

S. 2809

A. 4009

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

February 1, 2011

IN SENATE -- A BUDGET BILL, submitted by the Governor pursuant to article seven of the Constitution -- read twice and ordered printed, and when printed to be committed to the Committee on Finance

IN ASSEMBLY -- A BUDGET BILL, submitted by the Governor pursuant to article seven of the Constitution -- read once and referred to the Committee on Ways and Means

AN ACT to amend the elder law, in relation to Medicare part D; to amend the public health law and the insurance law, in relation to early intervention services; to amend the public health law and the elder law, in relation to creating local competitive performance grant programs for priority health initiatives and initiatives in aging; to amend the public health law, in relation to tobacco control and insurance initiatives pool distributions; to amend the public health law, in relation to clinical laboratories; to amend the public health law, in relation to distribution of HEAL NY capital grants; to amend section 32 of part A of chapter 58 of the laws of 2008, amending the elder law and other laws relating to reimbursement to particular provider pharmacies and prescription drug coverage, in relation to the effectiveness thereof; to amend section 4 of part X2 of chapter 62 of the laws of 2003, amending the public health law relating to allowing for the use of funds of the office of professional medical conduct for activities of the patient health information and quality improvement act of 2000, in relation to the effectiveness thereof; to amend paragraph b of subdivision 1 of section 76 of chapter 731 of the laws of 1993, amending the public health law and other laws relating to reimbursement, delivery and capital costs of ambulatory health care services and inpatient hospital services, in relation to the effectiveness thereof; to amend section 4 of chapter 505 of the laws of 1995, amending the public health law relating to the operation of department of health facilities, in relation to the effectiveness thereof; to amend section 3 of chapter 303 of the laws of 1999, amending the New York state medical care facilities finance agency act relating to financing health facilities, in relation to the effectiveness thereof; to repeal subdivisions 4 and 5 of section 2545 of the public health law, relating to IFSP; to repeal paragraph (b) of subdivision 2 of section 605 of the public health law, relating to state

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

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aid for basic services; to repeal subdivision 2, and paragraphs (c), (d) and (g) of subdivision 3 of section 242 of the elder law, relating to eligibility for comprehensive coverage for elderly pharmaceutical insurance; to repeal section 244 of the elder law, relating to the elderly pharmaceutical insurance coverage panel; to repeal subdivisions 1, 2 and 4 of section 247 of the elder law, relating to cost-sharing responsibilities of participants in the elderly pharmaceutical insurance coverage program; and to repeal section 248 of the elder law, relating to cost-sharing responsibilities of participants in the elderly catastrophic insurance program (Part A); to amend the public health law, in relation to rates of payment and medical assistance; and to amend chapter 58 of the laws of 2009, amending the public health law and other laws relating to Medicaid reimbursements to residential health care facilities, in relation to adjustments to Medicaid ratio of payment for inpatient services (Part B); to amend the New York Health Care Reform Act of 1996, in relation to extending certain provisions relating thereto; to amend the New York Health Care Reform Act of 2000, in relation to extending the effectiveness of provisions thereof; to amend the public health law, in relation to the distribution of pool allocations and graduate medical education; to amend chapter 62 of the laws of 2003 amending the general business law and other laws relating to enacting major components necessary to implement the state fiscal plan for the 2003-04 state fiscal year, in relation to the deposit of certain funds; to amend the public health law, in relation to health care initiative pool distributions; to amend the public authorities law, in relation to the transfer of certain funds; to amend the social services law, in relation to extending payment provisions for general hospitals; to amend chapter 600 of the laws of 1986 amending the public health law relating to the development of pilot reimbursement programs for ambulatory care services, in relation to the effectiveness of such chapter; to amend chapter 520 of the laws of 1978 relating to providing for a comprehensive survey of health care financing, education and illness prevention and creating councils for the conduct thereof, in relation to extending the effectiveness of portions thereof; to amend the public health law, in relation to extending access to community health care services in rural areas; to amend the public health law, in relation to continuing the priority restoration adjustment; to amend chapter 266 of the laws of 1986 amending the civil practice law and rules and other laws relating to malpractice and professional medical conduct, in relation to extending the applicability of certain provisions thereof; to amend the insurance law, in relation to liquidation of domestic insurers; to amend chapter 63 of the laws of 2001 amending chapter 20 of the laws of 2001 amending the military law and other laws relating to making appropriations for the support of government, in relation to extending the applicability of certain provisions thereof; to amend chapter 904 of the laws of 1984, amending the public health law and the social services law relating to encouraging comprehensive health services, in relation to the effectiveness thereof; to amend the social services law and the public health law, in relation to rates of payment for personal care service providers, residential health care facilities and diagnostic and treatment centers; and to amend chapter 495 of the laws of 2004 amending the insurance law and the public health law relating to the New York state health insurance continuation assistance demonstration project, in relation to the effectiveness of such provisions (Part C); to amend the public health law, in relation to

