted on the~~
~~14 patient's medical record. In addition, the existence of the written~~
~~15 agreement or protocol and the patient's consent to such management shall~~
~~16 be disclosed to the patient's primary physician and any other treating~~
~~17 physician or healthcare provider.]~~ A pharmacist who is certified by the
18 department to engage in collaborative drug therapy management may enter
19 into a written collaborative practice agreement or protocol with a
20 physician, nurse practitioner or practice as an independent health care
21 provider or as an employee of a pharmacy or other health care provider.

22 5. Participation in a written agreement or protocol authorizing colla-
23 borative drug therapy management shall be voluntary, and no patient,
24 physician, nurse practitioner, pharmacist, or facility shall be required
25 to participate.

~~26 [6. Nothing in this section shall be deemed to limit the scope of~~
~~27 practice of pharmacy nor be deemed to limit the authority of pharmacists~~
~~28 and physicians to engage in medication management prior to the effective~~
~~29 date of this section and to the extent authorized by law.]~~

30 § 7. Subparagraph (A) of paragraph 15-a of subdivision (i) of section
31 3216 of the insurance law, as amended by chapter 338 of the laws of
32 2003, is amended to read as follows:

33 (A) Every policy which provides medical coverage that includes cover-
34 age for physician services in a physician's office and every policy
35 which provides major medical or similar comprehensive-type coverage
36 shall include coverage for the following equipment and supplies for the
37 treatment of diabetes, if recommended or prescribed by a physician or
38 other licensed health care provider legally authorized to prescribe
39 under title eight of the education law: blood glucose monitors and blood
40 glucose monitors for the visually impaired, data management systems,
41 test strips for glucose monitors and visual reading and urine testing
42 strips, insulin, injection aids, cartridges for the visually impaired,
43 syringes, insulin pumps and appurtenances thereto, insulin infusion
44 devices, and oral agents for controlling blood sugar. In addition, the
45 commissioner of the department of health shall provide and periodically
46 update by rule or regulation a list of additional diabetes equipment and
47 related supplies such as are medically necessary for the treatment of
48 diabetes, for which there shall also be coverage. Such policies shall
49 also include coverage for diabetes self-management education to ensure
50 that persons with diabetes are educated as to the proper self-management
51 and treatment of their diabetic condition, including information on
52 proper diets. Such coverage for self-management education and education
53 relating to diet shall be limited to visits medically necessary upon the
54 diagnosis of diabetes, where a physician diagnoses a significant change
55 in the patient's symptoms or conditions which necessitate changes in a
56 patient's self-management, or where reeducation or refresher education

1 is necessary. Such education may be provided by the physician or other
2 licensed health care provider legally authorized to prescribe under
3 title eight of the education law, or their staff, as part of an office
4 visit for diabetes diagnosis or treatment, or by a certified diabetes
5 nurse educator, certified nutritionist, certified dietitian or regis-
6 tered dietitian upon the referral of a physician, a pharmacist, or other
7 licensed health care provider legally authorized to prescribe under
8 title eight of the education law. Education provided by the certified
9 diabetes nurse educator, certified nutritionist, certified dietitian or
10 registered dietitian may be limited to group settings wherever practica-
11 ble. Coverage for self-management education and education relating to
12 diet shall also include home visits when medically necessary.

13 § 8. Subparagraph (A) of paragraph 7 of subdivision (k) of section
14 3221 of the insurance law, as amended by chapter 338 of the laws of
15 2003, is amended to read as follows:

16 (A) Every group or blanket accident and health insurance policy issued
17 or issued for delivery in this state which provides medical coverage
18 that includes coverage for physician services in a physician's office
19 and every policy which provides major medical or similar comprehensive-
20 type coverage shall include coverage for the following equipment and
21 supplies for the treatment of diabetes, if recommended or prescribed by
22 a physician or other licensed health care provider legally authorized to
23 prescribe under title eight of the education law: blood glucose monitors
24 and blood glucose monitors for the visually impaired, data management
25 systems, test strips for glucose monitors and visual reading and urine
26 testing strips, insulin, injection aids, cartridges for the visually
27 impaired, syringes, insulin pumps and appurtenances thereto, insulin
28 infusion devices, and oral agents for controlling blood sugar. In addi-
29 tion, the commissioner of the department of health shall provide and
30 periodically update by rule or regulation a list of additional diabetes
31 equipment and related supplies such as are medically necessary for the
32 treatment of diabetes, for which there shall also be coverage. Such
33 policies shall also include coverage for diabetes self-management educa-
34 tion to ensure that persons with diabetes are educated as to the proper
35 self-management and treatment of their diabetic condition, including
36 information on proper diets. Such coverage for self-management education
37 and education relating to diet shall be limited to visits medically
38 necessary upon the diagnosis of diabetes, where a physician diagnoses a
39 significant change in the patient's symptoms or conditions which neces-
40 sitate changes in a patient's self-management, or where reeducation or
41 refresher education is necessary. Such education may be provided by the
42 physician or other licensed health care provider legally authorized to
43 prescribe under title eight of the education law, or their staff, as
44 part of an office visit for diabetes diagnosis or treatment, or by a
45 certified diabetes nurse educator, certified nutritionist, certified
46 dietitian or registered dietitian upon the referral of a physician, a
47 pharmacist, or other licensed health care provider legally authorized to
48 prescribe under title eight of the education law. Education provided by
49 the certified diabetes nurse educator, certified nutritionist, certified
50 dietitian or registered dietitian may be limited to group settings wher-
51 ever practicable. Coverage for self-management education and education
52 relating to diet shall also include home visits when medically neces-
53 sary.

54 § 9. Paragraph 1 of subdivision (u) of section 4303 of the insurance
55 law, as amended by chapter 338 of the laws of 2003, is amended to read
56 as follows:

(1) A medical expense indemnity corporation or a health service corporation which provides medical coverage that includes coverage for physician services in a physician's office and every policy which provides major medical or similar comprehensive-type coverage shall include coverage for the following equipment and supplies for the treatment of diabetes, if recommended or prescribed by a physician or other licensed health care provider legally authorized to prescribe under title eight of the education law: blood glucose monitors and blood glucose monitors for the visually impaired, data management systems, test strips for glucose monitors and visual reading and urine testing strips, insulin, injection aids, cartridges for the visually impaired, syringes, insulin pumps and appurtenances thereto, insulin infusion devices, and oral agents for controlling blood sugar. In addition, the commissioner of the department of health shall provide and periodically update by rule or regulation a list of additional diabetes equipment and related supplies such as are medically necessary for the treatment of diabetes, for which there shall also be coverage. Such policies shall also include coverage for diabetes self-management education to ensure that persons with diabetes are educated as to the proper self-management and treatment of their diabetic condition, including information on proper diets. Such coverage for self-management education and education relating to diet shall be limited to visits medically necessary upon the diagnosis of diabetes, where a physician diagnoses a significant change in the patient's symptoms or conditions which necessitate changes in a patient's self-management, or where reeducation or refresher education is necessary. Such education may be provided by the physician or other licensed health care provider legally authorized to prescribe under title eight of the education law, or their staff, as part of an office visit for diabetes diagnosis or treatment, or by a certified diabetes nurse educator, certified nutritionist, certified dietitian or registered dietitian upon the referral of a physician, pharmacist, or other licensed health care provider legally authorized to prescribe under title eight of the education law. Education provided by the certified diabetes nurse educator, certified nutritionist, certified dietitian or registered dietitian may be limited to group settings wherever practicable. Coverage for self-management education and education relating to diet shall also include home visits when medically necessary.

§ 10. Subdivisions (q) and (r) of subdivision 2 of section 365-a of the social services law, subdivision (q) as amended by section 35 of part B of chapter 58 of the laws of 2010 and subdivision (r) as added by section 32 of part C of chapter 58 of the laws of 2008, are amended to read as follows:

(q) diabetes self-management training services for persons diagnosed with diabetes when such services are ordered by a physician, registered physician assistant, registered nurse practitioner, pharmacist, or licensed midwife and provided by a licensed, registered, or certified health care professional, as determined by the commissioner of health, who is certified as a diabetes educator by the National Certification Board for Diabetes Educators, or a successor national certification board, or provided by such a professional who is affiliated with a program certified by the American Diabetes Association, the American Association of Diabetes Educators, the Indian Health Services, or any other national accreditation organization approved by the federal centers for medicare and medicaid services; provided, however, that the provisions of this paragraph shall not take effect unless all necessary approvals under federal law and regulation have been obtained to receive

1 federal financial participation in the costs of health care services
2 provided pursuant to this paragraph. Nothing in this paragraph shall be
3 construed to modify any licensure, certification or scope of practice
4 provision under title eight of the education law.

5 (r) asthma self-management training services for persons diagnosed
6 with asthma when such services are ordered by a physician, registered
7 physician's assistant, registered nurse practitioner, pharmacist, or
8 licensed midwife and provided by a licensed, registered, or certified
9 health care professional, as determined by the commissioner of health,
10 who is certified as an asthma educator by the National Asthma Educator
11 Certification Board, or a successor national certification board;
12 provided, however, that the provisions of this paragraph shall not take
13 effect unless all necessary approvals under federal law and regulation
14 have been obtained to receive federal financial participation in the
15 costs of health care services provided pursuant to this paragraph.
16 Nothing in this paragraph shall be construed to modify any licensure,
17 certification or scope of practice provision under title eight of the
18 education law.

19 § 11. Section 8 of chapter 563 of the laws of 2008, amending the
20 education law and the public health law relating to immunizing agents to
21 be administered to adults by pharmacists, as amended by section 18 of
22 part BB of chapter 56 of the laws of 2020, is amended to read as
23 follows:

24 § 8. This act shall take effect on the ninetieth day after it shall
25 have become a law [~~and shall expire and be deemed repealed July 1,~~
26 ~~2022~~].

27 § 12. Section 5 of chapter 116 of the laws of 2012, amending the
28 education law relating to authorizing a licensed pharmacist and certi-
29 fied nurse practitioner to administer certain immunizing agents, as
30 amended by section 19 of part BB of chapter 56 of the laws of 2020, is
31 amended to read as follows:

32 § 5. This act shall take effect on the ninetieth day after it shall
33 have become a law[~~, provided, however, that the provisions of sections~~
34 ~~one, two and four of this act shall expire and be deemed repealed July~~
35 ~~1, 2022 provided, that:~~

36 ~~(a) the amendments to subdivision 7 of section 6527 of the education~~
37 ~~law made by section one of this act shall not affect the repeal of such~~
38 ~~subdivision and shall be deemed to be repealed therewith;~~

39 ~~(b) the amendments to subdivision 7 of section 6909 of the education~~
40 ~~law, made by section two of this act shall not affect the repeal of such~~
41 ~~subdivision and shall be deemed to be repealed therewith;~~

42 ~~(c) the amendments to subdivision 22 of section 6802 of the education~~
43 ~~law made by section three of this act shall not affect the repeal of~~
44 ~~such subdivision and shall be deemed to be repealed therewith; and~~

45 ~~(d) the amendments to section 6801 of the education law made by~~
46 ~~section four of this act shall not affect the expiration of such section~~
47 ~~and shall be deemed to expire therewith].~~

48 § 13. Section 4 of chapter 274 of the laws of 2013, amending the
49 education law relating to authorizing a licensed pharmacist and certi-
50 fied nurse practitioner to administer meningococcal disease immunizing
51 agents, is amended to read as follows:

52 § 4. This act shall take effect on the ninetieth day after it shall
53 have become a law[~~; provided, that:~~

54 ~~(a) the amendments to subdivision 7 of section 6527 of the education~~
55 ~~law, made by section one of this act shall not affect the expiration and~~

~~reversion of such subdivision, as provided in section 6 of chapter 116 of the laws of 2012, and shall be deemed to expire therewith; and~~

~~(b) the amendments to subdivision 7 of section 6909 of the education law, made by section two of this act shall not affect the expiration and reversion of such subdivision, as provided in section 6 of chapter 116 of the laws of 2012, and shall be deemed to be expire therewith; and~~

~~(c) the amendments to subdivision 22 of section 6802 of the education law made by section three of this act shall not affect the expiration of such subdivision and shall be deemed to expire therewith].~~

§ 14. Section 5 of chapter 21 of the laws of 2011, amending the education law relating to authorizing pharmacists to perform collaborative drug therapy management with physicians in certain settings, as amended by section 20 of part BB of chapter 56 of the laws of 2020, is amended to read as follows:

§ 5. This act shall take effect on the one hundred twentieth day after it shall have become a law[~~, provided, however, that the provisions of sections two, three, and four of this act shall expire and be deemed repealed July 1, 2022; provided, however, that the amendments to subdivision 1 of section 6801 of the education law made by section one of this act shall be subject to the expiration and reversion of such subdivision pursuant to section 8 of chapter 563 of the laws of 2008, when upon such date the provisions of section one a of this act shall take effect; provided, further, that effective~~]. 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 effective date.

§ 15. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2021; provided, however, that sections three and four of this act shall take effect on the same date and in the same manner as chapter 110 of the laws of 2020 takes effect; and provided further that the amendments to subdivision 7 of section 6527 of the education law made by section three of this act shall be subject to the expiration and reversion of such subdivision pursuant to section 4 of chapter 110 of the laws of 2020 and shall expire and be deemed repealed therewith; and provided further that the amendments to subdivision 7 of section 6909 of the education law made by section four of this act shall be subject to the expiration and reversion of such subdivision pursuant to section 4 of chapter 110 of the laws of 2020 and shall expire and be deemed repealed therewith.

PART Q

Section 1. Subdivision 1 of section 6502 of the education law, as amended by chapter 599 of the laws of 1996, is amended and two new subdivisions 1-a and 1-b are added to read as follows:

1. [A] Except pursuant to subdivision one-a of this section, a license shall be valid during the life of the holder unless revoked, annulled or suspended by the board of regents [~~or in the case of physicians, physicians practicing under a limited permit, physician's assistants, specialist's assistants and medical residents, the licensee is stricken from the roster of such licensees by the board of regents on the order of the state board for professional medical conduct in the department of health. A licensee must register with the department and meet the requirements prescribed in section 3-503 of the general obligations law to practice in this state~~].

1 1-a. In the case of physicians, physicians practicing under a limited
2 permit, physician assistants, specialist assistants and medical resi-
3 dents, a license shall be valid during the life of the holder unless:

4 (i) the licensee is stricken from the roster of such licensees by the
5 board of regents on the order of the state board for professional
6 medical conduct in the department of health; or

7 (ii) the licensee has failed to register with the department for two
8 consecutive registration periods, in which case the licensee shall be
9 immediately stricken from the roster of such licensees by the board of
10 regents.

11 1-b. A licensee must register with the department and meet the
12 requirements prescribed in section 3-503 of the general obligations law
13 to practice in this state.

14 § 2. Section 6524 of the education law is amended by adding a new
15 subdivision 6-a to read as follows:

16 (6-a) Fingerprints and criminal history record check: consent to
17 submission of fingerprints for purposes of conducting a criminal history
18 record check. The commissioner shall submit to the division of criminal
19 justice services two sets of fingerprints of applicants for licensure
20 pursuant to this article, and the division of criminal justice services
21 processing fee imposed pursuant to subdivision eight-a of section eight
22 hundred thirty-seven of the executive law and any fee imposed by the
23 federal bureau of investigation. The division of criminal justice
24 services and the federal bureau of investigation shall forward such
25 criminal history record to the commissioner in a timely manner. For the
26 purposes of this section, the term "criminal history record" shall mean
27 a record of all convictions of crimes and any pending criminal charges
28 maintained on an individual by the division of criminal justice services
29 and the federal bureau of investigation. All such criminal history
30 records sent to the commissioner pursuant to this subdivision shall be
31 confidential pursuant to the applicable federal and state laws, rules
32 and regulations, and shall not be published or in any way disclosed to
33 persons other than the commissioner, unless otherwise authorized by law;

34 § 3. Paragraph (c) of subdivision 9 and subdivisions 20, 28 and 31 of
35 section 6530 of the education law, as added by chapter 606 of the laws
36 of 1991, are amended and a new subdivision 51 is added to read as
37 follows:

38 (c) Having been found guilty in an adjudicatory proceeding of violat-
39 ing a state or federal statute or regulation, pursuant to a final deci-
40 sion or determination, and when no appeal is pending, or after resol-
41 ution of the proceeding or a complaint alleging a violation of a state
42 or federal statute or regulation by stipulation or agreement, and when
43 the violation would constitute professional misconduct pursuant to this
44 section;

45 20. Conduct [~~in the practice of medicine~~] which evidences moral unfit-
46 ness to practice medicine;

47 28. Failing to respond within [~~thirty~~] ten days to written communi-
48 cations from the department of health and to make available any relevant
49 records with respect to an inquiry or complaint about the licensee's
50 professional misconduct. The period of [~~thirty~~] ten days shall commence
51 on the date when such communication was delivered personally to the
52 licensee. If the communication is sent from the department of health by
53 registered or certified mail, with return receipt requested, to the
54 address appearing in the last registration, the period of [~~thirty~~] ten
55 days shall commence on the date of delivery to the licensee, as indi-
56 cated by the return receipt;

31. Willfully harassing, abusing, or intimidating a patient [~~either~~]
or a patient's caregiver or surrogate physically or verbally;

51. Except for good cause shown, failing to notify the department of health within twenty-four hours of having been charged with a crime in any jurisdiction or of any event meeting the definitions of professional misconduct set forth in subdivision nine of this section.

§ 4. Section 6532 of the education law, as added by chapter 606 of the laws of 1991, is amended to read as follows:

§ 6532. Enforcement, administration and interpretation of this article. The board [~~of~~] for professional medical conduct and the department of health shall enforce, administer and interpret this article. Before issuing a declaratory ruling pursuant to section two hundred four of the state administrative procedure act with respect to this article, the department of health shall fully consult with the department of education. [~~Neither the commissioner of education, the board of regents nor the~~] The commissioner of health may promulgate any rules or regulations concerning this article.

§ 5. Subdivision 4 of section 206 of the public health law, as amended by chapter 602 of the laws of 2007, is amended to read as follows:

4. The commissioner may:

(a) issue subpoenas, compel the attendance of witnesses and compel them to testify in any matter or proceeding before [~~him~~] the commissioner, and may also require a witness to attend and give testimony in a county where [~~he~~] the witness resides or has a place of business without the payment of any fees;

(b) require, in writing, the production of any and all relevant documents in the possession or control of an individual or entity subject to an investigation or inquiry under this chapter. Unless a shorter period is specified in such writing, as determined for good cause by the commissioner, the required documents shall be produced no later than ten days after the delivery of the writing. Failure by the subject individual or entity to produce to the department the required documents within the ten day or otherwise specified period shall be a violation or failure within the meaning of paragraph (d) of this subdivision. Each additional day of non-production shall be a separate violation or failure;

(c) annul or modify an order, regulation, by-law or ordinance of a local board of health concerning a matter which in his judgment affects the public health beyond the territory over which such local board of health has jurisdiction;

[~~(c)~~] (d) assess any penalty prescribed for a violation of or a failure to comply with any term or provision of this chapter or of any lawful notice, order or regulation pursuant thereto, not exceeding two thousand dollars for every such violation or failure, which penalty may be assessed after a hearing or an opportunity to be heard;

[~~(d)~~] (e) assess civil penalties against a public water system which provides water to the public for human consumption through pipes or other constructed conveyances, as further defined in the state sanitary code or, in the case of mass gatherings, the person who holds or promotes the mass gathering as defined in subdivision five of section two hundred twenty-five of this article not to exceed twenty-five thousand dollars per day, for each violation of or failure to comply with any term or provision of the state sanitary code as it relates to public water systems that serve a population of five thousand or more persons or any mass gatherings, which penalty may be assessed after a hearing or an opportunity to be heard; and

(f) seek to obtain a warrant based on probable cause that a licensee has committed professional misconduct or a crime from a judicial officer authorized to issue a warrant. Such warrant shall authorize the commissioner and any person authorized by the commissioner to have the authority to inspect all grounds, erections, vehicles, structures, apartments, buildings, places and the contents therein and to remove any books, records, papers, documents, computers, electronic devices and other physical objects.