payments to residential health care facilities; to amend chapter 474 of the laws of 1996, amending the education law and other laws relating to rates for residential healthcare facilities, in relation to reimbursements; to amend chapter 884 of the laws of 1990, amending the public health law relating to authorizing bad debt and charity care allowances for certified home health agencies, in relation to the effectiveness thereof; to amend chapter 81 of the laws of 1995, amending the public health law and other laws relating to medical reimbursement and welfare reform, in relation to reimbursements and the effectiveness thereof; to amend the public health law, in relation to capital related inpatient expenses; to amend part C of chapter 58 of the laws of 2007, amending the social services law and other laws relating to enacting the major components of legislation necessary to implement the health and mental hygiene budget for the 2007-2008 state fiscal year, in relation to rates of payment by state governmental agencies; to amend chapter 451 of the laws of 2007, amending the public health law, the social services law and the insurance law, relating to providing enhanced consumer and provider protections, in relation to extending the effectiveness of certain provisions thereof; to amend the public health law, in relation to rates of payment for long term home health care programs; to amend chapter 2 of the laws of 1998, amending the public health law and other laws relating to expanding the child health insurance plan, in relation to the effectiveness of certain provisions thereof; to amend chapter 649 of the laws of 1996, amending the public health law, the mental hygiene law and the social services law relating to authorizing the establishment of special needs plans, in relation to the effectiveness thereof; to amend chapter 58 of the laws of 2008, amending the social services law and the public health law relating to adjustments of rates, in relation to the effectiveness of certain provisions thereof; to amend chapter 535 of the laws of 1983, amending the social services law relating to eligibility of certain enrollees for medical assistance, in relation to the effectiveness thereof; to amend chapter 19 of the laws of 1998, amending the social services law relating to limiting the method of payment for prescription drugs under the medical assistance program, in relation to the effectiveness thereof; to amend chapter 710 of the laws of 1988, amending the social services law and the education law relating to medical assistance eligibility of certain persons and providing for managed medical care demonstration programs, in relation to the effectiveness thereof; to amend chapter 165 of the laws of 1991, amending the public health law and other laws relating to establishing payments for medical assistance, in relation to the effectiveness thereof; to repeal certain provisions of the public health law relating to capital related inpatient expenses; and to repeal certain provisions of chapter 41 of the laws of 1992, amending the public health law and other laws relating to health care providers relating to the effectiveness of certain provisions thereof (Part D); to amend the social services law, in relation to suspension of eligibility for medical assistance (Part E); to amend chapter 57 of the laws of 2006, relating to establishing a cost of living adjustment for designated human services programs, in relation to foregoing such adjustment during the 2011-2012 state fiscal year (Part F); and to amend the mental hygiene law, in relation to the closure and the reduction in size of certain facilities serving persons with mental illness; and to repeal certain provisions of such law relating thereto (Part G)

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

1 Section 1. This act enacts into law major components of legislation
2 which are necessary to implement the state fiscal plan for the 2011-2012
3 state fiscal year. Each component is wholly contained within a Part
4 identified as Parts A through G. The effective date for each particular
5 provision contained within such Part is set forth in the last section of
6 such Part. Any provision in any section contained within a Part, includ-
7 ing the effective date of the Part, which makes a reference to a section
8 "of this act", when used in connection with that particular component,
9 shall be deemed to mean and refer to the corresponding section of the
10 Part in which it is found. Section three of this act sets forth the
11 general effective date of this act.

12 PART A

13 Section 1. Paragraph (f) of subdivision 3 of section 242 of the elder
14 law, as added by section 3 of part B of chapter 58 of the laws of 2007,
15 is amended to read as follows:

16 (f) As a condition of continued eligibility for benefits under this
17 title, if a program participant is eligible for Medicare part D drug
18 coverage under section 1860D of the federal social security act, the
19 participant is required to enroll in Medicare part D at the first avail-
20 able enrollment period and to maintain such enrollment. This requirement
21 shall be waived if such enrollment would result in significant addi-
22 tional financial liability by the participant, including, but not limit-
23 ed to, individuals in a Medicare advantage plan whose cost sharing would
24 be increased, or if such enrollment would result in the loss of any
25 health coverage through a union or employer plan for the participant,
26 the participant's spouse or other dependent. [The elderly pharmaceu-
27 tical insurance coverage program shall provide premium assistance for
28 all participants enrolled in Medicare part D as follows:

29 (i) for participants with comprehensive coverage under section two
30 hundred forty-seven of this title, the elderly pharmaceutical insurance
31 coverage program shall pay for the portion of the part D monthly premium
32 that is the responsibility of the participant. Such payment shall be
33 limited to the low-income benchmark premium amount established by the
34 federal centers for Medicare and Medicaid services and any other amount
35 which such agency establishes under its de minimus premium policy,
36 except that such payments made on behalf of participants enrolled in a
37 Medicare advantage plan may exceed the low-income benchmark premium
38 amount if determined to be cost effective to the program.

39 (ii) for participants with catastrophic coverage under section two
40 hundred forty-eight of this title, the elderly pharmaceutical insurance
41 coverage program shall credit the participant's annual personal covered
42 drug expenditure amount required under this title by an amount equal to
43 the annual low-income benchmark premium amount established by the
44 centers for Medicare and Medicaid services, prorated for the remaining
45 portion of the participant's elderly pharmaceutical insurance coverage
46 program coverage period. The elderly pharmaceutical insurance coverage
47 program shall, at appropriate times, notify participants with
48 catastrophic coverage under section two hundred forty-seven of this
49 title of their right to coordinate the annual coverage period with that
50 of Medicare part D, along with the possible advantages and disadvantages
51 of doing so.]

1 S 2. Subdivision 6 of section 241 of the elder law is amended and two
2 new subdivisions 8 and 9 are added to read as follows:

3 6. "Annual coverage period" shall mean the period of twelve consec-
4 utive calendar months for which an eligible program participant has met
5 the [application fee or deductible requirements, as the case may be, of
6 sections two hundred forty-seven and two hundred forty-eight] REQUIRE-
7 MENTS OF SECTION TWO HUNDRED FORTY-TWO of this title.

8 8. "COVERAGE GAP PERIOD" SHALL MEAN THE PERIOD BETWEEN THE END OF THE
9 MEDICARE PART D INITIAL COVERAGE PHASE AND THE START OF MEDICARE PART D
10 CATASTROPHIC COVERAGE.

11 9. "MEDICARE PART D EXCLUDED DRUG CLASSES" SHALL MEAN ANY DRUGS OR
12 CLASSES OF DRUGS, OR THEIR MEDICAL USES, WHICH ARE DESCRIBED IN SECTION
13 1927(D)(2) OR 1927(D)(3) OF THE FEDERAL SOCIAL SECURITY ACT, WITH THE
14 EXCEPTION OF SMOKING CESSATION AGENTS.