§ 6. Subdivision 1 of section 230 of the public health law, as amended by chapter 537 of the laws of 1998, is amended to read as follows:

1. A state board for professional medical conduct is hereby created in the department in matters of professional misconduct as defined in sections sixty-five hundred thirty and sixty-five hundred thirty-one of the education law. Its physician members shall be appointed by the commissioner at least eighty-five percent of whom shall be from among nominations submitted by the medical society of the state of New York, the New York state osteopathic society, the New York academy of medicine, county medical societies, statewide specialty societies recognized by the council of medical specialty societies, and the hospital association of New York state. Its lay members shall be appointed by the commissioner with the approval of the governor. The board of regents shall also appoint twenty percent of the members of the board. Not less than sixty-seven percent of the members appointed by the board of regents shall be physicians. Not less than eighty-five percent of the physician members appointed by the board of regents shall be from among nominations submitted by the medical society of the state of New York, the New York state osteopathic society, the New York academy of medicine, county medical societies, statewide medical societies recognized by the council of medical specialty societies, and the hospital association of New York state. Any failure to meet the percentage thresholds stated in this subdivision shall not be grounds for invalidating any action by or on authority of the board for professional medical conduct or a committee or a member thereof. The board for professional medical conduct shall consist of not fewer than eighteen physicians licensed in the state for at least five years, two of whom shall be doctors of osteopathy, not fewer than two of whom shall be physicians who dedicate a significant portion of their practice to the use of non-conventional medical treatments who may be nominated by New York state medical associations dedicated to the advancement of such treatments, at least one of whom shall have expertise in palliative care, and not fewer than seven lay members. An executive secretary shall be appointed by the chairperson and shall be a licensed physician. Such executive secretary shall not be a member of the board, shall hold office at the pleasure of, and shall have the powers and duties assigned and the annual salary fixed by[, ~~the chairperson. The chairperson shall also assign such secretaries or other persons to the board as are necessary~~] the commissioner.

§ 7. Clause (C) of subparagraph (iii) of paragraph (a) of subdivision 10 of section 230 of the public health law, as amended by chapter 477 of the laws of 2008, is amended to read as follows:

(C) If the director determines that the matter shall be submitted to an investigation committee, an investigation committee shall be convened [~~within ninety days of any interview of the licensee~~]. The director shall present the investigation committee with relevant documentation including, but not limited to: (1) a copy of the original complaint; (2) the report of the interviewer and the stenographic record if one was

1 taken; (3) the report of any medical or scientific expert; (4) copies of
2 reports of any patient record reviews; and (5) the licensee's
3 submissions.

4 § 8. Subparagraph (v) of paragraph (a) of subdivision 10 of section
5 230 of the public health law, as amended by chapter 477 of the laws of
6 2008, is amended to read as follows:

7 (v) The files of the office of professional medical conduct relating
8 to the investigation of possible instances of professional misconduct
9 shall be confidential and not subject to disclosure at the request of
10 any person, except as provided by law in a pending disciplinary action
11 or proceeding. The provisions of this paragraph shall not prevent the
12 office from sharing information concerning investigations within the
13 department and, pursuant to subpoena, with other duly authorized public
14 agencies responsible for professional regulation or criminal prose-
15 cution. Nothing in this subparagraph shall affect the duties of notifi-
16 cation set forth in subdivision nine-a of this section or prevent the
17 publication of charges or of the findings, conclusions, determinations,
18 or order of a hearing committee pursuant to paragraphs (d) or (g) of
19 this subdivision. In addition, the commissioner may, in his or her sole
20 discretion, disclose ~~[the]~~ any information ~~[when, in his or her profes-~~
21 ~~sional judgment, disclosure of such information would avert or minimize~~
22 ~~a public health threat]~~ relating to the investigation of possible
23 instances of professional misconduct. Any such disclosure shall not
24 affect the confidentiality of other information in the files of the
25 office of professional medical conduct related to the investigation.

26 § 9. Subparagraphs (i) and (ii) of paragraph (d) of subdivision 10 of
27 section 230 of the public health law, as amended by chapter 477 of the
28 laws of 2008, are amended to read as follows:

29 (i) A copy of the charges and the notice of the hearing shall be
30 served on the licensee either: (A) personally [by the board] at least
31 thirty days before the hearing~~[-]; (B) [If personal service cannot be~~
32 ~~made after due diligence and such fact is certified under oath, a copy~~
33 ~~of the charges and the notice of hearing shall be served]~~ by registered
34 or certified mail to the licensee's ~~[last known]~~ current residential or
35 practice address ~~[by the board]~~ mailed at least fifteen days before the
36 hearing; (C) by registered or certified mail to the licensee's most
37 recent mailing address pursuant to section sixty-five hundred two of the
38 education law or the licensee's most recent mailing address on file with
39 the department of education pursuant to the notification requirement set
40 forth in subdivision five of such section, mailed at least forty-five
41 days before the hearing; or (D) by first class mail to an attorney,
42 licensed to practice in the state, who has appeared on behalf of the
43 licensee and who has been provided with written authorization of the
44 licensee to accept service, mailed at least thirty days before the hear-
45 ing.

46 (ii) The charges shall be made public, consistent with subparagraph
47 (iv) of paragraph (a) of this subdivision, ~~[no earlier than five busi-~~
48 ~~ness days]~~ immediately after they are served, and the charges shall be
49 accompanied by a statement advising the licensee that such publication
50 will occur; ~~[provided, however, that]~~ charges may be made public imme-
51 diately upon issuance of the commissioner's order in the case of summary
52 action taken pursuant to subdivision twelve of this section and no prior
53 notification of such publication need be made to the licensee.

54 § 10. Subparagraph (ii) of paragraph (m) of subdivision 10 of section
55 230 of the public health law, as amended by chapter 606 of the laws of
56 1991, is amended to read as follows:

(ii) Administrative warning and consultation. If the director of the office of professional medical conduct, after obtaining the concurrence of a majority of a committee on professional conduct, and after consultation with the executive secretary, determines that there is substantial evidence of professional misconduct of a minor or technical nature or of substandard medical practice which does not constitute professional misconduct, the director may issue an administrative warning and/or provide for consultation with a panel of one or more experts, chosen by the director. Panels of one or more experts may include, but shall not be limited to, a peer review committee of a county medical society or a specialty board. Administrative warnings and consultations shall be ~~[confidential and]~~ made public, but shall not constitute an adjudication of guilt or be used as evidence that the licensee is guilty of the alleged misconduct. However, in the event of a further allegation of similar misconduct by the same licensee, the matter may be reopened and further proceedings instituted as provided in this section.

§ 11. Paragraph (p) of subdivision 10 of section 230 of the public health law, as amended by chapter 599 of the laws of 1996, is amended to read as follows:

(p) Convictions of crimes or administrative violations. Except for good cause shown, a licensee shall notify the department within twenty-four hours of having been charged with a crime in any jurisdiction or of any event meeting the definitions of professional misconduct set forth in subdivision nine of section sixty-five hundred thirty of the education law. In cases of professional misconduct based solely upon a violation of subdivision nine of section sixty-five hundred thirty of the education law, the director may direct that charges be prepared and served and may refer the matter to a committee on professional conduct for its review and report of findings, conclusions as to guilt, and determination. In such cases, the notice of hearing shall state that the licensee shall file a written answer to each of the charges and allegations in the statement of charges no later than ten days prior to the hearing, and that any charge or allegation not so answered shall be deemed admitted, that the licensee may wish to seek the advice of counsel prior to filing such answer that the licensee may file a brief and affidavits with the committee on professional conduct, that the licensee may appear personally before the committee on professional conduct, may be represented by counsel and may present evidence or sworn testimony in his or her behalf, and the notice may contain such other information as may be considered appropriate by the director. The department may also present evidence or sworn testimony and file a brief at the hearing. A stenographic record of the hearing shall be made. Such evidence or sworn testimony offered to the committee on professional conduct shall be strictly limited to evidence and testimony relating to the nature and severity of the penalty to be imposed upon the licensee. Where the charges are based on the conviction of state law crimes in other jurisdictions, evidence may be offered to the committee which would show that the conviction would not be a crime in New York state. The committee on professional conduct may reasonably limit the number of witnesses whose testimony will be received and the length of time any witness will be permitted to testify. The determination of the committee shall be served upon the licensee and the department in accordance with the provisions of paragraph (h) of this subdivision. A determination pursuant to this subdivision may be reviewed by the administrative review board for professional medical conduct.

§ 12. Subdivision 12 of section 230 of the public health law, as amended by chapter 627 of the laws of 1996, paragraph (a) as amended by chapter 477 of the laws of 2008 and paragraph (b) as amended by section 3 of part CC of chapter 57 of the laws of 2018, is amended to read as follows:

12. Summary action. (a) Whenever the commissioner, (i) after being presented with information indicating that a licensee is causing, engaging in or maintaining a condition or activity which has resulted in the transmission or suspected transmission, or is likely to lead to the transmission, of communicable disease as defined in the state sanitary code or HIV/AIDS, by the state and/or a local health department and if in the commissioner's opinion it would be prejudicial to the interests of the people to delay action until an opportunity for a hearing can be provided in accordance with the prehearing and hearing provisions of this section; ~~or~~ (ii) after requiring that a licensee produce documents in accordance with subdivision four of section two hundred six of this chapter, and such licensee has failed to produce the required documents within ten days, or within such shorter period as may have been specified in the commissioner's written demand for documents; or (iii) after an investigation and a recommendation by a committee on professional conduct of the state board for professional medical conduct, based upon a determination that a licensee is causing, engaging in or maintaining a condition or activity which in the commissioner's opinion ~~[constitutes an imminent danger]~~ presents a risk to the health of the people, and that it therefore appears to be prejudicial to the interests of the people to delay action until an opportunity for a hearing can be provided in accordance with the prehearing and hearing provisions of this section; the commissioner may order the licensee, by written notice, to discontinue such dangerous condition or activity or take certain action immediately and for a period of ~~[ninety]~~ one hundred twenty days from the date of service of the order. Within ~~[ten]~~ thirty days from the date of service of the said order, the state board for professional medical conduct shall commence and regularly schedule such hearing proceedings as required by this section, provided, however, that the hearing shall be completed within ~~[ninety]~~ one hundred twenty days of the date of service of the order. To the extent that the issue of ~~[imminent danger]~~ risk of the health of the people can be proven without the attorney representing the office of professional medical conduct putting in its entire case, the committee of the board shall first determine whether by a preponderance of the evidence the licensee is causing, engaging in or maintaining a condition or activity which ~~[constitutes an imminent danger]~~ presents a risk to the health of the people. The attorney representing the office of professional medical conduct shall have the burden of going forward and proving by a preponderance of the evidence that the licensee's condition, activity or practice ~~[constitutes an imminent danger]~~ presents a risk to the health of the people. The licensee shall have an opportunity to be heard and to present proof. When both the office and the licensee have completed their cases with respect to the question of ~~[imminent danger]~~ risk to the health of the people, the committee shall promptly make a recommendation to the commissioner on the issue of ~~[imminent danger]~~ risk to the health of the people and determine whether the summary order should be left in effect, modified or vacated, and continue the hearing on all the remaining charges, if any, in accordance with paragraph (f) of subdivision ten of this section. Within ten days of the committee's recommendation, the commissioner shall determine whether or not to adopt the

1 committee's recommendations, in whole or in part, and shall leave in
2 effect, modify or vacate his summary order. The state board for profes-
3 sional medical conduct shall make every reasonable effort to avoid any
4 delay in completing and determining such proceedings. If, at the conclu-
5 sion of the hearing, (i) the hearing committee of the board finds the
6 licensee guilty of one or more of the charges which are the basis for
7 the summary order, (ii) the hearing committee determines that the summa-
8 ry order continue, and (iii) the ninety day term of the order has not
9 expired, the summary order shall remain in full force and effect until a
10 final decision has been rendered by the committee or, if review is
11 sought, by the administrative review board. A summary order shall be
12 public upon issuance.

13 (b) When a licensee has pleaded or been found guilty or convicted of
14 committing an act constituting a felony under New York state law or
15 federal law, or the law of another jurisdiction which, if committed
16 within this state, would have constituted a felony under New York state
17 law, or when a licensee has been charged with committing an act consti-
18 tuting a felony under New York state or federal law or the law of another
19 jurisdiction, where the licensee's alleged conduct, which, if commit-
20 ted within this state, would have constituted a felony under New York
21 state law, and [~~in the commissioner's opinion the licensee's alleged~~
22 ~~conduct constitutes an imminent danger~~] where the licensee's alleged
23 conduct may present a risk to the health of the people, or when the duly
24 authorized professional disciplinary agency of another jurisdiction has
25 made a finding substantially equivalent to a finding that the practice
26 of medicine by the licensee in that jurisdiction [~~constitutes an immi-~~
27 ~~nent danger~~] presents a risk to the health of its people, or when a
28 licensee has been disciplined by a duly authorized professional disci-
29 plinary agency of another jurisdiction for acts which if committed in
30 this state would have constituted the basis for summary action by the
31 commissioner pursuant to paragraph (a) of this subdivision, the commis-
32 sioner, after a recommendation by a committee of professional conduct of
33 the state board for professional medical conduct, may order the licen-
34 see, by written notice, to discontinue or refrain from practicing medi-
35 cine in whole or in part or to take certain actions authorized pursuant
36 to this title immediately. The order of the commissioner shall consti-
37 tute summary action against the licensee and become public upon issu-
38 ance. The summary suspension shall remain in effect until the final
39 conclusion of a hearing which shall commence within ninety days of the
40 date of service of the commissioner's order, end within [~~ninety~~] one
41 hundred eighty days thereafter and otherwise be held in accordance with
42 paragraph (a) of this subdivision, provided, however, that when the
43 commissioner's order is based upon a finding substantially equivalent to
44 a finding that the practice of medicine by the licensee in another
45 jurisdiction [~~constitutes an imminent danger~~] presents a risk to the
46 health of its people, the hearing shall commence within thirty days
47 after the disciplinary proceedings in that jurisdiction are finally
48 concluded. If, at any time, the felony charge is dismissed, withdrawn or
49 reduced to a non-felony charge, the commissioner's summary order shall
50 terminate.

51 § 13. Paragraph (a) of subdivision 1 of section 2803-e of the public
52 health law, as amended by chapter 294 of the laws of 1985, is amended to
53 read as follows:

54 (a) Hospitals and other facilities approved pursuant to this article
55 shall make a report or cause a report to be made within thirty days of
56 the occurrence of any of the following: the suspension, restriction,

1 termination or curtailment of the training, employment, association or
2 professional privileges or the denial of the certification of completion
3 of training of an individual licensed pursuant to the provisions of
4 title eight of the education law or of a medical resident with such
5 facility for reasons related in any way to alleged mental or physical
6 impairment, incompetence, malpractice or misconduct or impairment of
7 patient safety or welfare; the voluntary or involuntary resignation or
8 withdrawal of association or of privileges with such facility to avoid
9 the imposition of disciplinary measures; notification by the hospital or
10 facility, to any entity providing personnel to perform professional
11 services to such hospital or facility, that the entity may not assign a
12 particular individual to provide such services to the hospital or facil-
13 ity, for reasons related in any way to alleged mental or physical
14 impairment, incompetence, malpractice or misconduct or impairment of
15 patient safety or welfare; or the receipt of information which indicates
16 that any professional licensee or medical resident has been convicted of
17 a crime; the denial of staff privileges to a physician if the reasons
18 stated for such denial are related to alleged mental or physical impair-
19 ment, incompetence, malpractice, misconduct or impairment of patient
20 safety or welfare.

21 § 14. Paragraphs (n), (p) and (q) of subdivision 1 of section 2995-a
22 of the public health law, as added by chapter 542 of the laws of 2000,
23 are amended and three new paragraphs (r), (s) and (t) are added to read
24 as follows:

25 (n) (i) the location of the licensee's primary practice setting iden-
26 tified as such; ~~[and]~~

27 (ii) ~~[the names of any licensed physicians with whom the licensee~~
28 ~~shares a group practice, as defined in subdivision five of section two~~
29 ~~hundred thirty-eight of this chapter]~~ hours of operation of the
30 licensee's primary practice setting;

31 (iii) availability of assistive technology at the licensee's primary
32 practice setting; and

33 (iv) whether the licensee is accepting new patients;

34 (p) whether the licensee participates in the medicaid or medicare
35 program or any other state or federally financed health insurance
36 program; ~~[and]~~

37 (q) health care plans with which the licensee has contracts, employ-
38 ment, or other affiliation~~[+]~~ provided that the reporting and accuracy
39 of such information shall not be the responsibility of the physician,
40 but shall be included and updated by the department utilizing provider
41 network participation information, or other reliable sources of informa-
42 tion submitted by the health care plans;

43 (r) the physician's website and social media accounts;

44 (s) the names of any licensed physicians with whom the licensee shares
45 a group practice, as defined in subdivision five of section two hundred
46 thirty-eight of this chapter; and

47 (t) workforce research and planning information as determined by the
48 commissioner.

49 § 15. Section 2995-a of the public health law is amended by adding a
50 new subdivision 1-b to read as follows:

51 1-b. (a) For the purposes of this section, a physician licensed and
52 registered to practice in this state may authorize a designee to regis-
53 ter, transmit, enter or update information on his or her behalf,
54 provided that:

55 (i) the designee so authorized is employed by the physician or the
56 same professional practice or is under contract with such practice;

1 (ii) the physician takes reasonable steps to ensure that such designee
2 is sufficiently competent in the profile requirements;

3 (iii) the physician remains responsible for ensuring the accuracy of
4 the information provided and for any failure to provide accurate infor-
5 mation; and

6 (iv) the physician shall notify the department upon terminating the
7 authorization of any designee, in a manner determined by the department.

8 (b) The commissioner shall grant access to the profile in a reasonably
9 prompt manner to designees authorized by physicians and establish a
10 mechanism to prevent designees terminated pursuant to subparagraph (iv)
11 of paragraph (a) of this subdivision from accessing the profile in a
12 reasonably prompt manner following notification of termination.

13 § 16. Subdivision 4 of section 2995-a of the public health law, as
14 amended by section 3 of part A of chapter 57 of the laws of 2015, is
15 amended to read as follows:

16 4. Each physician shall periodically report to the department on forms
17 and in the time and manner required by the commissioner any other infor-
18 mation as is required by the department for the development of profiles
19 under this section which is not otherwise reasonably obtainable. In
20 addition to such periodic reports and providing the same information,
21 each physician shall update his or her profile information within the
22 six months prior to ~~[the expiration date of such physician's registra-~~
23 ~~tion period]~~ submission of the re-registration application, as a condi-
24 tion of registration renewal ~~[under article one hundred thirty-one]~~
25 pursuant to section sixty-five hundred twenty-four of the education law.
26 Except for optional information provided and information required under
27 subparagraph (iv) of paragraph (n) and paragraphs (q) and (t) of subdi-
28 vision one of this section, physicians shall notify the department of
29 any change in the profile information within thirty days of such change.

30 § 17. Subdivision 6 of section 2995-a of the public health law, as
31 added by chapter 542 of the laws of 2000, is amended to read as follows:

32 6. A physician may elect to have his or her profile omit certain
33 information provided pursuant to paragraphs (k), (l), (m), ~~[(n) and (q)]~~
34 (r) and (s) of subdivision one of this section. Information provided
35 pursuant to paragraph (t) of subdivision one of this section shall be
36 omitted from a physician's profile and shall be exempt from disclosure
37 under article six of the public officers law. In collecting information
38 for such profiles and disseminating the same, the department shall
39 inform physicians that they may choose not to provide such information
40 required pursuant to paragraphs (k), (l), (m), ~~[(n) and (q)]~~ (r) and (s)
41 of subdivision one of this section.

42 § 18. This act shall take effect immediately and shall be deemed to
43 have been in full force and effect on and after April 1, 2021; provided,
44 however, that the amendments to paragraph (a) of subdivision 10 of
45 section 230 of the public health law made by sections seven and eight of
46 this act shall not affect the expiration of such paragraph and shall be
47 deemed to expire therewith; and further provided that sections fourteen,
48 fifteen, sixteen and seventeen of this act shall take effect on the one
49 hundred eightieth day after it shall have become a law.

50 PART R

51 Section 1. Section 63 of the civil rights law, as amended by chapter
52 253 of the laws of 2014, is amended to read as follows:

53 § 63. Order. If the court to which the petition is presented is satis-
54 fied thereby, or by the affidavit and certificate presented therewith,

1 that the petition is true, and that there is no reasonable objection to
2 the change of name proposed, and if the petition be to change the name
3 of an infant, that the interests of the infant will be substantially
4 promoted by the change, the court shall make an order authorizing the
5 petitioner to assume the name proposed. The order shall further recite
6 the date and place of birth of the applicant and, if the applicant was
7 born in the state of New York, such order shall set forth the number of
8 ~~[his]~~ the applicant's birth certificate or that no birth certificate is
9 available. The order shall be directed to be entered and the papers on
10 which it was granted to be filed ~~[prior to the publication hereinafter~~
11 ~~directed]~~ in the clerk's office of the county in which the petitioner
12 resides if he be an individual, or in the office of the clerk of the
13 civil court of the city of New York if the order be made by that court.
14 ~~[Such order shall also direct the publication, at least once, within~~
15 ~~sixty days after the making of the order, in a designated newspaper in~~
16 ~~the county in which the order is directed to be entered and if the peti-~~
17 ~~tion is made by a person subject to the provisions of subdivision two of~~
18 ~~section sixty-two of this article, in a designated newspaper in any~~
19 ~~county wherein such person was convicted if different from the county in~~
20 ~~which the order is otherwise directed to be entered, of a notice in~~
21 ~~substantially the following form: Notice is hereby given that an order~~
22 ~~entered by the court, county, on the day~~
23 ~~of bearing Index Number a copy of which may be exam-~~
24 ~~ined at the office of the clerk, located at in room~~
25 ~~number grants me the right to assume the name of~~
26 ~~..... The city and state of my present address are~~
27 ~~.....; the month and year of my birth are~~
28 ~~.....; the place of my birth is; my~~
29 ~~present name is]~~

30 § 2. Section 64 of the civil rights law, as amended by chapter 258 of
31 the laws of 2006, and the closing paragraph as separately amended by
32 chapters 258, 320 and 481 of the laws of 2006, is amended to read as
33 follows:

34 § 64. Effect. If the order ~~[shall be fully complied with, and within~~
35 ~~ninety days after the making of the order, an affidavit of the publica-~~
36 ~~tion thereof shall be filed in the office in which the order]~~ is
37 entered, the petitioner shall be known by the name which is thereby
38 authorized to be assumed. If the surname of a parent be changed as
39 provided in this article, any minor child of such parent at the time of
40 such change may thereafter assume such changed surname.