15 S 3. Subdivision 1 of section 242 of the elder law, paragraph (b) as
16 amended by section 14 of part B of chapter 57 of the laws of 2006, is
17 amended to read as follows:

18 1. Persons eligible for [comprehensive] coverage under [section two
19 hundred forty-seven of] this title shall include:

20 (a) any unmarried resident who is at least sixty-five years of age,
21 WHO IS ENROLLED IN MEDICARE PART D, and whose income for the calendar
22 year immediately preceding the effective date of the annual coverage
23 period beginning on or after January first, two thousand five, is less
24 than or equal to [twenty] THIRTY-FIVE thousand dollars. After the
25 initial determination of eligibility, each eligible individual must be
26 redetermined eligible at least every twenty-four months; and

27 (b) any married resident who is at least sixty-five years of age, WHO
28 IS ENROLLED IN MEDICARE PART D, and whose income for the calendar year
29 immediately preceding the effective date of the annual coverage period
30 when combined with the income in the same calendar year of such married
31 person's spouse beginning on or after January first, two thousand one,
32 is less than or equal to [twenty-six] FIFTY thousand dollars. After the
33 initial determination of eligibility, each eligible individual must be
34 redetermined eligible at least every twenty-four months.

35 S 3-a. Subdivision 2 of section 242 of the elder law is REPEALED.

36 S 3-b. Paragraph (c) of subdivision 3 of section 242 of the elder law
37 is REPEALED and a new paragraph (c) is added to read as follows:

38 (C) FOR PERSONS WHO MEET THE ELIGIBILITY REQUIREMENTS TO PARTICIPATE
39 IN THE ELDERLY PHARMACEUTICAL INSURANCE COVERAGE PROGRAM, THE PROGRAM
40 WILL PAY FOR A DRUG COVERED BY THE PERSON'S MEDICARE PART D PLAN OR A
41 DRUG IN A MEDICARE PART D EXCLUDED DRUG CLASS, AS DEFINED IN SUBDIVISION
42 NINE OF SECTION TWO HUNDRED FORTY-ONE OF THIS TITLE, DURING THE COVERAGE
43 GAP, AS DEFINED IN SUBDIVISION EIGHT OF SECTION TWO HUNDRED FORTY-ONE OF
44 THIS TITLE, PROVIDED THAT SUCH DRUG IS A COVERED DRUG, AS DEFINED IN
45 SUBDIVISION ONE OF SECTION TWO HUNDRED FORTY-ONE OF THIS TITLE, AND THAT
46 THE PARTICIPANT COMPLIES WITH THE POINT OF SALE CO-PAYMENT REQUIREMENTS
47 SET FORTH IN SECTION TWO HUNDRED FORTY-SEVEN OF THIS TITLE.

48 S 3-c. Paragraph (d) of subdivision 3 of section 242 of the elder law
49 is REPEALED.

50 S 3-d. Paragraphs (e) and (f) of subdivision 3 of section 242 of the
51 elder law, paragraph (e) as amended by section 112 of part C of chapter
52 58 of the laws of 2009, paragraph (f) as added by section 3 of part B of
53 chapter 58 of the laws of 2007, are amended to read as follows:

54 (e) As a condition of [continued] eligibility for benefits under this
55 title, if a program participant's income indicates that the participant
56 could be eligible for an income-related subsidy under section 1860D-14

1 of the federal social security act by either applying for such subsidy
2 or by enrolling in a medicare savings program as a qualified medicare
3 beneficiary (QMB), a specified low-income medicare beneficiary (SLMB),
4 or a qualifying individual (QI), a program participant is required to
5 provide, and to authorize the elderly pharmaceutical insurance coverage
6 program to obtain, any information or documentation required to estab-
7 lish the participant's eligibility for such subsidy, and to authorize
8 the elderly pharmaceutical insurance coverage program to apply on behalf
9 of the participant for the subsidy or the medicare savings program. The
10 elderly pharmaceutical insurance coverage program shall make a reason-
11 able effort to notify the program participant of his or her need to
12 provide any of the above required information. After a reasonable effort
13 has been made to contact the participant, a participant shall be noti-
14 fied in writing that he or she has sixty days to provide such required
15 information. If such information is not provided within the sixty day
16 period, the participant's coverage may be terminated.

17 (f) As a condition of [continued] eligibility for benefits under this
18 title, [if] a program participant is [eligible for Medicare part D drug
19 coverage under section 1860D of the federal social security act, the
20 participant is] required to [enroll] BE ENROLLED in Medicare part D [at
21 the first available enrollment period] and to maintain such enrollment.
22 [This requirement shall be waived if such enrollment would result in
23 significant additional financial liability by the participant, includ-
24 ing, but not limited to, individuals in a Medicare advantage plan whose
25 cost sharing would be increased, or if such enrollment would result in
26 the loss of any health coverage through a union or employer plan for the
27 participant, the participant's spouse or other dependent. The elderly
28 pharmaceutical insurance coverage program shall provide premium assist-
29 ance for all participants enrolled in Medicare part D as follows:

30 (i) for participants with comprehensive coverage under section two
31 hundred forty-seven of this title, the elderly pharmaceutical insurance
32 coverage program shall pay for the portion of the part D monthly premium
33 that is the responsibility of the participant. Such payment shall be
34 limited to the low-income benchmark premium amount established by the
35 federal centers for Medicare and Medicaid services and any other amount
36 which such agency establishes under its de minimus premium policy,
37 except that such payments made on behalf of participants enrolled in a
38 Medicare advantage plan may exceed the low-income benchmark premium
39 amount if determined to be cost effective to the program.

40 (ii) for participants with catastrophic coverage under section two
41 hundred forty-eight of this title, the elderly pharmaceutical insurance
42 coverage program shall credit the participant's annual personal covered
43 drug expenditure amount required under this title by an amount equal to
44 the annual low-income benchmark premium amount established by the
45 centers for Medicare and Medicaid services, prorated for the remaining
46 portion of the participant's elderly pharmaceutical insurance coverage
47 program coverage period. The elderly pharmaceutical insurance coverage
48 program shall, at appropriate times, notify participants with
49 catastrophic coverage under section two hundred forty-seven of this
50 title of their right to coordinate the annual coverage period with that
51 of Medicare part D, along with the possible advantages and disadvantages
52 of doing so.]

53 S 3-e. Paragraph (g) of subdivision 3 of section 242 of the elder law
54 is REPEALED.

1 S 3-f. Paragraph (h) of subdivision 3 of section 242 of the elder law,
2 as added by section 3 of part B of chapter 58 of the laws of 2007, is
3 amended to read as follows:

4 (h) [In order to maximize prescription drug coverage under Medicare
5 part D, the] THE elderly pharmaceutical insurance coverage program is
6 authorized to represent program participants under this title [in the
7 pursuit of such] WITH RESPECT TO THEIR MEDICARE PART D coverage. [Such
8 representation shall not result in any additional financial liability on
9 behalf of such program participants and shall include, but not be limit-
10 ed to, the following actions:

11 (i) application for the premium and cost-sharing subsidies on behalf
12 of eligible program participants;

13 (ii) enrollment in a prescription drug plan or MA-PD plan; the elderly
14 pharmaceutical insurance coverage program shall provide program partic-
15 ipants with prior written notice of, and the opportunity to decline such
16 facilitated enrollment subject, however, to the provisions of paragraph
17 (f) of this subdivision;

18 (iii) pursuit of appeals, grievances, or coverage determinations.]

19 S 3-g. Section 243 of the elder law is amended to read as follows:

20 S 243. Pharmaceutical insurance contract. 1. The [elderly pharmaceu-
21 tical insurance coverage panel, established pursuant to section two
22 hundred forty-four of this title] COMMISSIONER OF HEALTH shall, subject
23 to the approval of the director of the budget, enter into a contract
24 with one or more contractors to assist in carrying out the provisions of
25 this title. Such contractual arrangements shall be made subject to a
26 competitive process pursuant to the state finance law and shall ensure
27 that state payments for the contractor's necessary and legitimate
28 expenses for the administration of this program are limited to the
29 amount specified in advance, and that such payments shall not exceed the
30 amount appropriated therefor in any fiscal year. The [panel] COMMISSION-
31 ER shall[, at each of its regularly scheduled meetings,] review the
32 contract pricing provisions to assure that the level of contract
33 payments are in the best interest of the state, giving consideration to
34 the total level of participant enrollment achieved, the volume of claims
35 processed, and such other factors as may be relevant in order to contain
36 state expenditures. In the event that the [panel] COMMISSIONER deter-
37 mines that the contract payment provisions do not protect the interest
38 of the state, the [executive director] COMMISSIONER shall initiate
39 contract negotiations for the purpose of modifying contract payments
40 and/or scope requirements.