41 ~~[Upon compliance with the order and the filing of the affidavit of the~~
42 ~~publication, as provided in this section, the clerk of the court in~~
43 ~~which the order has been entered shall certify that the order has been~~
44 ~~complied with; and, if]~~ (1) If the petition states that the petitioner
45 stands convicted of a violent felony offense as defined in section 70.02
46 of the penal law or a felony defined in article one hundred twenty-five
47 of such law or any of the following provisions of such law sections
48 130.25, 130.30, 130.40, 130.45, 255.25, 255.26, 255.27, article two
49 hundred sixty-three, 135.10, 135.25, 230.05, 230.06, subdivision two of
50 section 230.30 or 230.32, ~~[such]~~ the clerk ~~[1]~~ of the court in which
51 the order has been entered shall deliver, by first class mail, a copy of
52 such certified order to the division of criminal justice services at its
53 office in the county of Albany and (2) ~~[upon the clerk of the court~~
54 ~~reviewing the petitioner's application for name change and subsequent~~
55 ~~in-court inquiry, may, in the clerk's discretion, deliver, by first~~
56 ~~class mail, the petitioner's new name with such certified order to the~~

~~court of competent jurisdiction which imposed the orders of support. Such certification shall appear on the original order and on any certified copy thereof and shall be entered in the clerk's minutes of the proceeding]~~ if the petition states that the petitioner is responsible for spousal support or child support obligations pursuant to court order, upon review of the petitioner's application for name change and subsequent in-court inquiry, the court may, in its discretion, order the petitioner to deliver by first class mail, the petitioner's new name with such certified order to the court of competent jurisdiction which imposed the orders of support. Such certification shall appear on the original order and on any certified copy thereof and shall be entered in the court's minutes of the proceeding.

§ 3. Section 64-a of the civil rights law, as amended by chapter 241 of the laws of 2015, is amended to read as follows:

§ 64-a. ~~[Exemption from publication requirements]~~ Sealing name change papers. 1. If the court shall find that ~~[the publication]~~ open record of an applicant's change of name would jeopardize such applicant's personal safety, based on totality of the circumstances ~~[the provisions of sections sixty-three and sixty-four of this article requiring publication shall be waived and shall be inapplicable. Provided, however, the court shall not deny such waiver solely on the basis that the applicant lacks specific instances of or a personal history of threat to personal safety. The]~~, the court shall order the records of such change of name proceeding ~~[to]~~ be sealed, to be opened only by order of the court for good cause shown or at the request of the applicant. For the purposes of this section, "totality of the circumstances" shall include, but not be limited to, a consideration of the risk of violence or discrimination against the applicant. The court shall not deny such sealing request solely on the basis that the applicant lacks specific instances of or a personal history of threat to personal safety.

2. Notwithstanding any other provision of law, pending such a finding in subdivision one of this section where an applicant seeks relief under this section, the court shall immediately order the applicant's current name, proposed new name, residential and business addresses, telephone numbers, and any other information contained in any pleadings or papers submitted to the court to be safeguarded and sealed in order to prevent their inadvertent or unauthorized use or disclosure while the matter is pending.

§ 4. The civil rights law is amended by adding a new article 6-A to read as follows:

ARTICLE 6-A

CHANGE OF SEX DESIGNATION OR GENDER DESIGNATION

Section 67. Petition to change sex designation or gender designation.

67-a. Order.

67-b. Sealing change of sex designation or gender designation papers.

67-c. Effect on government issued identity documents.

§ 67. Petition to change sex designation or gender designation. 1. A petition for leave to change sex designation or gender designation may be made by a resident of the state to the county court of the county or the supreme court in the county in which such resident resides, or, if such resident resides in the city of New York, either to the supreme court or to any branch of the civil court of the city of New York, in any county of the city of New York. The petition to change the sex designation or gender designation of an infant may be made by the infant

1 through either of such infant's parents, or by such infant's general
2 guardian or by the guardian of such infant's person.

3 2. When an individual petitions the court to recognize their gender
4 identity or to amend the sex designation or gender designation on an
5 identity document, the court shall issue such an order upon receipt of
6 an affidavit from such individual attesting to their gender identity or
7 reason for the change. No additional medical evidence shall be required
8 to grant such request. No such order shall be required to amend an iden-
9 tity document issued within New York state. No such order shall be
10 required to otherwise recognize the gender of an individual and treat
11 them consistent with their gender identity within New York state or
12 under New York state law.

13 3. Such request may be made simultaneously with a petition for change
14 of name pursuant to section sixty or sixty-five of this chapter or on
15 its own.

16 § 67-a. Order. If the court to which the petition is presented is
17 satisfied thereby, or by the affidavit and certificate presented there-
18 with, and that there is no reasonable objection to the change of sex
19 designation or gender designation proposed, and if the petition is to
20 change the sex designation or gender designation of an infant, that the
21 interests of the infant will be substantially promoted by the change,
22 the court shall make an order authorizing the petitioner to assume the
23 sex designation or gender designation proposed.

24 § 67-b. Sealing change of sex designation or gender designation
25 papers. 1. Upon request of the applicant, the court shall order the
26 records of such change of sex designation or gender designation proceed-
27 ing to be sealed, to be opened only by order of the court for good cause
28 shown or at the request of the applicant.

29 2. Notwithstanding any other provision of law, pending such a finding
30 in subdivision one of this section where an applicant seeks relief under
31 this section, the court shall immediately order the applicant's current
32 name, sex designation, proposed new sex designation or gender desig-
33 nation, residential and business addresses, telephone numbers, and any
34 other information contained in any pleadings or papers submitted to the
35 court to be safeguarded and sealed in order to prevent their inadvertent
36 or unauthorized use or disclosure while the matter is pending.

37 § 67-c. Effect on government issued identity documents. Any state
38 agency that maintains a system or issues an identity document requiring
39 a sex designation or gender designation that, due to federal law or
40 systems processing requirements, is unable to process or change such
41 record or document consistent with an order issued pursuant to this
42 section shall make reasonable efforts to otherwise accommodate such
43 request.

44 § 5. This act shall take effect on the one hundred eightieth day after
45 it shall have become a law. Effective immediately, the addition, amend-
46 ment and/or repeal of any rule or regulation necessary for the implemen-
47 tation of this act on its effective date are authorized to be made and
48 completed on or before such effective date.

49 PART S

50 Section 1. Section 11 of chapter 884 of the laws of 1990, amending the
51 public health law relating to authorizing bad debt and charity care
52 allowances for certified home health agencies, as amended by section 3
53 of part E of chapter 57 of the laws of 2019, is amended to read as
54 follows:

§ 11. This act shall take effect immediately and:

(a) sections one and three shall expire on December 31, 1996,

(b) sections four through ten shall expire on June 30, ~~[2021]~~ 2023,
and

(c) provided that the amendment to section 2807-b of the public health law by section two of this act shall not affect the expiration of such section 2807-b as otherwise provided by law and shall be deemed to expire therewith.

§ 2. Subdivision (a) of section 40 of part B of chapter 109 of the laws of 2010, amending the social services law relating to transportation costs, as amended by section 5 of part E of chapter 57 of the laws of 2019, is amended to read as follows:

(a) sections two, three, three-a, three-b, three-c, three-d, three-e and twenty-one of this act shall take effect July 1, 2010; sections fifteen, sixteen, seventeen, eighteen and nineteen of this act shall take effect January 1, 2011; ~~[and provided further that section twenty of this act shall be deemed repealed ten years after the date the contract entered into pursuant to section 365-h of the social services law, as amended by section twenty of this act, is executed; provided that the commissioner of health shall notify the legislative bill drafting commission upon the execution of the contract entered into pursuant to section 367-h of the social services law in order that the commission may maintain an accurate and timely effective data base of the official text of the laws of the state of New York in furtherance of effectuating the provisions of section 44 of the legislative law and section 70-b of the public officers law;]~~

§ 3. Subdivision 5-a of section 246 of chapter 81 of the laws of 1995, amending the public health law and other laws relating to medical reimbursement and welfare reform, as amended by section 12 of part E of chapter 57 of the laws of 2019, is amended to read as follows:

5-a. Section sixty-four-a of this act shall be deemed to have been in full force and effect on and after April 1, 1995 through March 31, 1999 and on and after July 1, 1999 through March 31, 2000 and on and after April 1, 2000 through March 31, 2003 and on and after April 1, 2003 through March 31, 2007, and on and after April 1, 2007 through March 31, 2009, and on and after April 1, 2009 through March 31, 2011, and on and after April 1, 2011 through March 31, 2013, and on and after April 1, 2013 through March 31, 2015, and on and after April 1, 2015 through March 31, 2017 and on and after April 1, 2017 through March 31, 2019, and on and after April 1, 2019 through March 31, 2021, and on and after April 1, 2021 through March 31, 2023;

§ 4. Section 64-b of chapter 81 of the laws of 1995, amending the public health law and other laws relating to medical reimbursement and welfare reform, as amended by section 13 of part E of chapter 57 of the laws of 2019, is amended to read as follows:

§ 64-b. Notwithstanding any inconsistent provision of law, the provisions of subdivision 7 of section 3614 of the public health law, as amended, shall remain and be in full force and effect on April 1, 1995 through March 31, 1999 and on July 1, 1999 through March 31, 2000 and on and after April 1, 2000 through March 31, 2003 and on and after April 1, 2003 through March 31, 2007, and on and after April 1, 2007 through March 31, 2009, and on and after April 1, 2009 through March 31, 2011, and on and after April 1, 2011 through March 31, 2013, and on and after April 1, 2013 through March 31, 2015, and on and after April 1, 2015 through March 31, 2017 and on and after April 1, 2017 through March 31,

1 2019, and on and after April 1, 2019 through March 31, 2021, and on and
2 after April 1, 2021 through March 31, 2023.

3 § 5. Section 4-a of part A of chapter 56 of the laws of 2013, amending
4 chapter 59 of the laws of 2011 amending the public health law and other
5 laws relating to general hospital reimbursement for annual rates, as
6 amended by section 14 of part E of chapter 57 of the laws of 2019, is
7 amended to read as follows:

8 § 4-a. Notwithstanding paragraph (c) of subdivision 10 of section
9 2807-c of the public health law, section 21 of chapter 1 of the laws of
10 1999, or any other contrary provision of law, in determining rates of
11 payments by state governmental agencies effective for services provided
12 on and after January 1, 2017 through March 31, [~~2021~~] 2023, for inpa-
13 tient and outpatient services provided by general hospitals, for inpa-
14 tient services and adult day health care outpatient services provided by
15 residential health care facilities pursuant to article 28 of the public
16 health law, except for residential health care facilities or units of
17 such facilities providing services primarily to children under twenty-
18 one years of age, for home health care services provided pursuant to
19 article 36 of the public health law by certified home health agencies,
20 long term home health care programs and AIDS home care programs, and for
21 personal care services provided pursuant to section 365-a of the social
22 services law, the commissioner of health shall apply no greater than
23 zero trend factors attributable to the 2017, 2018, 2019, 2020, [~~and~~]
24 2021, 2022 and 2023 calendar years in accordance with paragraph (c) of
25 subdivision 10 of section 2807-c of the public health law, provided,
26 however, that such no greater than zero trend factors attributable to
27 such 2017, 2018, 2019, 2020, [~~and~~] 2021, 2022 and 2023 calendar years
28 shall also be applied to rates of payment provided on and after January
29 1, 2017 through March 31, [~~2021~~] 2023 for personal care services
30 provided in those local social services districts, including New York
31 city, whose rates of payment for such services are established by such
32 local social services districts pursuant to a rate-setting exemption
33 issued by the commissioner of health to such local social services
34 districts in accordance with applicable regulations; and provided
35 further, however, that for rates of payment for assisted living program
36 services provided on and after January 1, 2017 through March 31, [~~2021~~]
37 2023, such trend factors attributable to the 2017, 2018, 2019, 2020,
38 [~~and~~] 2021, 2022 and 2023 calendar years shall be established at no
39 greater than zero percent.

40 § 6. Subdivision 2 of section 246 of chapter 81 of the laws of 1995,
41 amending the public health law and other laws relating to medical
42 reimbursement and welfare reform, as amended by section 17 of part E of
43 chapter 57 of the laws of 2019, is amended to read as follows:

44 2. Sections five, seven through nine, twelve through fourteen, and
45 eighteen of this act shall be deemed to have been in full force and
46 effect on and after April 1, 1995 through March 31, 1999 and on and
47 after July 1, 1999 through March 31, 2000 and on and after April 1, 2000
48 through March 31, 2003 and on and after April 1, 2003 through March 31,
49 2006 and on and after April 1, 2006 through March 31, 2007 and on and
50 after April 1, 2007 through March 31, 2009 and on and after April 1,
51 2009 through March 31, 2011 and sections twelve, thirteen and fourteen
52 of this act shall be deemed to be in full force and effect on and after
53 April 1, 2011 through March 31, 2015 and on and after April 1, 2015
54 through March 31, 2017 and on and after April 1, 2017 through March 31,
55 2019, and on and after April 1, 2019 through March 31, 2021, and on and
56 after April 1, 2021 through March 31, 2023;

§ 7. Section 7 of part H of chapter 57 of the laws of 2019, amending the public health law relating to waiver of certain regulations, as amended by section 11 of part BB of chapter 56 of the laws of 2020, is amended to read as follows:

§ 7. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2019, provided, however, that section two of this act shall expire on April 1, ~~2021~~ 2024.

§ 8. Section 5 of chapter 517 of the laws of 2016, amending the public health law relating to payments from the New York state medical indemnity fund, as amended by section 18 of part Y of chapter 56 of the laws of 2020, is amended to read as follows:

§ 5. This act shall take effect on the forty-fifth day after it shall have become a law, provided that the amendments to subdivision 4 of section 2999-j of the public health law made by section two of this act shall take effect on June 30, 2017 and shall expire and be deemed repealed December 31, ~~2021~~ 2022.

§ 9. Subdivision 1 of section 2999-aa of the public health law, as amended by chapter 80 of the laws of 2017, is amended to read as follows:

1. In order to promote improved quality and efficiency of, and access to, health care services and to promote improved clinical outcomes to the residents of New York, it shall be the policy of the state to encourage, where appropriate, cooperative, collaborative and integrative arrangements including but not limited to, mergers and acquisitions among health care providers or among others who might otherwise be competitors, under the active supervision of the commissioner. To the extent such arrangements, or the planning and negotiations that precede them, might be anti-competitive within the meaning and intent of the state and federal antitrust laws, the intent of the state is to supplant competition with such arrangements under the active supervision and related administrative actions of the commissioner as necessary to accomplish the purposes of this article, and to provide state action immunity under the state and federal antitrust laws with respect to activities undertaken by health care providers and others pursuant to this article, where the benefits of such active supervision, arrangements and actions of the commissioner outweigh any disadvantages likely to result from a reduction of competition. The commissioner shall not approve an arrangement for which state action immunity is sought under this article without first consulting with, and receiving a recommendation from, the public health and health planning council. No arrangement under this article shall be approved after December thirty-first, two thousand ~~twenty~~ twenty-four.

§ 10. Section 3 of part D of chapter 56 of the laws of 2014, amending the education law relating to the nurse practitioners modernization act, is amended to read as follows:

§ 3. This act shall take effect on the first of January after it shall have become a law and shall expire June 30 of the ~~sixth~~ twelfth year after it shall have become a law, when upon such date the provisions of this act shall be deemed repealed; 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 is authorized and directed to be made and completed on or before such effective date.

§ 11. Subparagraph (vi) of paragraph (b) of subdivision 2 of section 2807-d of the public health law, as amended by section 9 of part E of chapter 57 of the laws of 2019, is amended to read as follows:

(vi) Notwithstanding any contrary provision of this paragraph or any other provision of law or regulation to the contrary, for residential health care facilities the assessment shall be six percent of each residential health care facility's gross receipts received from all patient care services and other operating income on a cash basis for the period April first, two thousand two through March thirty-first, two thousand three for hospital or health-related services, including adult day services; provided, however, that residential health care facilities' gross receipts attributable to payments received pursuant to title XVIII of the federal social security act (medicare) shall be excluded from the assessment; provided, however, that for all such gross receipts received on or after April first, two thousand three through March thirty-first, two thousand five, such assessment shall be five percent, and further provided that for all such gross receipts received on or after April first, two thousand five through March thirty-first, two thousand nine, and on or after April first, two thousand nine through March thirty-first, two thousand eleven such assessment shall be six percent, and further provided that for all such gross receipts received on or after April first, two thousand eleven through March thirty-first, two thousand thirteen such assessment shall be six percent, and further provided that for all such gross receipts received on or after April first, two thousand thirteen through March thirty-first, two thousand fifteen such assessment shall be six percent, and further provided that for all such gross receipts received on or after April first, two thousand fifteen through March thirty-first, two thousand seventeen such assessment shall be six percent, and further provided that for all such gross receipts received on or after April first, two thousand seventeen through March thirty-first, two thousand nineteen such assessment shall be six percent, and further provided that for all such gross receipts received on or after April first, two thousand nineteen through March thirty-first, two thousand twenty-one such assessment shall be six percent, and further provided that for all such gross receipts received on or after April first, two thousand twenty-one through March thirty-first, two thousand twenty-three such assessment shall be six percent.

§ 12. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2021.

PART T

Section 1. Section 3 of part A of chapter 111 of the laws of 2010 amending the mental hygiene law relating to the receipt of federal and state benefits received by individuals receiving care in facilities operated by an office of the department of mental hygiene, as amended by section 1 of part X of chapter 57 of the laws of 2018, is amended to read as follows:

§ 3. This act shall take effect immediately; and shall expire and be deemed repealed June 30, ~~2021~~ 2024.

§ 2. This act shall take effect immediately.

PART U

Section 1. Section 4 of part L of chapter 59 of the laws of 2016, amending the mental hygiene law relating to the appointment of temporary

1 operators for the continued operation of programs and the provision of
2 services for persons with serious mental illness and/or developmental
3 disabilities and/or chemical dependence, is amended to read as follows:

4 § 4. This act shall take effect immediately and shall be deemed to
5 have been in full force and effect on and after April 1, 2016; provided,
6 however, that sections one and two of this act shall expire and be
7 deemed repealed on March 31, ~~2021~~ 2026.

8 § 2. This act shall take effect immediately.

9 PART V

10 Section 1. Section 2 of part NN of chapter 58 of the laws of 2015,
11 amending the mental hygiene law relating to clarifying the authority of
12 the commissioners in the department of mental hygiene to design and
13 implement time-limited demonstration programs, as amended by section 1
14 of part U of chapter 57 of the laws of 2018, is amended to read as
15 follows:

16 § 2. This act shall take effect immediately and shall expire and be
17 deemed repealed March 31, ~~2021~~ 2024.

18 § 2. This act shall take effect immediately.

19 PART W

20 Section 1. Section 7 of part R2 of chapter 62 of the laws of 2003,
21 amending the mental hygiene law and the state finance law relating to
22 the community mental health support and workforce reinvestment program,
23 the membership of subcommittees for mental health of community services
24 boards and the duties of such subcommittees and creating the community
25 mental health and workforce reinvestment account, as amended by section
26 1 of part V of chapter 57 of the laws of 2018, is amended to read as
27 follows:

28 § 7. This act shall take effect immediately and shall expire March 31,
29 ~~2021~~ 2024 when upon such date the provisions of this act shall be
30 deemed repealed.

31 § 2. This act shall take effect immediately.

32 PART X

33 Section 1. Notwithstanding the provisions of subdivisions (b) and (e)
34 of section 7.17 and section 41.55 of the mental hygiene law or any other
35 law to the contrary, the office of mental health is authorized in state
36 fiscal year 2021-22 to close, consolidate, reduce, transfer or otherwise
37 redesign services of hospitals, other facilities and programs operated
38 by the office of mental health, and to implement significant service
39 reductions and reconfigurations according to this section as shall be
40 determined by the commissioner of mental health to be necessary for the
41 cost-effective and efficient operation of such hospitals, other facili-
42 ties and programs. Any transfers of capacity or any resulting transfer
43 of functions shall be authorized to be made by the commissioner of
44 mental health and any transfer of personnel upon such transfer of capac-
45 ity or transfer of functions shall be accomplished in accordance with
46 the provisions of subdivision 2 of section 70 of the civil service law.

47 § 2. This act shall take effect immediately and shall expire March 31,
48 2022 when upon such date the provisions of this act shall be deemed
49 repealed.

1

PART Y

2 Section 1. Section 19.07 of the mental hygiene law, as added by chap-
3 ter 223 of the laws of 1992, subdivisions (a) and (g) as amended by
4 chapter 271 of the laws of 2010, subdivisions (b) and (c) as amended by
5 chapter 281 of the laws of 2019, subdivision (d) as amended by section 5
6 of part I of chapter 58 of the laws of 2005, subdivision (e) as amended
7 by chapter 558 of the laws of 1999, subdivision (f) as added by chapter
8 383 of the laws of 1998, subdivision (h) as amended by section 118-f of
9 subpart B of part C of chapter 62 of the laws of 2011, subdivision (i)
10 as amended by section 31-a of part AA of chapter 56 of the laws of 2019,
11 subdivision (j) as amended by chapter 146 of the laws of 2014, subdivi-
12 sion (k) as added by chapter 40 of the laws of 2014, subdivision (l) as
13 added by chapter 323 of the laws of 2018 and subdivision (m) as added by
14 chapter 493 of the laws of 2019, is amended to read as follows:
15 § 19.07 Office of [~~alcoholism and substance abuse services~~] addiction
16 services and supports; scope of responsibilities.

17 (a) The office of [~~alcoholism and substance abuse services~~] addiction
18 services and supports is charged with the responsibility for assuring
19 the development of comprehensive plans, programs, and services in the
20 areas of research, prevention, care, treatment, rehabilitation, includ-
21 ing relapse prevention and recovery maintenance, education, and training
22 of persons who [~~abuse or are dependent on alcohol and/or substances~~]
23 have or are at risk of an addictive disorder and their families. The
24 term addictive disorder shall include gambling disorder education,
25 prevention and treatment consistent with section 41.57 of this chapter.
26 Such plans, programs, and services shall be developed with the cooper-
27 ation of the office, the other offices of the department where appropri-
28 ate, local governments, consumers and community organizations and enti-
29 ties. The office shall provide appropriate facilities and shall
30 encourage the provision of facilities by local government and community
31 organizations and entities. [~~The office is also responsible for develop-~~
32 ~~ing plans, programs and services related to compulsive gambling educa-~~
33 ~~tion, prevention and treatment consistent with section 41.57 of this~~
34 ~~chapter.~~]

35 (b) The office of [~~alcoholism and substance abuse services~~] addiction
36 services and supports shall advise and assist the governor in improving
37 services and developing policies designed to meet the needs of persons
38 who suffer from or are at risk of an addictive disorder and their fami-
39 lies, and to encourage their rehabilitation, maintenance of recovery,
40 and functioning in society.

41 (c) The office of [~~alcoholism and substance abuse services~~] addiction
42 services and supports shall have the responsibility for seeing that
43 persons who suffer from or are at risk of an addictive disorder and
44 their families are provided with addiction services, care and treatment,
45 and that such services, care, treatment and rehabilitation is of high
46 quality and effectiveness, and that the personal and civil rights of
47 persons seeking and receiving addiction services, care, treatment and
48 rehabilitation are adequately protected.

49 (d) The office of [~~alcoholism and substance abuse services~~] addiction
50 services and supports shall foster programs for the training and devel-
51 opment of persons capable of providing the foregoing services, including
52 but not limited to a process of issuing, either directly or through
53 contract, licenses, credentials, certificates or authorizations for
54 [~~alcoholism and substance abuse counselors or gambling~~] addiction [~~coun-~~
55 ~~sellers~~] professionals in accordance with the following:

(1) The office shall establish minimum qualifications ~~[for counselors]~~ and a definition of the practice of the profession of an addiction professional in all phases of delivery of services to persons and their families who are suffering from ~~[alcohol and/or substance abuse and/or chemical dependence and/or compulsive gambling that shall include]~~ or are at risk of an addictive disorder including, but not be limited to, completion of approved courses of study or equivalent on-the-job experience in ~~[alcoholism and substance abuse counseling and/or counseling of compulsive gambling]~~ addiction disorder services.

(i) The office shall establish procedures for issuing, directly or through contract, licenses, credentials, certificates or authorizations to ~~[counselors]~~ addiction professionals who meet minimum qualifications, including the establishment of appropriate fees, and shall further establish procedures to suspend, revoke, or annul such licenses, credentials, certificates or authorizations for good cause. Such procedures shall be promulgated by the commissioner by rule or regulation.

(ii) The commissioner shall establish ~~[a credentialing]~~ an addiction professionals board which shall provide advice concerning the licensing, credentialing, certification or authorization process.

(iii) The commissioner shall establish fees for the education, training, licensing, credentialing, certification or authorization of addiction professionals.

(2) The establishment, with the advice of the advisory council on alcoholism and substance abuse services, of minimum qualifications for ~~[counselors]~~ addiction professionals in all phases of delivery of services to those suffering from ~~[alcoholism, substance and/or chemical abuse and/or dependence and/or compulsive gambling]~~ or at risk of addictive disorders and their families that shall include, but not be limited to, completion of approved courses of study or equivalent on-the-job experience in ~~[counseling for alcoholism, substance and/or chemical abuse and/or dependence]~~ addiction disorder services and/or ~~[compulsive]~~ gambling disorder services, and establish appropriate fees, issue licenses, credentials, certificates or authorizations to ~~[counselors]~~ addiction professionals who meet minimum qualifications and suspend, revoke, or annul such licenses, credentials, certificates or authorizations for good cause in accordance with procedures promulgated by the commissioner by rule or regulation.

(3) For the purpose of this title, the term "addiction professional", including "credentialed alcoholism and substance abuse counselor" or "C.A.S.A.C.", means an official designation identifying an individual as one who holds a currently registered and valid license, credential, certificate or authorization issued or approved by the office of ~~[alcoholism and substance abuse services]~~ addiction services and supports pursuant to this section which documents an individual's qualifications to provide ~~[alcoholism and substance abuse counseling]~~ addiction disorder services. The term "gambling addiction ~~[counselor]~~ professional" means an official designation identifying an individual as one who holds a currently registered and valid license, credential, certificate or authorization issued by the office of ~~[alcoholism and substance abuse services]~~ addiction services and supports pursuant to this section which documents an individual's qualifications to provide ~~[compulsive]~~ gambling counseling disorder services.

(i) No person shall use the title ~~[credentialed alcoholism and substance abuse counselor or "C.A.S.A.C." or gambling addiction counselor]~~ "addiction professional" or the title given to any licenses, credentials, certificates or authorizations issued by the office unless

1 authorized ~~[pursuant to]~~ by the commissioner in accordance with this
2 title.

3 (ii) Failure to comply with the requirements of this section shall
4 constitute a violation as defined in the penal law.

5 (4) All persons holding previously issued and valid alcoholism or
6 substance abuse counselor credentials issued by the office or an entity
7 designated by the office, including a credentialed alcoholism and
8 substance abuse counselor, certified prevention specialist, credentialed
9 prevention professional, credentialed problem gambling counselor, gambli-
10 ing specialty designation, certified recovery peer advocate, on the
11 effective date of amendments to this section shall be deemed ~~[C.A.S.A.C.~~
12 ~~designated]~~ an addiction professional consistent with their experience
13 and education.

14 (e) Consistent with the requirements of subdivision (b) of section
15 5.05 of this chapter, the office shall carry out the provisions of arti-
16 cle thirty-two of this chapter as such article pertains to regulation
17 and quality control of ~~[chemical dependence]~~ addiction disorder
18 services, including but not limited to the establishment of standards
19 for determining the necessity and appropriateness of care and services
20 provided by ~~[chemical dependence]~~ addiction disorder providers of
21 services. In implementing this subdivision, the commissioner, in consul-
22 tation with the commissioner of health, shall adopt standards including
23 necessary rules and regulations including but not limited to those for
24 determining the necessity or appropriate level of admission, controlling
25 the length of stay and the provision of services, and establishing the
26 methods and procedures for making such determination.

27 (f) The office of ~~[alcoholism and substance abuse services]~~ addiction
28 services and supports shall develop a list of all agencies throughout
29 the state which are currently certified by the office and are capable of
30 and available to provide evaluations in accordance with section sixty-
31 five-b of the alcoholic beverage control law so as to determine need for
32 treatment pursuant to such section and to assure the availability of
33 such evaluation services by a certified agency within a reasonable
34 distance of every court of a local jurisdiction in the state. Such list
35 shall be updated on a regular basis and shall be made available to every
36 supreme court law library in this state, or, if no supreme court law
37 library is available in a certain county, to the county court library of
38 such county. The commissioner may establish an annual fee for inclusion
39 on such list.

40 (g) The office of ~~[alcoholism and substance abuse services]~~ addiction
41 services and supports shall develop and maintain a list of the names and
42 locations of all licensed agencies and ~~[alcohol and substance abuse]~~
43 addiction professionals, as defined in paragraphs (a) and (b) of subdi-
44 vision one of section eleven hundred ninety-eight-a of the vehicle and
45 traffic law, throughout the state which are capable of and available to
46 provide an assessment of, and treatment for, ~~[alcohol and substance~~
47 ~~abuse and dependency]~~ addiction disorders. Such list shall be provided
48 to the chief administrator of the office of court administration and the
49 commissioner of motor vehicles. Persons who may be aggrieved by an agen-
50 cy decision regarding inclusion on the list may request an administra-
51 tive appeal in accordance with rules and regulations of the office. The
52 commissioner may establish an annual fee for inclusion on such list.

53 (h) The office of ~~[alcoholism and substance abuse services]~~ addiction
54 services and supports shall monitor programs providing care and treat-
55 ment to inmates in correctional facilities operated by the department of
56 corrections and community supervision who have a history of ~~[alcohol or~~

1 ~~substance abuse or dependence~~ an addiction disorder. The office shall
2 also develop guidelines for the operation of ~~[alcohol and substance~~
3 ~~abuse treatment programs]~~ addiction disorder services in such correc-
4 tional facilities in order to ensure that such programs sufficiently
5 meet the needs of inmates with a history of ~~[alcohol or substance abuse~~
6 ~~or dependence]~~ an addiction disorder and promote the successful transi-
7 tion to treatment in the community upon release. No later than the first
8 day of December of each year, the office shall submit a report regarding
9 the adequacy and effectiveness of alcohol and substance abuse treatment
10 programs operated by the department of corrections and community super-
11 vision to the governor, the temporary president of the senate, the
12 speaker of the assembly, the chairman of the senate committee on crime
13 victims, crime and correction, and the chairman of the assembly commit-
14 tee on correction.

15 (i) The office of ~~[alcoholism and substance abuse services]~~ addiction
16 services and supports shall periodically, in consultation with the state
17 director of veterans' services: (1) review the programs operated by the
18 office to ensure that the needs of the state's veterans who served in
19 the U.S. armed forces and who are recovering from ~~[alcohol and/or~~
20 ~~substance abuse]~~ an addiction disorder are being met and to develop
21 improvements to programs to meet such needs; and (2) in collaboration
22 with the state director of veterans' services and the commissioner of
23 the office of mental health, review and make recommendations to improve
24 programs that provide treatment, rehabilitation, relapse prevention, and
25 recovery services to veterans who have served in a combat theatre or
26 combat zone of operations and have a co-occurring mental health and
27 ~~[alcoholism or substance abuse]~~ addiction disorder.

28 (j) The office, in consultation with the state education department,
29 shall identify or develop materials on problem gambling among school-age
30 youth which may be used by school districts and boards of cooperative
31 educational services, at their option, to educate students on the
32 dangers and consequences of problem gambling as they deem appropriate.
33 Such materials shall be available on the internet website of the state
34 education department. The internet website of the office shall provide a
35 hyperlink to the internet page of the state education department that
36 displays such materials.

37 (k) Heroin and opioid addiction awareness and education program. The
38 commissioner, in cooperation with the commissioner of the department of
39 health, shall develop and conduct a public awareness and educational
40 campaign on heroin and opioid addiction. The campaign shall utilize
41 public forums, social media and mass media, including, but not limited
42 to, internet, radio, and print advertising such as billboards and post-
43 ers and shall also include posting of materials and information on the
44 office website. The campaign shall be tailored to educate youth,
45 parents, healthcare professionals and the general public regarding: (1)
46 the risks associated with the abuse and misuse of heroin and opioids;
47 (2) how to recognize the signs of addiction; and (3) the resources
48 available for those needing assistance with heroin or opioid addiction.
49 The campaign shall further be designed to enhance awareness of the
50 opioid overdose prevention program authorized pursuant to section thir-
51 ty-three hundred nine of the public health law and the "Good Samaritan
52 law" established pursuant to sections 220.03 and 220.78 of the penal law
53 and section 390.40 of the criminal procedure law, and to reduce the
54 stigma associated with addiction.

55 (l) The office of ~~[alcoholism and substance abuse services]~~ addiction
56 services and supports, in consultation with the state education depart-

ment, shall develop or utilize existing educational materials to be provided to school districts and boards of cooperative educational services for use in addition to or in conjunction with any drug and alcohol related curriculum regarding the misuse and abuse of alcohol, tobacco, prescription medication and other drugs with an increased focus on substances that are most prevalent among school aged youth as such term is defined in section eight hundred four of the education law. Such materials shall be age appropriate for school age children, and to the extent practicable, shall include information or resources for parents to identify the warning signs and address the risks of substance ~~abuse~~ misuse and addiction.

(m) (1) The office shall report on the status and outcomes of initiatives created in response to the heroin and opioid epidemic to the temporary president of the senate, the speaker of the assembly, the chairs of the assembly and senate committees on alcoholism and drug abuse, the chair of the assembly ways and means committee and the chair of the senate finance committee.

(2) Such reports shall include, to the extent practicable and applicable, information on:

(i) The number of individuals enrolled in the initiative in the preceding quarter;

(ii) The number of individuals who completed the treatment program in the preceding quarter;

(iii) The number of individuals discharged from the treatment program in the preceding quarter;

(iv) The age and sex of the individuals served;

(v) Relevant regional data about the individuals;

(vi) The populations served; and

(vii) The outcomes and effectiveness of each initiative surveyed.

(3) Such initiatives shall include opioid treatment programs, crisis detoxification programs, 24/7 open access centers, adolescent club houses, family navigator programs, peer engagement specialists, recovery community and outreach centers, regional addiction resource centers and the state implementation of the federal opioid state targeted response initiatives.

(4) Such information shall be provided quarterly, beginning no later than July first, two thousand nineteen.

§ 2. This act shall take effect April 1, 2021.

PART Z

Section 1. The opening paragraph of subdivision (g) of section 31.16 of the mental hygiene law, as amended by chapter 351 of the laws of 1994, is amended to read as follows:

The commissioner may impose ~~a fine~~ sanctions upon a finding that the holder of the certificate has failed to comply with the terms of the operating certificate or with the provisions of any applicable statute, rule or regulation. ~~[The maximum amount of such fine shall not exceed one thousand dollars per day or fifteen thousand dollars per violation.]~~ The commissioner is authorized to develop a schedule for the purpose of imposing such sanctions.

§ 2. Subdivision (a) of section 31.04 of the mental hygiene law is amended by adding a new paragraph 8 to read as follows:

8. establishing a schedule of fees for the purpose of processing applications for the issuance of operating certificates. All fees pursu-

1 ant to this section shall be payable to the office for deposit into the
2 general fund.

3 § 3. This act shall take effect on the one hundred eightieth day
4 after it shall have become a law. Effective immediately, the commis-
5 sioner of mental health is authorized to promulgate any and all rules
6 and regulations and take any other measures necessary to implement this
7 act on its effective date or before such date.

8 PART AA

9 Section 1. This Part enacts into law legislation relating to crisis
10 stabilization services, Kendra's law and assisted outpatient treatment
11 and involuntary commitment. Each component is wholly contained within a
12 Subpart identified as Subparts A through C. The effective date for each
13 particular provision contained within each Subpart is set forth in the
14 last section of such Subpart. Any provision in any section contained
15 within a Subpart, including the effective date of the Subpart, which
16 makes a reference to a section "of this act", when used in connection
17 with that particular component, shall be deemed to mean and refer to the
18 corresponding section of the Subpart in which it is found. Section three
19 of this Part sets forth the general effective date of this Part.

20 SUBPART A

21 Section 1. The mental hygiene law is amended by adding a new section
22 31.36 to read as follows:

23 § 31.36 Crisis stabilization services.

24 The commissioner shall have the power, in conjunction with the commis-
25 sioner of the office of addiction services and supports, to create
26 crisis stabilization centers within New York state in accordance with
27 article thirty-six of this title, including the promulgation of joint
28 regulations and implementation of a financing mechanism to allow for the
29 sustainable operation of such programs.

30 § 2. The mental hygiene law is amended by adding a new section 32.36
31 to read as follows:

32 § 32.36 Crisis stabilization services.

33 The commissioner shall have the power, in conjunction with the commis-
34 sioner of the office of mental health, to create crisis stabilization
35 centers within New York state in accordance with article thirty-six of
36 this title, including the promulgation of joint regulations and imple-
37 mentation of a financing mechanism to allow for the sustainable opera-
38 tion of such programs.

39 § 3. The mental hygiene law is amended by adding a new article 36 to
40 read as follows:

41 ARTICLE XXXVI

42 ADDICTION AND MENTAL HEALTH SERVICES AND SUPPORTS

43 Section 36.01 Crisis stabilization centers.

44 § 36.01 Crisis stabilization centers.

45 (a) (1) The commissioners are authorized to jointly license crisis
46 stabilization centers subject to the availability of state and federal
47 funding.

48 (2) A crisis stabilization center shall serve as an emergency service
49 provider for persons with psychiatric and/or substance use disorder that
50 are in need of crisis stabilization services. Each crisis stabilization
51 center shall provide or contract to provide crisis stabilization

1 services for mental health or substance use twenty-four hours per day,
2 seven days per week, including but not limited to:

- 3 (i) Engagement, triage and assessment;
- 4 (ii) Continuous observation;
- 5 (iii) Mild to moderate detoxification;
- 6 (iv) Sobering services;
- 7 (v) Therapeutic interventions;
- 8 (vi) Discharge and after care planning;
- 9 (vii) Telemedicine;
- 10 (viii) Peer support services; and
- 11 (ix) Medication assisted treatment.

12 (3) The commissioners shall require each crisis stabilization center
13 to submit a plan. The plan shall be approved by the commissioners prior
14 to the issuance of an operating certificate pursuant to this article.
15 Each plan shall include:

- 16 (i) a description of the center's catchment area,
- 17 (ii) a description of the center's crisis stabilization services,
- 18 (iii) agreements or affiliations with hospitals as defined in section
19 1.03 of this chapter,
- 20 (iv) agreements or affiliations with general hospitals or law enforce-
21 ment to receive persons,
- 22 (v) a description of local resources available to the center to
23 prevent unnecessary hospitalizations of persons,
- 24 (vi) a description of the center's linkages with local police agen-
25 cies, emergency medical services, ambulance services and other transpor-
26 tation agencies,
- 27 (vii) a description of local resources available to the center to
28 provide appropriate community mental health and substance use disorder
29 services upon release,
- 30 (viii) written criteria and guidelines for the development of appro-
31 priate planning for persons in need of post community treatment or
32 services,
- 33 (ix) a statement indicating that the center has been included in an
34 approved local services plan developed pursuant to article forty-one of
35 this chapter for each local government located within the center's
36 catchment area; and

37 (x) any other information or agreements required by the commissioners.
38 (4) Crisis stabilization centers shall participate in county and
39 community planning activities annually, and as additionally needed, in
40 order to participate in local community service planning processes to
41 ensure, maintain, improve or develop community services that demonstrate
42 recovery outcomes. These outcomes include, but are not limited to, qual-
43 ity of life, socio-economic status, entitlement status, social network-
44 ing, coping skills and reduction in use of crisis services.

45 (b) Each crisis stabilization center shall be staffed with a multidis-
46 ciplinary team capable of meeting the needs of individuals experiencing
47 all levels of crisis in the community but shall have at least one
48 psychiatrist or psychiatric nurse practitioner, a credentialed alcohol-
49 ism and substance abuse counselor and one peer support specialist on
50 duty and available at all times, provided, however, the commissioners
51 may promulgate regulations to permit the issuance of a waiver of this
52 requirement when the volume of service of a center does not require such
53 level of staff coverage.

54 (c) The commissioners shall promulgate regulations necessary to the
55 operation of such crisis stabilization centers.

(d) For the purpose of addressing unique rural service delivery needs and conditions, the commissioners shall provide technical assistance for the establishment of crisis stabilization centers otherwise approved under the provisions of this section, including technical assistance to promote and facilitate the establishment of such centers in rural areas in the state or combinations of rural counties.