41 2. The responsibilities of the contractor or contractors shall
42 include, but need not be limited to:

43 (a) providing for a method of determining, on an annual basis and upon
44 their application therefor, the eligibility of persons pursuant to
45 section two hundred forty-two of this title within a reasonable period
46 of time, including alternative methods for such determination of eligi-
47 bility, such as through the mail or home visits, where reasonable and/or
48 necessary, and for notifying applicants of such eligibility determi-
49 nations;

50 (b) notifying each eligible program participant in writing upon the
51 commencement of the annual coverage period of such participant's cost-
52 sharing responsibilities pursuant to [sections] SECTION two hundred
53 forty-seven [and two hundred forty-eight] of this title. The contractor
54 shall also notify each eligible program participant of any adjustment of
55 the co-payment schedule by mail no less than thirty days prior to the

effective date of such adjustments and shall inform such eligible program participants of the date such adjustments shall take effect;

(c) issuing an identification card to each ELIGIBLE program participant [who is eligible to purchase prescribed covered drugs for an amount specified pursuant to subdivision three of section two hundred forty-seven or subdivision three of section two hundred forty-eight of this title. The dates of the annual coverage period shall be imprinted on the card. When an eligible program participant meets the annual limits on point of sale co-payments set forth in subdivision four of section two hundred forty-seven or subdivision four of section two hundred forty-eight of this title, either new identification cards shall be issued to such participant indicating waiver of such co-payment requirements for the remainder of the annual coverage period or the contractor shall develop and implement an alternative method to permit the purchase of covered drugs without a co-payment requirement];

(d) [developing and implementing the system for those individuals electing the deductible option to record their personal covered drug expenditures in accordance with subdivision three of section two hundred forty-eight of this title. Such recordkeeping system shall be provided to each such participant at a nominal charge which shall be subject to the approval of the panel. The contractor shall also reimburse participants for personal covered drug expenditures made in excess of their deductible requirements, less the co-payments required by subdivision four of section two hundred forty-eight of this title, made prior to their receipt of an identification card issued in accordance with paragraph (c) of this subdivision;

(e)] processing of claims for reimbursement to participating provider pharmacies pursuant to section two hundred fifty of this title;

[(f)] (E) performing or causing to be performed utilization reviews for such purposes as may be required by the [elderly pharmaceutical insurance coverage panel] COMMISSIONER OF HEALTH;

[(g)] (F) conducting audits and surveys of participating provider pharmacies as specified pursuant to the terms and conditions of the contract; and

[(h)] (G) coordinating coverage with insurance companies and other public and private organizations offering such coverage for those eligible program participants having partial coverage for covered drugs through third-party sources, and providing for recoupment of any duplicate reimbursement paid by the state on behalf of such eligible program participants.

3. The contractor or contractors shall be required to provide such reports as may be deemed necessary by the [elderly pharmaceutical insurance coverage panel] COMMISSIONER OF HEALTH and shall maintain files in a manner and format approved by the [executive director] COMMISSIONER.

4. The contractor or contractors may contract with private not-for-profit or proprietary corporations, or with entities of local government within the state of New York, to perform such obligations of the contractor or contractors as the [elderly pharmaceutical insurance coverage panel] COMMISSIONER OF HEALTH shall permit.