(e) The commissioners shall develop guidelines for educational materials to assist crisis stabilization centers in educating local practitioners, hospitals, law enforcement and peers. Such materials shall include appropriate education relating to de-escalation techniques, cultural competency, the recovery process, mental health, substance use, and avoidance of aggressive confrontation.

§ 4. Section 9.41 of the mental hygiene law, as amended by chapter 723 of the laws of 1989, is amended to read as follows:

§ 9.41 Emergency [~~admissions~~] assessment for immediate observation, care, and treatment; powers of certain peace officers and police officers.

Any peace officer, when acting pursuant to his or her special duties, or police officer who is a member of the state police or of an authorized police department or force or of a sheriff's department may take into custody any person who appears to be mentally ill and is conducting himself or herself in a manner which is likely to result in serious harm to the person or others. Such officer may direct the removal of such person or remove him or her to: (a) any hospital specified in subdivision (a) of section 9.39 of this article, or (b) any comprehensive psychiatric emergency program specified in subdivision (a) of section 9.40 of this article, or (c) to any crisis stabilization center specified in section 36.01 of this chapter, when the officer deems such center is appropriate and where such person agrees, or (d) pending his or her examination or admission to any such hospital ~~[or]~~ program, or center, temporarily detain any such person in another safe and comfortable place, in which event, such officer shall immediately notify the director of community services or, if there be none, the health officer of the city or county of such action.

§ 5. Section 9.43 of the mental hygiene law, as amended by chapter 723 of the laws of 1989, is amended to read as follows:

§ 9.43 Emergency [~~admissions~~] assessment for immediate observation, care, and treatment; powers of courts.

(a) Whenever any court of inferior or general jurisdiction is informed by verified statement that a person is apparently mentally ill and is conducting himself or herself in a manner which in a person who is not mentally ill would be deemed disorderly conduct or which is likely to result in serious harm to himself or herself, such court shall issue a warrant directing that such person be brought before it. If, when said person is brought before the court, it appears to the court, on the basis of evidence presented to it, that such person has or may have a mental illness which is likely to result in serious harm to himself or herself or others, the court shall issue a civil order directing his or her removal to any hospital specified in subdivision (a) of section 9.39 of this article or any comprehensive psychiatric emergency program specified in subdivision (a) of section 9.40 of this article, or to any crisis stabilization center specified in section 36.01 of this chapter when the court deems such center is appropriate and where such person agrees; that is willing to receive such person for a determination by the director of such hospital ~~[or]~~ program or center whether such person should be ~~[retained]~~ received therein pursuant to such section.

(b) Whenever a person before a court in a criminal action appears to have a mental illness which is likely to result in serious harm to himself or herself or others and the court determines either that the crime has not been committed or that there is not sufficient cause to believe that such person is guilty thereof, the court may issue a civil order as above provided, and in such cases the criminal action shall terminate.

§ 6. Section 9.45 of the mental hygiene law, as amended by chapter 723 of the laws of 1989 and the opening paragraph as amended by chapter 192 of the laws of 2005, is amended to read as follows:

§ 9.45 Emergency ~~[admissions]~~ assessment for immediate observation, care, and treatment; powers of directors of community services.

The director of community services or the director's designee shall have the power to direct the removal of any person, within his or her jurisdiction, to a hospital approved by the commissioner pursuant to subdivision (a) of section 9.39 of this article, or to a comprehensive psychiatric emergency program pursuant to subdivision (a) of section 9.40 of this article, or to any crisis stabilization center specified in section 36.01 of this chapter when the director deems such center is appropriate and where such person agrees, if the parent, adult sibling, spouse or child of the person, the committee or legal guardian of the person, a licensed psychologist, registered professional nurse or certified social worker currently responsible for providing treatment services to the person, a supportive or intensive case manager currently assigned to the person by a case management program which program is approved by the office of mental health for the purpose of reporting under this section, a licensed physician, health officer, peace officer or police officer reports to him or her that such person has a mental illness for which immediate care and treatment ~~[in a hospital]~~ is appropriate and which is likely to result in serious harm to himself or herself or others. It shall be the duty of peace officers, when acting pursuant to their special duties, or police officers, who are members of an authorized police department or force or of a sheriff's department to assist representatives of such director to take into custody and transport any such person. Upon the request of a director of community services or the director's designee an ambulance service, as defined in subdivision two of section three thousand one of the public health law, is authorized to transport any such person. Such person may then be retained in a hospital pursuant to the provisions of section 9.39 of this article or in a comprehensive psychiatric emergency program pursuant to the provisions of section 9.40 of this article or to any crisis stabilization center specified in section 36.01 of this chapter when the director deems such center is appropriate and where such person agrees.

§ 7. Subdivision (a) of section 9.58 of the mental hygiene law, as added by chapter 678 of the laws of 1994, is amended to read as follows:

(a) A physician or qualified mental health professional who is a member of an approved mobile crisis outreach team shall have the power to remove, or pursuant to subdivision (b) of this section, to direct the removal of any person who appears to be mentally ill and is conducting themselves in a manner which is likely to result in serious harm to themselves or others, to a hospital approved by the commissioner pursuant to subdivision (a) of section 9.39 or section 31.27 of this chapter ~~[for the purpose of evaluation for admission if such person appears to be mentally ill and is conducting himself or herself in a manner which is likely to result in serious harm to the person or others]~~ or where

1 the director deems appropriate and where the person agrees, to a crisis
2 stabilization center specified in section 36.01 of this chapter.

3 § 8. Subdivision 2 of section 365-a of the social services law is
4 amended by adding a new paragraph (gg) to read as follows:

5 (gg) addiction and mental health services and supports provided by
6 facilities licensed pursuant to article thirty-six of the mental hygiene
7 law.

8 § 9. Paragraph 5 of subdivision (a) of section 22.09 of the mental
9 hygiene law, as amended by section 1 of part D of chapter 69 of the laws
10 of 2016, is amended to read as follows:

11 5. "Treatment facility" means a facility designated by the commission-
12 er which may only include a general hospital as defined in article twen-
13 ty-eight of the public health law, or a medically managed or medically
14 supervised withdrawal, inpatient rehabilitation, or residential stabili-
15 zation treatment program that has been certified by the commissioner to
16 have appropriate medical staff available on-site at all times to provide
17 emergency services and continued evaluation of capacity of individuals
18 retained under this section or a crisis stabilization center licensed
19 pursuant to article 36.01 of this chapter.

20 § 10. The commissioner of health, in consultation with the office of
21 mental health and the office of addiction services and supports, shall
22 seek Medicaid federal financial participation from the federal centers
23 for Medicare and Medicaid services for the federal share of payments for
24 the services authorized pursuant to this Subpart.

25 § 11. This act shall take effect October 1, 2021; provided, however,
26 that the amendments to sections 9.41, 9.43 and 9.45 of the mental
27 hygiene law made by sections four, five and six of this act shall not
28 affect the expiration of such sections and shall expire therewith.
29 Effective immediately, the addition, amendment and/or repeal of any rule
30 or regulation necessary for the implementation of this act on its effec-
31 tive date are authorized to be made and completed on or before such
32 effective date.

33 SUBPART B

34 Section 1. Paragraph 4 of subdivision (c), paragraph 2 of subdivision
35 (h), paragraph 1 of subdivision (k) and subdivision (l) of section 9.60
36 of the mental hygiene law, as amended by chapter 158 of the laws of 2005
37 and paragraph 1 of subdivision (k) as added by chapter 1 of the laws of
38 2013, are amended to read as follows:

39 (4) has a history of lack of compliance with treatment for mental
40 illness that has:

41 (i) except as otherwise provided in subparagraph (ii) of this para-
42 graph, prior to the filing of the petition, at least twice within the
43 last thirty-six months been a significant factor in necessitating hospi-
44 talization in a hospital, or receipt of services in a forensic or other
45 mental health unit of a correctional facility or a local correctional
46 facility, not including any current period, or period ending within the
47 last six months, during which the person was or is hospitalized or
48 incarcerated; or

49 (ii) except as otherwise provided in subparagraph (iii) of this para-
50 graph, prior to the filing of the petition, resulted in one or more acts
51 of serious violent behavior toward self or others or threats of, or
52 attempts at, serious physical harm to self or others within the last
53 forty-eight months, not including any current period, or period ending

1 within the last six months, in which the person was or is hospitalized
2 or incarcerated; ~~[and] or~~

3 (iii) notwithstanding subparagraphs (i) and (ii) of this paragraph,
4 resulted in the issuance of an order for assisted outpatient treatment
5 which has expired within the last six months, and since the expiration
6 of the order, the person has experienced a substantial increase in symp-
7 toms of mental illness and a loss of function.

8 (2) The court shall not order assisted outpatient treatment unless an
9 examining physician, who recommends assisted outpatient treatment and
10 has personally examined the subject of the petition no more than ten
11 days before the filing of the petition, testifies ~~[in-person]~~ at the
12 hearing. Such physician shall state the facts and clinical determi-
13 nations which support the allegation that the subject of the petition
14 meets each of the criteria for assisted outpatient treatment.

15 (1) Prior to the expiration of an order pursuant to this section, the
16 appropriate director shall review whether the assisted outpatient
17 continues to ~~[meet the criteria for]~~ benefit from assisted outpatient
18 treatment. If, as documented in the petition, (i) the director deter-
19 mines that ~~[such criteria continue to be met]: (A) as a result of his or~~
20 her mental illness, the outpatient is unlikely to voluntarily partic-
21 ipate in outpatient treatment that would enable him or her to live safe-
22 ly in the community; and (B) in view of his or her treatment history and
23 current behavior, is in need of assisted outpatient treatment in order
24 to prevent a relapse or deterioration which would be likely to result in
25 serious harm to the person or others as defined in section 9.01 of this
26 article; and (C) the outpatient is likely to benefit from continued
27 assisted outpatient treatment; or (ii) the director has made appropriate
28 attempts to, but has not been successful in eliciting, the cooperation
29 of the subject to submit to an examination, within thirty days prior to
30 the expiration of an order of assisted outpatient treatment, such direc-
31 tor may petition the court to order continued assisted outpatient treat-
32 ment pursuant to paragraph two of this subdivision. Upon determining
33 whether such criteria continue to be met, such director shall notify the
34 program coordinator in writing as to whether a petition for continued
35 assisted outpatient treatment is warranted and whether such a petition
36 was or will be filed.

37 (1) Petition for an order to stay, vacate ~~[or]~~, modify or extend the
38 order. (1) In addition to any other right or remedy available by law
39 with respect to the order for assisted outpatient treatment, the
40 assisted outpatient, the mental hygiene legal service, or anyone acting
41 on the assisted outpatient's behalf may petition the court on notice to
42 the director, the original petitioner, and all others entitled to notice
43 under subdivision (f) of this section to stay, vacate ~~[or]~~, modify, or
44 extend the order. An application for an extension of a current order
45 can be made when the appropriate director has made attempts but has not
46 been successful in giving the subject of the petition the notice of the
47 hearing.

48 (2) The appropriate director shall petition the court for approval
49 before instituting a proposed material change in the assisted outpatient
50 treatment plan, unless such change is authorized by the order of the
51 court. Such petition shall be filed on notice to all parties entitled to
52 notice under subdivision (f) of this section. Not later than five days
53 after receiving such petition, excluding Saturdays, Sundays and holi-
54 days, the court shall hold a hearing on the petition; provided that if
55 the assisted outpatient informs the court that he or she agrees to the
56 proposed material change, the court may approve such change without a

1 hearing. Non-material changes may be instituted by the director without
2 court approval. For the purposes of this paragraph, a material change is
3 an addition or deletion of a category of services to or from a current
4 assisted outpatient treatment plan, or any deviation without the
5 assisted outpatient's consent from the terms of a current order relating
6 to the administration of psychotropic drugs.

7 § 2. This act shall take effect immediately; provided, however, that
8 the amendments to section 9.60 of the mental hygiene law made by section
9 one of this act shall not affect the repeal of such section and shall be
10 deemed repealed therewith.

11 SUBPART C

12 Section 1. The third undesignated paragraph of section 9.01 of the
13 mental hygiene law, as amended by chapter 723 of the laws of 1989, is
14 amended to read as follows:

15 "likelihood to result in serious harm" or "likely to result in serious
16 harm" means (a) a substantial risk of physical harm to the person as
17 manifested by threats of or attempts at suicide or serious bodily harm
18 or other conduct demonstrating that the person is dangerous to himself
19 or herself[~~7~~]; or (b) a substantial risk of physical harm to the person
20 arising from such complete neglect of basic needs for food, clothing,
21 shelter or personal safety as to render serious accident, illness, or
22 death is highly probable if care by another is not taken; or (c) a
23 substantial risk of physical harm to other persons as manifested by
24 homicidal or other violent behavior by which others are placed in
25 reasonable fear of serious physical harm.

26 § 2. Paragraph 2 of subdivision (a) of section 9.39 of the mental
27 hygiene law, as amended by chapter 789 of the laws of 1985, is amended
28 and a new paragraph 3 is added to read as follows:

29 2. a substantial risk of physical harm to other persons as manifested
30 by homicidal or other violent behavior by which others are placed in
31 reasonable fear of serious physical harm[~~7~~], or

32 3. a substantial risk of physical harm to the person arising from such
33 complete neglect of basic needs for food, clothing, shelter or personal
34 safety as to render serious accident, illness, or death is highly proba-
35 ble if care by another is not taken.

36 § 3. This act shall take effect October 1, 2021.

37 § 2. Severability clause. If any clause, sentence, paragraph, subdivi-
38 sion, section or part of this act shall be adjudged by any court of
39 competent jurisdiction to be invalid, such judgment shall not affect,
40 impair, or invalidate the remainder thereof, but shall be confined in
41 its operation to the clause, sentence, paragraph, subdivision, section
42 or part thereof directly involved in the controversy in which such judg-
43 ment shall have been rendered. It is hereby declared to be the intent of
44 the legislature that this act would have been enacted even if such
45 invalid provisions had not been included herein.

46 § 3. This act shall take effect immediately; provided, however, that
47 the applicable effective date of Subparts A through C of this act shall
48 be as specifically set forth in the last section of such Subparts.

49 PART BB

50 Section 1. Subdivision (b) of section 7.17 of the mental hygiene law,
51 as amended by section 1 of part H of chapter 56 of the laws of 2013, is
52 amended to read as follows:

(b) There shall be in the office the hospitals named below for the care, treatment and rehabilitation of persons with mental illness and for research and teaching in the science and skills required for the care, treatment and rehabilitation of such persons with mental illness.

Greater Binghamton Health Center

Bronx Psychiatric Center

Buffalo Psychiatric Center

Capital District Psychiatric Center

Central New York Psychiatric Center

Creedmoor Psychiatric Center

Elmira Psychiatric Center

Kingsboro Psychiatric Center

Kirby Forensic Psychiatric Center

Manhattan Psychiatric Center

Mid-Hudson Forensic Psychiatric Center

Mohawk Valley Psychiatric Center

Nathan S. Kline Institute for Psychiatric Research

New York State Psychiatric Institute

Pilgrim Psychiatric Center

Richard H. Hutchings Psychiatric Center

Rochester Psychiatric Center

Rockland Psychiatric Center

St. Lawrence Psychiatric Center

South Beach Psychiatric Center

New York City Children's Center

Rockland Children's Psychiatric Center

Sagamore Children's Psychiatric Center

Western New York Children's Psychiatric Center

The New York State Psychiatric Institute and The Nathan S. Kline Institute for Psychiatric Research are designated as institutes for the conduct of medical research and other scientific investigation directed towards furthering knowledge of the etiology, diagnosis, treatment and prevention of mental illness. The New York State Psychiatric Institute shall operate, as a sub-entity, the New York State Institute for Basic Research in Developmental Disabilities, which is designated as an institute for the conduct of medical research and other scientific investigation directed towards furthering knowledge of the etiology, diagnosis, treatment and prevention of developmental disabilities.

§ 2. All employees of the office for people with developmental disabilities' New York State Institute for Basic Research in Developmental Disabilities, who are substantially engaged in the functions to be transferred, will be transferred to the office of mental health's New York State Psychiatric Institute pursuant to subdivision 2 of section 70 of the civil service law.

§ 3. This act shall take effect immediately

PART CC

Section 1. Subdivisions 2 and 2-a of section 1.03 of the mental hygiene law, subdivision 2 as amended and subdivision 2-a as added by chapter 281 of the laws of 2019, are amended to read as follows:

2. [~~"Commissioner" means the commissioner of mental health~~] "Commissioner" means the commissioner of addiction and mental health services, and the commissioner of developmental disabilities [and the commissioner of addiction services and supports] as used in this chapter. Any power or duty heretofore assigned to the commissioner of mental hygiene or to

1 the department of mental hygiene pursuant to this chapter shall hereaft-
2 er be assigned to the commissioner of addiction and mental health
3 services in the case of facilities, programs, or services for individ-
4 uals with mental illness, to the commissioner of developmental disabili-
5 ties in the case of facilities, programs, or services for individuals
6 with developmental disabilities, to the commissioner of addiction and
7 mental health services [~~and supports~~] in the case of facilities,
8 programs, or addiction disorder services in accordance with the
9 provisions of titles D and E of this chapter.

10 2-a. Notwithstanding any other section of law or regulation, on and
11 after the effective date of this subdivision, any and all references to
12 the office of alcoholism and substance abuse services and the predeces-
13 sor agencies to the office of alcoholism and substance abuse services
14 including the division of alcoholism and alcohol abuse and the division
15 of substance abuse services and all references to the office of mental
16 health, shall be known as the "office of addiction and mental health
17 services [~~and supports~~]." Nothing in this subdivision shall be construed
18 as requiring or prohibiting the further amendment of statutes or regu-
19 lations to conform to the provisions of this subdivision.

20 § 2. Section 5.01 of the mental hygiene law, as amended by chapter 281
21 of the laws of 2019, is amended and two new sections 5.01-a and 5.01-b
22 are added to read as follows:

23 § 5.01 Department of mental hygiene.

24 There shall continue to be in the state government a department of
25 mental hygiene. Within the department there shall be the following
26 autonomous offices:

27 (1) office of addiction and mental health services; and

28 (2) office for people with developmental disabilities[~~;~~

29 ~~(3) office of addiction services and supports~~].

30 § 5.01-a Office of addiction and mental health services.

31 (a) The office of addiction and mental health services shall be a new
32 office within the department formed by the integration of the offices of
33 mental health and addiction services and supports which shall focus on
34 issues related to both mental illness and addiction in the state and
35 carry out the intent of the legislature in establishing the offices
36 pursuant to articles seven and nineteen of this chapter. The office of
37 addiction and mental health services is charged with ensuring the devel-
38 opment of comprehensive plans for programs and services in the area of
39 research, prevention, and care and treatment, rehabilitation, education
40 and training, and shall be staffed to perform the responsibilities
41 attributed to the office pursuant to sections 7.07 and 19.07 of this
42 chapter and provide services and programs to promote recovery for indi-
43 viduals with mental illness, substance use disorder, or mental illness
44 and substance use disorder.

45 (b) The commissioner of the office of addiction and mental health
46 services shall be vested with the powers, duties, and obligations of the
47 office of mental health and the office of addiction services and
48 supports.

49 (c) The office of addiction and mental health services may license
50 providers to provide integrated services for individuals with mental
51 illness, substance use disorder, or mental illness and substance use
52 disorder, in accordance with regulations issued by the commissioner.

53 § 5.01-b Office of addiction and mental health services.

54 Until January first, two thousand twenty-two, the office of addiction
55 and mental health services shall consist of the office of mental health
56 and the office of addiction services and supports.

§ 3. Section 5.03 of the mental hygiene law, as amended by chapter 281 of the laws of 2019, is amended to read as follows:

§ 5.03 Commissioners.

The head of the office of addiction and mental health services shall be the commissioner of addiction and mental health services; and the head of the office for people with developmental disabilities shall be the commissioner of developmental disabilities~~[-; and the head of the office of addiction services and supports shall be the commissioner of addiction services and supports]~~. Each commissioner shall be appointed by the governor, by and with the advice and consent of the senate, to serve at the pleasure of the governor. Until the commissioner of addiction and mental health services is appointed by the governor and confirmed by the senate, the commissioner of mental health and the commissioner of addiction services and supports shall continue to oversee mental health and addiction services respectively, and work collaboratively to integrate care for individuals with both mental health and substance use disorders.

§ 4. Section 5.05 of the mental hygiene law, as added by chapter 978 of the laws of 1977, subdivision (a) as amended by chapter 168 of the laws of 2010, subdivision (b) as amended by chapter 294 of the laws of 2007, paragraph 1 of subdivision (b) as amended by section 14 of part J of chapter 56 of the laws of 2012, subdivision (d) as added by chapter 58 of the laws of 1988 and subdivision (e) as added by chapter 588 of the laws of 2011, is amended to read as follows:

§ 5.05 Powers and duties of the head of the department.

(a) The commissioners of the office of addiction and mental health services and the office for people with developmental disabilities, as the heads of the department, shall jointly visit and inspect, or cause to be visited and inspected, all facilities either public or private used for the care, treatment and rehabilitation of individuals with mental illness, substance use disorder and developmental disabilities in accordance with the requirements of section four of article seventeen of the New York state constitution.

(b) (1) The commissioners of the office of addiction and mental health~~[r]~~ services and the office for people with developmental disabilities ~~[and the office of alcoholism and substance abuse services]~~ shall constitute an inter-office coordinating council which, consistent with the autonomy of each office for matters within its jurisdiction, shall ensure that the state policy for the prevention, care, treatment and rehabilitation of individuals with mental illness, substance use disorders and developmental disabilities~~[-, alcoholism, alcohol abuse, substance abuse, substance dependence, and chemical dependence]~~ is planned, developed and implemented comprehensively; that gaps in services to individuals with multiple disabilities are eliminated and that no person is denied treatment and services because he or she has more than one disability; that procedures for the regulation of programs which offer care and treatment for more than one class of persons with mental disabilities be coordinated between the offices having jurisdiction over such programs; and that research projects of the institutes, as identified in section 7.17 ~~[or]~~, 13.17, or 19.17 of this chapter or as operated by the office for people with developmental disabilities, are coordinated to maximize the success and cost effectiveness of such projects and to eliminate wasteful duplication.

(2) The inter-office coordinating council shall annually issue a report on its activities to the legislature on or before December thirty-first. Such annual report shall include, but not be limited to, the

1 following information: proper treatment models and programs for persons
2 with multiple disabilities and suggested improvements to such models and
3 programs; research projects of the institutes and their coordination
4 with each other; collaborations and joint initiatives undertaken by the
5 offices of the department; consolidation of regulations of each of the
6 offices of the department to reduce regulatory inconsistencies between
7 the offices; inter-office or office activities related to workforce
8 training and development; data on the prevalence, availability of
9 resources and service utilization by persons with multiple disabilities;
10 eligibility standards of each office of the department affecting clients
11 suffering from multiple disabilities, and eligibility standards under
12 which a client is determined to be an office's primary responsibility;
13 agreements or arrangements on statewide, regional and local government
14 levels addressing how determinations over client responsibility are made
15 and client responsibility disputes are resolved; information on any
16 specific cohort of clients with multiple disabilities for which substan-
17 tial barriers in accessing or receiving appropriate care has been
18 reported or is known to the inter-office coordinating council or the
19 offices of the department; and coordination of planning, standards or
20 services for persons with multiple disabilities between the inter-office
21 coordinating council, the offices of the department and local govern-
22 ments in accordance with the local planning requirements set forth in
23 article forty-one of this chapter.

24 (c) The commissioners shall meet from time to time with the New York
25 state conference of local mental hygiene directors to assure consistent
26 procedures in fulfilling the responsibilities required by this section
27 and by article forty-one of this chapter.

28 (d) 1. The commissioner of addiction and mental health services shall
29 evaluate the type and level of care required by patients in the adult
30 psychiatric centers authorized by section 7.17 of this chapter and
31 develop appropriate comprehensive requirements for the staffing of inpa-
32 tient wards. These requirements should reflect measurable need for
33 administrative and direct care staff including physicians, nurses and
34 other clinical staff, direct and related support and other support
35 staff, established on the basis of sound clinical judgment. The staffing
36 requirements shall include but not be limited to the following: (i) the
37 level of care based on patient needs, including on ward activities, (ii)
38 the number of admissions, (iii) the geographic location of each facili-
39 ty, (iv) the physical layout of the campus, and (v) the physical design
40 of patient care wards.

41 2. Such commissioner, in developing the requirements, shall provide
42 for adequate ward coverage on all shifts taking into account the number
43 of individuals expected to be off the ward due to sick leave, workers'
44 compensation, mandated training and all other off ward leaves.

45 3. The staffing requirements shall be designed to reflect the legiti-
46 mate needs of facilities so as to ensure full accreditation and certif-
47 ication by appropriate regulatory bodies. The requirements shall reflect
48 appropriate industry standards. The staffing requirements shall be fully
49 measurable.

50 ~~[4. The commissioner of mental health shall submit an interim report~~
51 ~~to the governor and the legislature on the development of the staffing~~
52 ~~requirements on October first, nineteen hundred eighty eight and again~~
53 ~~on April first, nineteen hundred eighty nine. The commissioner shall~~
54 ~~submit a final report to the governor and the legislature no later than~~
55 ~~October first, nineteen hundred eighty nine and shall include in his~~

~~report a plan to achieve the staffing requirements and the length of time necessary to meet these requirements.]~~

(e) The commissioners of the office of addiction and mental health[, services and the office for people with developmental disabilities[, ~~and the office of alcoholism and substance abuse services~~] shall cause to have all new contracts with agencies and providers licensed by the offices to have a clause requiring notice be provided to all current and new employees of such agencies and providers stating that all instances of abuse shall be investigated pursuant to this chapter, and, if an employee leaves employment prior to the conclusion of a pending abuse investigation, the investigation shall continue. Nothing in this section shall be deemed to diminish the rights, privileges, or remedies of any employee under any other law or regulation or under any collective bargaining agreement or employment contract.

§ 5. Section 7.01 of the mental hygiene law, as added by chapter 978 of the laws of 1977, is amended to read as follows:

§ 7.01 Declaration of policy.

The state of New York and its local governments have a responsibility for the prevention and early detection of mental illness and for the comprehensively planned care, treatment and rehabilitation of their mentally ill citizens.

Therefore, it shall be the policy of the state to conduct research and to develop programs which further prevention and early detection of mental illness; to develop a comprehensive, integrated system of treatment and rehabilitative services for the mentally ill. Such a system should include, whenever possible, the provision of necessary treatment services to people in their home communities; it should assure the adequacy and appropriateness of residential arrangements for people in need of service; and it should rely upon improved programs of institutional care only when necessary and appropriate. Further, such a system should recognize the important therapeutic roles of all disciplines which may contribute to the care or treatment of the mentally ill, such as psychology, social work, psychiatric nursing, special education and other disciplines in the field of mental illness, as well as psychiatry and should establish accountability for implementation of the policies of the state with regard to the care and rehabilitation of the mentally ill.

To facilitate the implementation of these policies and to further advance the interests of the mentally ill and their families, a new autonomous agency to be known as the office of addiction and mental health services has been established by this article. The office and its commissioner shall plan and work with local governments, voluntary agencies and all providers and consumers of mental health services in order to develop an effective, integrated, comprehensive system for the delivery of all services to the mentally ill and to create financing procedures and mechanisms to support such a system of services to ensure that mentally ill persons in need of services receive appropriate care, treatment and rehabilitation close to their families and communities. In carrying out these responsibilities, the office and its commissioner shall make full use of existing services in the community including those provided by voluntary organizations.

§ 6. Section 19.01 of the mental hygiene law, as added by chapter 223 of the laws of 1992, is amended to read as follows:

§ 19.01 Declaration of policy.

The legislature declares the following:

1 Alcoholism, substance abuse and chemical dependence pose major health
2 and social problems for individuals and their families when left
3 untreated, including family devastation, homelessness, and unemployment.
4 It has been proven that successful prevention and treatment can dramat-
5 ically reduce costs to the health care, criminal justice and social
6 welfare systems.

7 The tragic, cumulative and often fatal consequences of alcoholism and
8 substance abuse are, however, preventable and treatable disabilities
9 that require a coordinated and multi-faceted network of services.

10 The legislature recognizes locally planned and implemented prevention
11 as a primary means to avert the onset of alcoholism and substance abuse.
12 It is the policy of the state to promote comprehensive, age appropriate
13 education for children and youth and stimulate public awareness of the
14 risks associated with alcoholism and substance abuse. Further, the
15 legislature acknowledges the need for a coordinated state policy for the
16 establishment of prevention and treatment programs designed to address
17 the problems of chemical dependency among youth, including prevention
18 and intervention efforts in school and community-based programs designed
19 to identify and refer high risk youth in need of chemical dependency
20 services.

21 Substantial benefits can be gained through alcoholism and substance
22 abuse treatment for both addicted individuals and their families. Posi-
23 tive treatment outcomes that may be generated through a complete contin-
24 uum of care offer a cost effective and comprehensive approach to reha-
25 bilitating such individuals. The primary goals of the rehabilitation and
26 recovery process are to restore social, family, lifestyle, vocational
27 and economic supports by stabilizing an individual's physical and
28 psychological functioning. The legislature recognizes the importance of
29 varying treatment approaches and levels of care designed to meet each
30 client's needs. Relapse prevention and aftercare are two primary compo-
31 nents of treatment that serve to promote and maintain recovery.

32 The legislature recognizes that the distinct treatment needs of
33 special populations, including women and women with children, persons
34 with HIV infection, persons diagnosed with mental illness, persons who
35 abuse chemicals, the homeless and veterans with posttraumatic stress
36 disorder, merit particular attention. It is the intent of the legisla-
37 ture to promote effective interventions for such populations in need of
38 particular attention. The legislature also recognizes the importance of
39 family support for individuals in alcohol or substance abuse treatment
40 and recovery. Such family participation can provide lasting support to
41 the recovering individual to prevent relapse and maintain recovery. The
42 intergenerational cycle of chemical dependency within families can be
43 intercepted through appropriate interventions.

44 The state of New York and its local governments have a responsibility
45 in coordinating the delivery of alcoholism and substance abuse services,
46 through the entire network of service providers. To accomplish these
47 objectives, the legislature declares that the establishment of a single,
48 unified office of [~~alcoholism and substance abuse~~] addiction and mental
49 health services will provide an integrated framework to plan, oversee
50 and regulate the state's prevention and treatment network. In recogni-
51 tion of the growing trends and incidence of chemical dependency, this
52 consolidation allows the state to respond to the changing profile of
53 chemical dependency. The legislature recognizes that some distinctions
54 exist between the alcoholism and substance abuse field and the mental
55 health field and where appropriate, those distinctions may be preserved.
56 Accordingly, it is the intent of the state to establish one office of

1 ~~[alcoholism and substance abuse]~~ addiction and mental health services in
2 furtherance of a comprehensive service delivery system.

3 § 7. Upon or prior to January 1, 2022, the governor may nominate an
4 individual to serve as commissioner of the office of addiction and
5 mental health services. If such individual is confirmed by the senate
6 prior to January 1, 2022, they shall become the commissioner of the
7 office of addiction and mental health services. The governor may desig-
8 nate a person to exercise the powers of the commissioner of the office
9 of addiction and mental health services on an acting basis, until
10 confirmation of a nominee by the senate, who is hereby authorized to
11 take such actions as are necessary and proper to implement the orderly
12 transition of the functions, powers as duties as herein provided,
13 including the preparation for a budget request for the office as estab-
14 lished by this act.

15 § 8. Upon the transfer pursuant to this act of the functions and
16 powers possessed by and all of the obligations and duties of the office
17 of mental health and the office of addiction services and supports as
18 established pursuant to the mental hygiene law and other laws, to the
19 office of addiction and mental health services as prescribed by this
20 act, provision shall be made for the transfer of all employees from the
21 office of mental health and the office of addiction services and
22 supports into the office of addiction and mental health services.
23 Employees so transferred shall be transferred without further examina-
24 tion or qualification to the same or similar titles and shall remain in
25 the same collective bargaining units and shall retain their respective
26 civil service classifications, status, and rights pursuant to their
27 collective bargaining units and collective bargaining agreements.

28 § 9. Notwithstanding any contrary provision of law, on or before Octo-
29 ber 1, 2021 and annually thereafter, the office of addiction and mental
30 health services, in consultation with the department of health, shall
31 issue a report, and post such report on their public website, detailing
32 the office's expenditures for mental health and addiction services and
33 supports, including total Medicaid spending directly by the state to
34 licensed or designated providers and payments to managed care providers
35 pursuant to section 364-j of the social services law. The office of
36 addiction and mental health services shall examine reports produced
37 pursuant to this section and may make recommendations to the governor
38 and the legislature regarding appropriations for mental health and
39 addiction services and supports or other provisions of law which may be
40 necessary to effectively implement the creation and continued operation
41 of the office.

42 § 10. Severability. If any clause, sentence, paragraph, section or
43 part of this act shall be adjudged by any court of competent jurisdic-
44 tion to be invalid, such judgment shall not affect, impair or invalidate
45 the remainder thereof, but shall be confined in its operation to the
46 clause, sentence, paragraph, section or part thereof directly involved
47 in the controversy in which such judgment shall have been rendered.

48 § 11. This act shall take effect immediately. Effective immediately,
49 the office of mental health and the office of addiction services and
50 supports are authorized to promulgate the addition, amendment and/or
51 repeal of any rule or regulation or engage in any work necessary for the
52 implementation of this act on its effective date authorized to be made
53 and completed on or before such effective date.

1 Section 1. This act shall be known and may be cited as the "comprehen-
2 sive outpatient services act of 2021".

3 § 2. Section 364-m of the social services law is amended by adding a
4 new subdivision 6 to read as follows:

5 6. Comprehensive outpatient services centers. (a) Definitions. For
6 the purpose of this article, unless the context clearly requires other-
7 wise:

8 (i) "Mental health services" means services for the treatment of
9 mental illness.

10 (ii) "Addiction services" means services for the treatment of
11 addiction disorders.

12 (iii) "Comprehensive outpatient services" means the systematic coordi-
13 nation of evidence-based health care services, to include the preventa-
14 tive, diagnostic, therapeutic and rehabilitative care and treatment of
15 mental illness, addiction and the provision of physical health services,
16 otherwise provided by a diagnostic and treatment center or general
17 hospital outpatient program pursuant to article twenty-eight of the
18 public health law, a mental health clinic licensed pursuant to article
19 thirty-one of the mental hygiene law, or an addiction provider certified
20 pursuant to article thirty-two of the mental hygiene law to an individ-
21 ual seeking services regardless of their primary diagnosis or health
22 complaint; provided, however, that the scope of such services may be
23 restricted pursuant to regulation.

24 (iv) "Comprehensive outpatient services centers" means a facility
25 approved in accordance with this section to provide comprehensive outpa-
26 tient services in order to promote health and better outcomes for the
27 recipient, particularly for populations at risk.

28 (v) "Medical director" is a physician who is responsible for the
29 services delivered by the comprehensive outpatient services provider,
30 for the overall direction of the services provided and the direct super-
31 vision of medical staff in the delivery of services.

32 (vi) "Physical health services" means services provided by a physi-
33 cian, physician's assistant, nurse practitioner, or midwife acting with-
34 in his or her lawful scope of practice under title eight of the educa-
35 tion law and who is practicing in a primary care specialty.

36 (b) Notwithstanding any law, rule, or regulation to the contrary, the
37 commissioners of the department of health, the office of mental health,
38 and the office of addiction services and supports are authorized to
39 jointly establish a single set of licensing standards and requirements
40 for the construction, operation, reporting and surveillance of compre-
41 hensive outpatient services centers. Such standards and requirements
42 shall include, but not be limited to:

43 (i) scope of comprehensive outpatient services;

44 (ii) creation of an efficient application review process for compre-
45 hensive outpatient services centers;

46 (iii) facilitation of integrated treatment records that comply with
47 applicable federal and state confidentiality requirements;

48 (iv) optimal use of clinical resources, including the development of a
49 workforce capable of providing comprehensive care to an individual
50 utilizing evidence-based approaches to integrated treatment;

51 (v) development of billing and reimbursement structures to enable the
52 provision of comprehensive services to individuals regardless of their
53 primary diagnosis or healthcare complaint;

54 (vi) reasonable physical plant standards to foster proper care and
55 treatment;

1 (vii) standards for incident reporting and remediation pursuant to
2 article eleven of the social services law; and

3 (viii) standards for adverse event reporting, provided however that
4 any such adverse event reports shall be kept confidential and shall not
5 be subject to disclosure under article six of the public officers law or
6 article thirty-one of the civil practice law and rules.

7 (c) A provider shall not be authorized to provide comprehensive outpa-
8 tient services unless they have sufficiently demonstrated, consistent
9 with the standards and requirements set forth by the commissioners:

10 (i) experience in the delivery of physical, mental health, and
11 addiction services;

12 (ii) capacity to offer comprehensive outpatient services in each
13 comprehensive outpatient services center approved by each of the commis-
14 sioners of the department of health, the office of mental health, and
15 the office of addiction services and supports; and

16 (iii) compliance with standards established pursuant to this section
17 for providing and receiving payment for comprehensive outpatient
18 services.

19 (d) Notwithstanding any provision of law to the contrary, for the
20 purposes of this subdivision, comprehensive outpatient service providers
21 shall be considered contracted, approved or otherwise authorized by the
22 office of addiction services and supports and the office of mental
23 health for the purpose of sections 19.20, 19.20-a, and 31.35 of the
24 mental hygiene law, as may be applicable. Providers shall be required to
25 comply with the review of criminal history information, as required in
26 such sections, for prospective employees or volunteers who will have
27 regular and substantial unsupervised or unrestricted physical contact
28 with the clients of such provider.

29 (e) The commissioners of the department of health, the office of
30 mental health, and the office of addiction services and supports are
31 authorized to promulgate any regulatory requirements necessary to imple-
32 ment comprehensive outpatient services centers consistent with this
33 section, including amending existing requirements.

34 § 3. Subdivision 4 of section 488 of the social services law is
35 amended by adding a new paragraph (a-1) to read as follows:

36 (a-1) a comprehensive outpatient services center which is licensed, or
37 certified by section three hundred sixty-four-m of this chapter,
38 provided however that such term shall not include the provision of phys-
39 ical health services rendered in such facility or program;

40 § 4. Subdivision 1 of section 2801 of the public health law, as
41 amended by section 1 of part Z of chapter 57 of the laws of 2019, is
42 amended to read as follows:

43 1. "Hospital" means a facility or institution engaged principally in
44 providing services by or under the supervision of a physician or, in the
45 case of a dental clinic or dental dispensary, of a dentist, or, in the
46 case of a midwifery birth center, of a midwife, for the prevention,
47 diagnosis or treatment of human disease, pain, injury, deformity or
48 physical condition, including, but not limited to, a general hospital,
49 public health center, diagnostic center, treatment center, dental clin-
50 ic, dental dispensary, rehabilitation center other than a facility used
51 solely for vocational rehabilitation, nursing home, tuberculosis hospi-
52 tal, chronic disease hospital, maternity hospital, midwifery birth
53 center, lying-in-asylum, out-patient department, out-patient lodge,
54 dispensary and a laboratory or central service facility serving one or
55 more such institutions, but the term hospital shall not include an
56 institution, sanitarium or other facility engaged principally in provid-

ing services for the prevention, diagnosis or treatment of mental disability and which is subject to the powers of visitation, examination, inspection and investigation of the department of mental hygiene except for those distinct parts of such a facility which provide hospital service. The provisions of this article shall not apply to a facility or institution engaged principally in providing services by or under the supervision of the bona fide members and adherents of a recognized religious organization whose teachings include reliance on spiritual means through prayer alone for healing in the practice of the religion of such organization and where services are provided in accordance with those teachings. No provision of this article or any other provision of law shall be construed to: (a) limit the volume of primary care services that can be provided by comprehensive outpatient services centers, as defined in section three hundred sixty-four-m of the social services law; (b) limit the volume of mental health, substance use disorder services or developmental disability services that can be provided by a provider of primary care services licensed under this article and authorized to provide integrated services in accordance with regulations issued by the commissioner in consultation with the commissioner of the office of mental health, the commissioner of the office of ~~alcoholism and substance abuse services~~ addiction services and supports and the commissioner of the office for people with developmental disabilities, including regulations issued pursuant to subdivision seven of section three hundred sixty-five-l of the social services law or part L of chapter fifty-six of the laws of two thousand twelve; ~~(b)~~ (c) require a provider licensed pursuant to article thirty-one of the mental hygiene law or certified pursuant to article sixteen or article thirty-two of the mental hygiene law to obtain an operating certificate from the department if such provider has been authorized to provide integrated services in accordance with regulations issued by the commissioner in consultation with the commissioner of the office of mental health, the commissioner of the office of ~~alcoholism and substance abuse services~~ addiction services and supports and the commissioner of the office for people with developmental disabilities, including regulations issued pursuant to subdivision seven of section three hundred sixty-five-l of the social services law or part L of chapter fifty-six of the laws of two thousand twelve.

§ 5. Subdivision (f) of section 31.02 of the mental hygiene law, as amended by section 2 of part Z of chapter 57 of the laws of 2019, is amended to read as follows:

(f) No provision of this article or any other provision of law shall be construed to require a provider licensed pursuant to article twenty-eight of the public health law or certified pursuant to article sixteen or article thirty-two of this chapter to obtain an operating certificate from the office of mental health if such provider has been authorized to provide integrated services in accordance with regulations issued by the commissioner of the office of mental health in consultation with the commissioner of the department of health, the commissioner of the office of ~~alcoholism and substance abuse services~~ addiction services and supports and the commissioner of the office for people with developmental disabilities, including regulations issued pursuant to subdivision seven of section three hundred sixty-five-l of the social services law or part L of chapter fifty-six of the laws of two thousand twelve. Furthermore, except as provided in paragraph (d) of subdivision six of section three hundred sixty-four-m of the social services law, no provision of this article or any other provision of law shall be

construed to limit the volume of mental health services that can be provided by comprehensive outpatient services centers, as defined in section three hundred sixty-four-m of the social services law.

§ 6. Subdivision (b) of section 32.05 of the mental hygiene law, as amended by section 3 of part Z of chapter 57 of the laws of 2019, is amended to read as follows:

(b) (i) Methadone, or such other controlled substance designated by the commissioner of health as appropriate for such use, may be administered to an addict, as defined in section thirty-three hundred two of the public health law, by individual physicians, groups of physicians and public or private medical facilities certified pursuant to article twenty-eight or thirty-three of the public health law as part of a chemical dependence program which has been issued an operating certificate by the commissioner pursuant to subdivision (b) of section 32.09 of this article, provided, however, that such administration must be done in accordance with all applicable federal and state laws and regulations. Individual physicians or groups of physicians who have obtained authorization from the federal government to administer buprenorphine to addicts may do so without obtaining an operating certificate from the commissioner. (ii) No provision of this article or any other provision of law shall be construed to require a provider licensed pursuant to article twenty-eight of the public health law, article thirty-one of this chapter or a provider certified pursuant to article sixteen of this chapter to obtain an operating certificate from the office of ~~[alcoholism and substance abuse services]~~ addiction services and supports if such provider has been authorized to provide integrated services in accordance with regulations issued by the commissioner of ~~[alcoholism and substance abuse services]~~ addiction services and supports in consultation with the commissioner of the department of health, the commissioner of the office of mental health and the commissioner of the office for people with developmental disabilities, including regulations issued pursuant to subdivision seven of section three hundred sixty-five-1 of the social services law or part L of chapter fifty-six of the laws of two thousand twelve. Furthermore, except as provided in paragraph (d) of subdivision six of section three hundred sixty-four-m of the social services law, no provision of this article or any other provision of law shall be construed to limit the volume of addiction services that can be provided by comprehensive outpatient services centers, as defined in section three hundred sixty-four-m of the social services law.

§ 7. This act shall take effect January 1, 2022; provided, however, that the amendments to section 364-m of the social services law made by section two of this act shall not affect the repeal of such section and shall be deemed to repeal therewith. Effective immediately, the commissioner of the department of health, the commissioner of the office of mental health and the commissioner of the office of addiction services and supports are authorized to issue any rule or regulation necessary for the implementation of this act on or before its effective date.

PART EE

Section 1. Subdivision 10 of section 553 of the executive law is REPEALED.

§ 2. This act shall take effect April 1, 2021.

PART FF

1 Section 1. Subdivision 3 of section 2999-h of the public health law,
2 as amended by chapter 4 of the laws of 2017, is amended to read as
3 follows:

4 3. "Qualifying health care costs" means the future medical, hospital,
5 surgical, nursing, dental, rehabilitation, habilitation, respite, custo-
6 dial care provided in a residential health care facility, durable
7 medical equipment, home modifications, assistive technology, vehicle
8 modifications, transportation for purposes of health care related
9 appointments, prescription and non-prescription medications, and other
10 health care costs actually incurred for services rendered to and
11 supplies utilized by qualified plaintiffs, which are necessary to meet
12 their health care needs, as determined by their treating physicians,
13 physician assistants, or nurse practitioners and as otherwise defined by
14 the commissioner in regulation.

15 § 2. Subdivisions 2 and 4 of section 2999-j of the public health law,
16 subdivision 2 as amended by section 3 of part K of chapter 57 of the
17 laws of 2019 and subdivision 4 as amended by chapter 517 of the laws of
18 2016, are amended to read as follows:

19 2. (a) The provision of qualifying health care costs to qualified
20 plaintiffs shall not be subject to prior authorization, except as
21 described by the commissioner in regulation; provided, however:

22 [~~(a)~~] (i) such regulation shall not prevent qualified plaintiffs from
23 receiving care or assistance that would, at a minimum, be authorized
24 under the medicaid program;

25 [~~(b)~~] (ii) if any prior authorization is required by such regulation,
26 the regulation shall require that requests for prior authorization be
27 processed within a reasonably prompt period of time and shall identify a
28 process for prompt administrative review of any denial of a request for
29 prior authorization; and

30 [~~(c)~~] (iii) such regulations shall not prohibit qualifying health care
31 costs on the grounds that the qualifying health care cost may inci-
32 dentally benefit other members of the household, provided that whether
33 the qualifying health care cost primarily benefits the patient may be
34 considered.

35 (b) Under no circumstances shall a parent, or a guardian residing with
36 the enrollee, who is legally required to provide care and support to a
37 qualified plaintiff be approved as a provider of qualifying health care
38 costs reimbursable by the fund.

39 4. The amount of qualifying health care costs to be paid from the fund
40 shall be calculated on the basis of one hundred percent of the usual and
41 customary cost. For the purposes of this section, "usual and customary
42 costs" shall mean the eightieth percentile of all charges for the
43 particular health care service performed by a provider in the same or
44 similar specialty and provided in the same geographical area as reported
45 in a benchmarking database maintained by a nonprofit organization speci-
46 fied by the superintendent of financial services. If no such rates are
47 available qualifying health care costs shall be calculated on the basis
48 of no less than one hundred thirty percent of Medicaid or one hundred
49 percent of Medicare rates of reimbursement, whichever is higher. If no
50 such rate exists, costs shall be reimbursed as defined by the commis-
51 sioner in regulation.

52 § 3. This act shall take effect immediately and shall be deemed to
53 have been in full force and effect on and after April 1, 2021; provided,
54 however, that the amendments to subdivision 4 of section 2999-j of the
55 public health law made by section two of this act shall not affect the
56 expiration of such subdivision and shall be deemed to expire therewith.

1

PART GG

2 Section 1. Subdivision 1 of section 12 of the public health law, as
3 amended by section 16 of part A of chapter 58 of the laws of 2008, is
4 amended and a new paragraph (e) is added to read as follows:

5 1. (a) Except as provided in paragraphs (b) and (c) of this subdivi-
6 sion, any person who violates, disobeys or disregards any term or
7 provision of this chapter or of any lawful notice, order or regulation
8 pursuant thereto for which a civil penalty is not otherwise expressly
9 prescribed by law, shall be liable to the people of the state for a
10 civil penalty ~~[of]~~ not to exceed ~~[two]~~ ten thousand dollars for every
11 such violation.

12 (b) The penalty provided for in paragraph (a) of this subdivision may
13 be increased to an amount not to exceed ~~[five]~~ fifteen thousand dollars
14 for a subsequent violation if the person committed the same violation,
15 with respect to the same or any other person or persons, within twelve
16 months of the initial violation for which a penalty was assessed pursu-
17 ant to paragraph (a) of this subdivision and said violations were a
18 serious threat to the health and safety of an individual or individuals.

19 (c) The penalty provided for in paragraph (a) of this subdivision may
20 be increased to an amount not to exceed ~~[ten]~~ twenty-five thousand
21 dollars if the violation directly results in serious physical harm to
22 any patient or patients.

23 (d) Effective on and after April first, two thousand [eight] twenty-
24 one the comptroller is hereby authorized and directed to deposit amounts
25 collected in excess of [two] ten thousand dollars but less than fifteen
26 thousand dollars per violation to the patient safety center account to
27 be used for purposes of the patient safety center created by title two
28 of article twenty-nine-D of this chapter.

29 (e) Effective on and after April first, two thousand twenty-one,
30 amounts collected for violations of article twenty-eight, thirty-six, or
31 forty of this chapter equal to or in excess of fifteen thousand dollars
32 per violation may be used by the commissioner, notwithstanding section
33 one hundred twelve or one hundred sixty-three of the state finance law,
34 for initiatives that, in the discretion of the commissioner, are likely
35 to improve the quality of care or quality of life of patients or resi-
36 dents served by providers licensed pursuant to article twenty-eight,
37 thirty-six, or forty of this chapter. Such purposes may include, but are
38 not limited to, surveillance and inspection activities; activities
39 designed to improve the quality, performance and compliance of poorly
40 performing providers; training and education of provider staff; and
41 improving patient, resident, and consumer involvement in initiatives to
42 improve patient and resident quality of care or quality of life.

43 § 2. Subdivision 1 of section 12 of the public health law, as amended
44 by chapter 190 of the laws of 1990, is amended and four new paragraphs
45 (b), (c), (d) and (e) are added to read as follows:

46 1. [Any] (a) Except as provided in paragraphs (b) and (c) of this
47 subdivision, any person who violates, disobeys or disregards any term or
48 provision of this chapter or of any lawful notice, order or regulation
49 pursuant thereto for which a civil penalty is not otherwise expressly
50 prescribed by law, shall be liable to the people of the state for a
51 civil penalty ~~[of]~~ not to exceed ~~[two]~~ ten thousand dollars for every
52 such violation.

53 (b) The penalty provided for in paragraph (a) of this subdivision may
54 be increased to an amount not to exceed fifteen thousand dollars for a
55 subsequent violation if the person committed the same violation, with

1 respect to the same or any other person or persons, within twelve months
2 of the initial violation for which a penalty was assessed pursuant to
3 paragraph (a) of this subdivision and said violations were a serious
4 threat to the health and safety of an individual or individuals.

5 (c) The penalty provided for in paragraph (a) of this subdivision may
6 be increased to an amount not to exceed twenty-five thousand dollars if
7 the violation directly results in serious physical harm to any patient
8 or patients.

9 (d) Effective on and after April first, two thousand twenty-one the
10 comptroller is hereby authorized and directed to deposit amounts
11 collected in excess of ten thousand dollars but less than fifteen thou-
12 sand dollars per violation to the patient safety center account to be
13 used for purposes of the patient safety center created by title two of
14 article twenty-nine-D of this chapter.

15 (e) Effective on and after April first, two thousand twenty-one,
16 amounts collected for violations of article twenty-eight, thirty-six, or
17 forty of this chapter equal to or in excess of fifteen thousand dollars
18 per violation may be used by the commissioner, notwithstanding section
19 one hundred twelve or one hundred sixty-three of the state finance law,
20 for initiatives that, in the discretion of the commissioner, are likely
21 to improve the quality of care or quality of life of patients or resi-
22 dents served by providers licensed pursuant to article twenty-eight,
23 thirty-six, or forty of this chapter. Such purposes may include, but are
24 not limited to, surveillance and inspection activities; activities
25 designed to improve the quality, performance and compliance of poorly
26 performing providers; training and education of provider staff; and
27 improving patient, resident, and consumer involvement in initiatives to
28 improve patient and resident quality of care or quality of life.

29 § 3. Subdivision 2 of section 12-b of the public health law, as
30 amended by section 17 of part A of chapter 58 of the laws of 2008, is
31 amended to read as follows:

32 2. A person who wilfully violates any provision of this chapter, or
33 any regulation lawfully made or established by any public officer or
34 board under authority of this chapter, the punishment for violating
35 which is not otherwise prescribed by this chapter or any other law, is
36 punishable by imprisonment not exceeding one year, or by a fine not
37 exceeding [~~ten~~] twenty-five thousand dollars or by both. Effective on
38 and after April first, two thousand [~~eight~~] twenty-one the comptroller
39 is hereby authorized and directed to deposit amounts collected in excess
40 of [~~two~~] ten thousand dollars but less than fifteen thousand dollars per
41 violation to the patient safety center account to be used for purposes
42 of the patient safety center created by title two of article twenty-
43 nine-D of this chapter. Effective on and after April first, two thousand
44 twenty-one, amounts collected for violations of article twenty-eight,
45 thirty-six, or forty of this chapter equal to or in excess of fifteen
46 thousand dollars per violation may be used by the commissioner pursuant
47 to paragraph (e) of subdivision one of section twelve of this chapter.

48 § 4. Subdivision 2 of section 12-b of the public health law, as
49 amended by chapter 463 of the laws of 1969, is amended to read as
50 follows:

51 2. A person who wilfully violates any provision of this chapter, or
52 any regulation lawfully made or established by any public officer or
53 board under authority of this chapter, the punishment for violating
54 which is not otherwise prescribed by this chapter or any other law, is
55 punishable by imprisonment not exceeding one year, or by a fine not
56 exceeding [~~two~~] twenty-five thousand dollars or by both. Effective on

1 and after April first, two thousand twenty-one the comptroller is hereby
2 authorized and directed to deposit amounts collected in excess of ten
3 thousand dollars but less than fifteen thousand dollars per violation to
4 the patient safety center account to be used for purposes of the patient
5 safety center created by title two of article twenty-nine-D of this
6 chapter. Effective on and after April first, two thousand twenty-one,
7 amounts collected for violations of article twenty-eight, thirty-six, or
8 forty of this chapter equal to or in excess of fifteen thousand dollars
9 per violation may be used by the commissioner pursuant to paragraph (e)
10 of subdivision one of section twelve of this chapter.

11 § 5. Paragraph (c) of subdivision 4 of section 206 of the public
12 health law, as amended by chapter 602 of the laws of 2007, is amended to
13 read as follows:

14 (c) assess any penalty prescribed for a violation of or a failure to
15 comply with any term or provision of this chapter or of any lawful
16 notice, order or regulation pursuant thereto, not exceeding ~~[two]~~ twen-
17 ty-five thousand dollars for every such violation or failure, which
18 penalty may be assessed after a hearing or an opportunity to be heard;

19 § 6. The opening paragraph of subdivision 11 of section 2801-a of the
20 public health law, as amended by section 57 of part A of chapter 58 of
21 the laws of 2010, is amended and a new paragraph (e) is added to read as
22 follows:

23 Any person filing a proposed certificate of incorporation, articles of
24 organization or an application for establishment of a residential health
25 care facility for approval of the public health and health planning
26 council shall file with the commissioner such information ~~[on the owner-~~
27 ~~ship of the property interests in such facility as shall]~~ as may be
28 prescribed by regulation, including, but not limited to, the following:

29 (e) Information pertaining to staffing, the source of staffing, and
30 staff skill mix.

31 § 7. Section 2803-w of the public health law, as added by chapter 677
32 of the laws of 2019, is amended to read as follows:

33 § 2803-w. Independent quality monitors and quality improvement organ-
34 izations for residential health care facilities. 1. The department may
35 require a residential health care facility or group of residential
36 health care facilities to contract with an independent quality monitor
37 selected, and on reasonable terms determined, by the department, pursu-
38 ant to a selection process conducted notwithstanding ~~[sections]~~ section
39 one hundred twelve or one hundred sixty-three of the state finance law,
40 for purposes of monitoring the operator's compliance with a written and
41 mandatory corrective plan and reporting to the department on the imple-
42 mentation of such corrective action, when the department has determined
43 in its discretion that operational deficiencies exist at such facility
44 that show:

45 ~~[1-]~~ (a) a condition or conditions in substantial violation of the
46 standards for health, safety, or resident care established in law or
47 regulation that constitute a danger to resident health or safety;

48 ~~[2-]~~ (b) a pattern or practice of habitual violation of the standards
49 of health, safety, or resident care established in law or regulation; or

50 ~~[3-]~~ (c) any other condition dangerous to resident life, health, or
51 safety. Such written mandatory corrective plans shall include caps on
52 administrative and general costs that are unrelated to providing direct
53 care (including providing at least minimum staffing levels as determined
54 by the department) or care coordination.

55 2. Where, in two consecutive inspections, regardless of the timeframe
56 between such inspections, a residential health care facility has been

1 issued more than one statement of deficiencies citing violations of the
2 department's regulations concerning infection control, such residential
3 health care facility shall, at its own expense, contract with a quality
4 improvement organization, or such other independent quality monitor
5 selected by the department, to assess and resolve such facility's
6 infection control deficiencies, including establishing new infection
7 control policies and procedures in consultation with such organization.
8 The administrator, director of nursing, and medical director of such
9 residential health care facility shall work with and provide necessary
10 support, facility access, and information to such organization to effec-
11 tuate resolution of infection control deficiencies.

12 3. For the purposes of this section:

13 (a) "Quality improvement organization" shall mean an organization
14 operating with the purpose of improving healthcare quality for Medicare
15 beneficiaries, which has been designated by the United States Department
16 of Health and Human Services, Centers of Medicare and Medicaid Services
17 through the Quality Improvement Organization Program; and

18 (b) "Independent quality monitor" shall mean an organization, other
19 than a quality improvement organization, which has been selected by the
20 department pursuant to subdivision one or two of this section.

21 § 8. The public health law is amended by adding a new section 2828 to
22 read as follows:

23 § 2828. Residential health care facilities; excess revenue. 1.
24 Notwithstanding any law to the contrary, the department shall promulgate
25 regulations governing the disposition of revenue in excess of expenses
26 for residential health care facilities. Such regulations shall require
27 that a minimum of seventy percent of revenue be spent on direct resident
28 care, and that forty percent of revenue shall be spent on resident-fac-
29 ing staffing, provided that amounts spent on resident-facing staffing
30 shall be included as a part of amounts spent on direct resident care.
31 Beginning on and after January first, two thousand twenty-two, fifteen
32 percent of costs associated with resident-facing staffing that is
33 contracted out by a facility shall be deducted from the calculation of
34 the amount spent on resident-facing staffing and direct resident care.
35 Such regulations shall further include at a minimum that any residential
36 health care facility for which total operating revenue exceeds total
37 operating and non-operating expenses by more than five percent of total
38 operating and non-operating expenses, or that fails to spend the minimum
39 amount necessary to comply with the minimum spending standards for resi-
40 dent-facing staffing or direct resident care, calculated on an annual
41 basis, shall expend such excess revenue, or the difference between the
42 minimum spending requirement and the actual amount of spending on resi-
43 dent-facing staffing or direct care staffing, as the case may be, in a
44 manner to be determined by such regulations, by October first of the
45 following year. In the event any residential health care facility fails
46 to spend any excess revenue in the manner directed by such regulations
47 by October first of the following year, such excess revenue shall be
48 payable to the state by November first of such year. The department
49 shall collect such payments by methods including, but not limited to,
50 deductions or offsets from payments made pursuant to the Medicaid
51 program.

52 2. For the purposes of this section and section twenty-eight hundred
53 twenty-eight-a of this article, the following terms shall have the
54 following meanings:

1 (a) "Revenue" shall mean the total operating revenue from all payer
2 sources as reported in the residential health care facility cost reports
3 submitted to the department.

4 (b) "Expenses" shall include all operating and non-operating expenses,
5 before extraordinary gains, reported in cost reports submitted pursuant
6 to this section, except as expressly excluded by regulations and/or this
7 section. Such exclusions shall include, but not be limited to, any
8 related party transaction to the extent that the value of such trans-
9 action is greater than fair market value, and the payment of compen-
10 sation for employees who are not actively engaged in or providing
11 services at the facility.

12 (c) "Direct resident care" shall exclude, at a minimum and without
13 limitation, capital depreciation, rent and leases, fiscal services, and
14 administrative services.

15 (d) "Resident-facing staffing" shall include all staffing expenses in
16 the ancillary and program services categories on exhibit h of the resi-
17 dential health care reports as in effect on February fifteenth, two
18 thousand twenty-one; provided that the department may by regulation, or
19 by emergency regulation, adjust such staffing expenses to align with any
20 change to the residential health care reports.

21 § 8-a. The public health law is amended by adding a new section 2828-a
22 to read as follows:

23 § 2828-a. Excess revenues for management salaries. Within the amounts
24 prescribed by section twenty-eight hundred twenty-eight of this article,
25 a salary for any executive or managerial position which does not involve
26 direct resident care shall be limited by regulation by the department
27 based upon the number of beds for resident care at such facility. In any
28 event such salary shall not exceed two hundred fifty thousand dollars
29 annually. Provided further, notwithstanding any other law to the contra-
30 ry, a residential care facility shall not expend more than fifteen
31 percent of expenses on executive or managerial salaries, and the depart-
32 ment shall be authorized to promulgate regulations to effectuate this
33 section.

34 § 9. Section 2860 of the public health law is amended by adding three
35 new subdivisions 3, 4 and 5 to read as follows:

36 3. A company shall post maximum rates to be charged for facilities and
37 services, fixed pursuant to subdivision one of this section, on a
38 publicly accessible website. Such posting shall be updated on an annual
39 basis no later than April first of each year. Such posting shall detail
40 rates for each non-governmental payer source.

41 4. A company shall: (a) publicly list all owners on a website main-
42 tained by the facility and shall submit such list to the department for
43 posting on its website and update such information within thirty days of
44 any change or transaction affecting ownership; (b) publicly disclose on
45 such facility's website and regularly update the name and business
46 address of any landlord of such facility's premises; and (c) publicly
47 provide a summary of all contracts for provision of goods or services
48 for which such facility pays with any portion of Medicaid or Medicare
49 funds or other agreements entered into by the company on such facility's
50 website within thirty days of execution of such agreement or contract.

51 5. The commissioner may promulgate such regulations as may be deemed
52 necessary or appropriate to implement subdivisions three and four of
53 this section.

54 § 10. Subdivision 7 of section 460-d of the social services law, as
55 added by chapter 669 of the laws of 1977, paragraph (a) as amended by
56 chapter 719 of the laws of 1989, paragraph (b) as amended by chapter 524

1 of the laws of 1984, and paragraph 2 of paragraph (b) as amended by
2 chapter 733 of the laws of 1994, is amended to read as follows:

3 7. (a) The department shall adopt regulations establishing civil
4 penalties of up to [~~one~~] **ten** thousand dollars per day to be assessed
5 against all adult care facilities except facilities operated by a social
6 services district for violations of (i) regulations of the department
7 pertaining to the care of residents in such facilities, (ii) paragraph
8 (a) of subdivision three of section four hundred sixty-one-a of this
9 chapter, or (iii) an order issued pursuant to subdivision eight of this
10 section. The regulations shall specify the violations subject to penalty
11 and the amount of the penalty to be assessed in connection with each
12 such violation and shall specify that only civil penalties of up to
13 [~~one~~] **ten** thousand dollars per day per violation shall be assessed
14 pursuant to this paragraph against an adult care facility found respon-
15 sible for an act of retaliation or reprisal against any resident,
16 employee, or other person for having filed a complaint with or having
17 provided information to any long term care patient ombudsman functioning
18 in accordance with section five hundred forty-four or five hundred
19 forty-five of the executive law.

20 (b) [~~(1)~~] In addition to any other civil or criminal penalty provided
21 by law, the department shall have the power to assess civil penalties in
22 accordance with its regulations adopted pursuant to paragraph (a) of
23 this subdivision, after a hearing conducted in accordance with the
24 procedures established by regulations of the department. Such procedures
25 shall require that notice of the time and place of the hearing, together
26 with a statement of charges of violations, shall be served in person or
27 by certified mail addressed to the facility at least thirty days prior
28 to the date of the hearing. The statement of charges of violations shall
29 set forth the existence of the violations, the amount of penalty for
30 which it may become liable and the steps which must be taken to rectify
31 the violation and, where applicable, a statement that the department
32 contends that a penalty may be imposed under this paragraph regardless
33 of rectification. An answer to the charges of violations, in writing,
34 shall be filed with the department, not less than ten days prior to the
35 date of hearing. The answer shall notify the department of the facili-
36 ty's position with respect to each of the charges and shall include all
37 matters which if not disclosed in the answer would be likely to take the
38 department by surprise. The commissioner, or a member of his staff who
39 is designated and authorized by him to hold such hearing, may in his
40 discretion allow the facility to prove any matter not included in the
41 answer. [~~Where the facility satisfactorily demonstrates that it either~~
42 ~~had rectified the violations within thirty days of receiving written~~
43 ~~notification of the results of the inspection pursuant to section four~~
44 ~~hundred sixty-one-a of this chapter, or had submitted within thirty days~~
45 ~~an acceptable plan for rectification and was rectifying the violations~~
46 ~~in accordance with the steps and within the additional periods of time~~
47 ~~as accepted by the department in such plan, no penalty shall be imposed,~~
48 ~~except as provided in subparagraph two of this paragraph.~~

49 ~~(2) Rectification shall not preclude the assessment of a penalty if~~
50 ~~the department establishes at a hearing that a particular violation,~~
51 ~~although corrected, endangered or resulted in harm to any resident as~~
52 ~~the result of:~~

53 ~~(i) the total or substantial failure of the facility's fire detection~~
54 ~~or prevention systems, or emergency evacuation procedures prescribed by~~
55 ~~department safety standard regulations;~~

~~(ii) the retention of any resident who has been evaluated by the resident's physician as being medically or mentally unsuited for care in the facility or as requiring placement in a hospital or residential health care facility and for whom the operator is not making persistent efforts to secure appropriate placement;~~

~~(iii) the failure in systemic practices and procedures;~~

~~(iv) the failure of the operator to take actions as required by department regulations in the event of a resident's illness or accident;~~

~~(v) the failure of the operator to provide at all times supervision of residents by numbers of staff at least equivalent to the night staffing requirement set forth in department regulations; or~~

~~(vi) unreasonable threats of retaliation or taking reprisals, including but not limited to unreasonable threats of eviction or hospitalization against any resident, employee or other person who makes a complaint concerning the operation of an adult care facility, participates in the investigation of a complaint or is the subject of an action identified in a complaint.~~

~~The department shall specify in its regulations those regulations to which this subparagraph two shall apply.~~

~~(3) In assessing penalties pursuant to this paragraph, the department shall consider promptness of rectification, delay occasioned by the department, and the specific circumstances of the violations as mitigating factors.]~~

(c) Upon the request of the department, the attorney general may commence an action in any court of competent jurisdiction against any facility subject to the provisions of this section, and against any person or corporation operating such facility, for the recovery of any penalty assessed by the department in accordance with the provisions of this subdivision.

(d) Any such penalty assessed by the department may be released or compromised by the department before the matter has been referred to the attorney general, and where such matter has been referred to the attorney general, any such penalty may be released or compromised and any action commenced to recover the same may be settled and discontinued by the attorney general with the consent of the department.

§ 11. Paragraph (a) of subdivision 9 of section 460-d of the social services law, as amended by chapter 558 of the laws of 1999, is amended to read as follows:

(a) The department shall have authority to impose a civil penalty not exceeding ~~[one]~~ **ten** thousand dollars per day against, and to issue an order requiring the closing of, after notice and opportunity to be heard, any facility which does not possess a valid operating certificate issued by the department and is an adult care facility subject to the provisions of this article and the regulations of the department. A hearing shall be conducted in accordance with procedures established by department regulations which procedures shall require that notice of the determination that the facility is an adult care facility and the reasons for such determination and notice of the time and place of the hearing be served in person on the operator, owner or prime lessor, if any, or by certified mail, return receipt requested, addressed to such person and received at least twenty days prior to the date of the hearing. If such operator, owner or prime lessor, if any, is not known to the department, then service may be made by posting a copy thereof in a conspicuous place within the facility or by sending a copy thereof by certified mail, return receipt requested, addressed to the facility. A written answer to the notice of violation may be filed with the depart-

1 ment not less than five days prior to the date of the hearing. Demon-
2 stration by the facility that it possessed an operating certificate
3 issued pursuant to this article, article twenty-eight of the public
4 health law or article sixteen, twenty-three, thirty-one or thirty-two of
5 the mental hygiene law at the time the hearing was commenced shall
6 constitute a complete defense to any charges made pursuant to this
7 subdivision.

8 § 12. Subdivision (c) of section 122 of part E of chapter 56 of the
9 laws of 2013 amending the public health law relating to the general
10 public health work program, as amended by section 7 of part E of chapter
11 57 of the laws of 2019, is amended to read as follows:

12 (c) section fifty of this act shall take effect immediately [~~and shall~~
13 ~~expire nine years after it becomes law~~];

14 § 13. Subdivisions 2, 3, 5 and 6 of section 2806-a of the public
15 health law, as added by section 50 of part E of chapter 56 of the laws
16 of 2013, and paragraph (a) of subdivision 2 as amended by section 8 and
17 subparagraph (iii) of paragraph (c) of subdivision 5 as amended by
18 section 9 of part K of chapter 57 of the laws of 2015, are amended to
19 read as follows:

20 2. (a) In the event that: (i) a facility seeks extraordinary financial
21 assistance and the commissioner finds that the facility is experiencing
22 serious financial instability that is jeopardizing existing or continued
23 access to essential services within the community, or (ii) the commis-
24 sioner finds that there are conditions within the facility that [~~seri-~~
25 ~~ously~~] endanger the life, health or safety of residents or patients, the
26 commissioner may appoint a temporary operator to assume sole control and
27 sole responsibility for the operations of that facility, or (iii) the
28 commissioner finds that there has been an improper delegation of manage-
29 ment authority by the governing authority or operator of a general
30 hospital, the commissioner shall appoint a temporary operator to assume
31 sole control and sole responsibility for the operations of that facili-
32 ty. The appointment of the temporary operator shall be effectuated
33 pursuant to this section and shall be in addition to any other remedies
34 provided by law.

35 (b) The established operator of a facility may at any time request the
36 commissioner to appoint a temporary operator. Upon receiving such a
37 request, the commissioner may, if he or she determines that such an
38 action is necessary to restore or maintain the provision of quality care
39 to the residents or patients or alleviate the facility's financial
40 instability, enter into an agreement with the established operator for
41 the appointment of a temporary operator to assume sole control and sole
42 responsibility for the operations of that facility.

43 3. (a) A temporary operator appointed pursuant to this section shall,
44 prior to his or her appointment as temporary operator, provide the
45 commissioner with a work plan satisfactory to the commissioner to
46 address the facility's deficiencies and serious financial instability
47 and a schedule for implementation of such plan. A work plan shall not be
48 required prior to the appointment of the temporary operator [~~pursuant to~~
49 ~~clause (ii) of paragraph (a) of subdivision two of this section~~] if the
50 commissioner has determined that the immediate appointment of a tempo-
51 rary operator is necessary because public health or safety is in immi-
52 nent danger or there exists any condition or practice or a continuing
53 pattern of conditions or practices which poses imminent danger to the
54 health or safety of any patient or resident of the facility. Where such
55 immediate appointment has been found to be necessary, the temporary

1 operator shall provide the commissioner with a work plan satisfactory to
2 the commissioner as soon as practicable.

3 (b) The temporary operator shall use his or her best efforts to imple-
4 ment the work plan provided to the commissioner, if applicable, and to
5 correct or eliminate any deficiencies or financial instability in the
6 facility and to promote the quality and accessibility of health care
7 services in the community served by the facility. Such correction or
8 elimination of deficiencies or serious financial instability shall not
9 include major alterations of the physical structure of the facility.
10 During the term of his or her appointment, the temporary operator shall
11 have the sole authority to direct the management of the facility in all
12 aspects of operation and shall be afforded full access to the accounts
13 and records of the facility. The temporary operator shall, during this
14 period, operate the facility in such a manner as to promote safety and
15 the quality and accessibility of health care services or residential
16 care in the community served by the facility. The temporary operator
17 shall have the power to let contracts therefor or incur expenses on
18 behalf of the facility, provided that where individual items of repairs,
19 improvements or supplies exceed ten thousand dollars, the temporary
20 operator shall obtain price quotations from at least three reputable
21 sources. The temporary operator shall not be required to file any bond.
22 No security interest in any real or personal property comprising the
23 facility or contained within the facility, or in any fixture of the
24 facility, shall be impaired or diminished in priority by the temporary
25 operator. Neither the temporary operator nor the department shall engage
26 in any activity that constitutes a confiscation of property without the
27 payment of fair compensation.

28 5. (a) The initial term of the appointment of the temporary operator
29 shall not exceed one hundred eighty days. After one hundred eighty days,
30 if the commissioner determines that termination of the temporary opera-
31 tor would cause significant deterioration of the quality of, or access
32 to, health care or residential care in the community or that reappoint-
33 ment is necessary to correct the conditions within the facility that
34 [seriously] endanger the life, health or safety of residents or
35 patients, or the financial instability that required the appointment of
36 the temporary operator, the commissioner may authorize up to two addi-
37 tional ninety-day terms.

38 (b) Upon the completion of the two ninety-day terms referenced in
39 paragraph (a) of this subdivision,

40 (i) if the established operator is the debtor in a bankruptcy proceed-
41 ing, and the commissioner determines that the temporary operator
42 requires additional terms to operate the facility during the pendency of
43 the bankruptcy proceeding and to carry out any plan resulting from the
44 proceeding, the commissioner may reappoint the temporary operator for
45 additional ninety-day terms until the termination of the bankruptcy
46 proceeding, provided that the commissioner shall provide for notice and
47 a hearing as set forth in subdivision six of this section; or

48 (ii) if the established operator requests the reappointment of the
49 temporary operator, the commissioner may reappoint the temporary opera-
50 tor for one additional ninety-day term, pursuant to an agreement between
51 the established operator, the temporary operator and the department.

52 (c) Within fourteen days prior to the termination of each term of the
53 appointment of the temporary operator, the temporary operator shall
54 submit to the commissioner and to the established operator a report
55 describing:

1 (i) the actions taken during the appointment to address such deficiencies and financial instability,

2 (ii) objectives for the continuation of the temporary operatorship if necessary and a schedule for satisfaction of such objectives,

3 (iii) recommended actions for the ongoing operation of the facility subsequent to the term of the temporary operator including recommendations regarding the proper management of the facility and ongoing agreements with individuals or entities with proper delegation of management authority; and

4 (iv) with respect to the first ninety-day term referenced in paragraph (a) of this subdivision, a plan for sustainable operation to avoid closure, or transformation of the facility which may include any option permissible under this chapter or the social services law and implementing regulations thereof. The report shall reflect best efforts to produce a full and complete accounting.

5 (d) The term of the initial appointment and of any subsequent reappointment may be terminated prior to the expiration of the designated term, if the established operator and the commissioner agree on a plan of correction and the implementation of such plan.

6 6. (a) The commissioner, upon making a determination to appoint a temporary operator pursuant to paragraph (a) of subdivision two of this section shall, prior to the commencement of the appointment, cause the established operator of the facility to be notified of the determination by registered or certified mail addressed to the principal office of the established operator. Such notification shall include a detailed description of the findings underlying the determination to appoint a temporary operator, and the date and time of a required meeting with the commissioner and/or his or her designee within ten business days of the date of such notice. At such meeting, the established operator shall have the opportunity to review and discuss all relevant findings. At such meeting or within ten additional business days, the commissioner and the established operator shall attempt to develop a mutually satisfactory plan of correction and schedule for implementation. In the event such plan of correction is agreed upon, the commissioner shall notify the established operator that the commissioner no longer intends to appoint a temporary operator. A meeting shall not be required prior to the appointment of the temporary operator ~~pursuant to clause (ii) of paragraph (a) of subdivision two of this section~~ if the commissioner has determined that the immediate appointment of a temporary operator is necessary because public health or safety is in imminent danger or there exists any condition or practice or a continuing pattern of conditions or practices which poses imminent danger to the health or safety of any patient or resident of the facility. Where such immediate appointment has been found to be necessary, the commissioner shall provide the established operator with a notice as required under this paragraph on the date of the appointment of the temporary operator.

7 (b) Should the commissioner and the established operator be unable to establish a plan of correction pursuant to paragraph (a) of this subdivision, or should the established operator fail to respond to the commissioner's initial notification, a temporary operator shall be appointed as soon as is practicable and shall operate pursuant to the provisions of this section.

8 (c) The established operator shall be afforded an opportunity for an administrative hearing on the commissioner's determination to appoint a temporary operator. Such administrative hearing shall occur prior to such appointment, except that the hearing shall not be required prior to

1 the appointment of the temporary operator [~~pursuant to clause (ii) of~~
2 ~~paragraph (a) of subdivision two of this section~~] if the commissioner
3 has determined that the immediate appointment of a temporary operator is
4 necessary because public health or safety is in imminent danger or there
5 exists any condition or practice or a continuing pattern of conditions
6 or practices which poses imminent danger to the health or safety of any
7 patient or resident of the facility. An administrative hearing as
8 provided for under this paragraph shall begin no later than sixty days
9 from the date of the notice to the established operator and shall not be
10 extended without the consent of both parties. Any such hearing shall be
11 strictly limited to the issue of whether the determination of the
12 commissioner to appoint a temporary operator is supported by substantial
13 evidence. A copy of the decision shall be sent to the established opera-
14 tor.

15 (d) The commissioner shall, upon making a determination to reappoint a
16 temporary operator for the first of an additional ninety-day term pursu-
17 ant to paragraph (a) of subdivision five of this section, cause the
18 established operator of the facility to be notified of the determination
19 by registered or certified mail addressed to the principal office of the
20 established operator. If the commissioner determines that additional
21 reappointments pursuant to subparagraph (i) of paragraph (b) of subdivi-
22 sion five of this section are required, the commissioner shall again
23 cause the established operator of the facility to be notified of such
24 determination by registered or certified mail addressed to the principal
25 office of the established operator at the commencement of the first of
26 every two additional terms. Upon receipt of such notification at the
27 principal office of the established operator and before the expiration
28 of ten days thereafter, the established operator may request an adminis-
29 trative hearing on the determination to begin no later than sixty days
30 from the date of the reappointment of the temporary operator. Any such
31 hearing shall be strictly limited to the issue of whether the determi-
32 nation of the commissioner to reappoint the temporary operator is
33 supported by substantial evidence.

34 § 14. Section 2810 of the public health law is amended by adding a new
35 subdivision 2-a to read as follows:

36 2-a. Notwithstanding any other law to the contrary, the commissioner
37 may appoint an emergency receiver, upon no less than twenty-four hours'
38 notice to the operator of a facility, upon a determination that public
39 health or safety is in imminent danger or that there exists any condi-
40 tion or practice or a continuing pattern of conditions or practices that
41 poses imminent danger to the health or safety of any patient or resident
42 of such facility. Such an emergency receiver shall serve until a final
43 determination has been made upon an order to show cause filed in accord-
44 ance with subdivision two of this section; provided, however, that an
45 application for such an order shall be made to the supreme court within
46 thirty days of the appointment of such emergency receiver.

47 § 15. Severability. If any provision of this act, or any application
48 of any provision of this act, is held to be invalid, that shall not
49 affect the validity or effectiveness of any other provision of this act
50 or any other application of any provision of this act.

51 § 16. This act shall take effect on the one hundred eightieth day
52 after it shall have become a law; provided that the amendments to subdivi-
53 sion 1 of section 12 of the public health law made by section one of
54 this act shall be subject to the expiration and reversion of such subdivi-
55 sion pursuant to section 32 of part A of chapter 58 of the laws of
56 2008, as amended, when upon such date the provisions of section two of

1 this act shall take effect; and provided further that the amendments to
2 subdivision 2 of section 12-b of the public health law made by section
3 three of this act shall be subject to the expiration and reversion of
4 such subdivision pursuant to section 32 of part A of chapter 58 of the
5 laws of 2008, as amended, when upon such date the provisions of section
6 four of this act shall take effect. Effective immediately, the addition,
7 amendment and/or repeal of any rule, regulation, or emergency regulation
8 necessary for the implementation of this act on its effective date are
9 authorized to be made and completed on or before such effective date.

10

PART HH

11 Section 1. Subdivision 3 of section 450 of the executive law, as added
12 by chapter 588 of the laws of 1981, is amended to read as follows:

13 3. (a) The ~~[membership of the developmental disabilities planning~~
14 ~~council shall at all times include representatives of the principal~~
15 ~~state agencies, higher education training facilities,]~~ following people
16 shall serve as ex officio members of the council:

17 (i) the head of any state agency that administers funds provided under
18 federal laws related to individuals with disabilities, or such person's
19 designee;

20 (ii) the head of any university center for excellence in developmental
21 disabilities, or such person's designee; and

22 (iii) the head of the state's protection and advocacy system, or such
23 person's designee.

24 (b) The membership of the developmental disabilities planning council
25 shall also include local agencies, and non-governmental agencies and
26 groups concerned with services to persons with developmental disabili-
27 ties in New York state[~~7~~].

28 ~~[(b)] (c)~~ At least ~~[one-half]~~ sixty percent of the ~~[membership]~~
29 members appointed by the governor shall consist of[~~+~~

30 ~~(i)]~~ developmentally disabled persons or their parents or guardians or
31 of immediate relatives or guardians of persons with ~~[mentally impairing]~~
32 developmental disabilities[~~7~~].

33 ~~[(ii) these]~~ (i) These members may not be employees of a state agency
34 receiving funds or providing services under the federal developmental
35 disabilities assistance act or have a managerial, proprietary or
36 controlling interest in an entity which receives funds or provides
37 services under such act,

38 ~~[(iii) at]~~ (ii) At least one-third of these members shall be develop-
39 mentally disabled,

40 ~~[(iv) at]~~ (iii) At least one-third of these members shall be immediate
41 relatives or guardians of persons with ~~[mentally impairing]~~ develop-
42 mental disabilities, and

43 ~~[(v) at]~~ (iv) At least one member shall be an immediate relative or
44 guardian of an institutionalized developmentally disabled person[~~7~~

45 ~~(e) The membership may include some or all of the members of the advi-~~
46 ~~sory council on mental retardation and developmental disabilities].~~

47 § 2. This act shall take effect immediately.

48 § 2. Severability clause. If any clause, sentence, paragraph, subdivi-
49 sion, section or part of this act shall be adjudged by any court of
50 competent jurisdiction to be invalid, such judgment shall not affect,
51 impair, or invalidate the remainder thereof, but shall be confined in
52 its operation to the clause, sentence, paragraph, subdivision, section
53 or part thereof directly involved in the controversy in which such judg-
54 ment shall have been rendered. It is hereby declared to be the intent of

1 the legislature that this act would have been enacted even if such
2 invalid provisions had not been included herein.

3 § 3. This act shall take effect immediately provided, however, that
4 the applicable effective date of Parts A through HH of this act shall be
5 as specifically set forth in the last section of such Parts.