S 3-h. Section 244 of the elder law is REPEALED and a new section 244 is added to read as follows:

S 244. POWERS OF THE COMMISSIONER OF HEALTH. THE POWERS OF THE COMMISSIONER OF HEALTH IN ADMINISTERING THE ELDERLY PHARMACEUTICAL INSURANCE COVERAGE PROGRAM SHALL INCLUDE BUT NOT BE LIMITED TO THE FOLLOWING:

1 1. SUBJECT TO THE APPROVAL OF THE DIRECTOR OF THE BUDGET, PROMULGATING
2 PROGRAM REGULATIONS PURSUANT TO SECTION TWO HUNDRED FORTY-SIX OF THIS
3 TITLE;

4 2. DETERMINING THE ANNUAL SCHEDULE OF COST-SHARING RESPONSIBILITIES OF
5 ELIGIBLE PROGRAM PARTICIPANTS PURSUANT TO SECTION TWO HUNDRED FORTY-SEV-
6 EN OF THIS TITLE;

7 3. ENTERING INTO CONTRACTS PURSUANT TO SECTION TWO HUNDRED FORTY-THREE
8 OF THIS TITLE;

9 4. IMPLEMENTING ALTERNATIVE PROGRAM IMPROVEMENTS FOR THE EFFICIENT AND
10 EFFECTIVE OPERATION OF THE PROGRAM IN ACCORDANCE WITH THE PROVISIONS OF
11 THIS TITLE;

12 5. ESTABLISHING OR CONTRACTING FOR A THERAPEUTIC DRUG MONITORING
13 PROGRAM, FOR THE PURPOSE OF MONITORING THERAPEUTIC DRUG USE BY ELIGIBLE
14 PROGRAM PARTICIPANTS IN AN EFFORT TO PREVENT THE INCORRECT OR UNNECES-
15 SARY CONSUMPTION OF SUCH THERAPEUTIC DRUGS.

16 S 3-i. The section heading of section 247 of the elder law is amended
17 to read as follows:

18 Cost-sharing responsibilities of eligible program participants [for
19 comprehensive coverage].

20 S 3-j. Subdivision 1 of section 247 of the elder law is REPEALED and a
21 new subdivision 1 is added to read as follows:

22 1. AS A CONDITION OF ELIGIBILITY FOR BENEFITS UNDER THIS TITLE,
23 PARTICIPANTS MUST MAINTAIN MEDICARE PART D COVERAGE AND PAY MONTHLY
24 PREMIUMS TO THEIR MEDICARE PART D DRUG PLAN.

25 S 3-k. Subdivisions 2 and 4 of section 247 of the elder law are
26 REPEALED and subdivision 3 is renumbered subdivision 2 and paragraph (a)
27 is amended to read as follows:

28 (a) [Upon satisfaction of the registration fee pursuant to this
29 section an eligible] A program participant must pay a point of sale
30 co-payment as set forth in paragraph (b) of this subdivision at the time
31 of each purchase of a [covered] drug prescribed for such individual THAT
32 IS DESCRIBED IN PARAGRAPH (C) OF SUBDIVISION THREE OF SECTION TWO
33 HUNDRED FORTY-TWO OF THIS TITLE. [Such co-payment shall not be waived
34 or reduced in whole or in part, subject to the limits provided by subdi-
35 vision four of this section.]

36 S 3-l. Section 248 of the elder law is REPEALED.

37 S 3-m. Section 250 of the elder law, paragraph (a) of subdivision 1 as
38 amended by section 6-a and subparagraph 1 of paragraph (b) of subdivi-
39 sion 1 as amended by section 1 of part A of chapter 58 of the laws of
40 2008, paragraph (b) of subdivision 1 as amended by section 17 of part A
41 of chapter 58 of the laws of 2004, subparagraph 1 of paragraph (a) of
42 subdivision 3 and subdivision 5 as amended by section 19 of part B of
43 chapter 57 of the laws of 2006, subdivision 6 as amended by section 19-a
44 of part A of chapter 109 of the laws of 2010, is amended to read as
45 follows:

46 S 250. Reimbursement to participating provider pharmacies. 1. The
47 amount of reimbursement which shall be paid by the state to a partic-
48 ipating provider pharmacy [for any covered drug filled or refilled for
49 any eligible program participant] FILLING OR REFILLING A PRESCRIPTION
50 FOR A DRUG THAT IS DESCRIBED IN PARAGRAPH (C) OF SUBDIVISION THREE OF
51 SECTION TWO HUNDRED FORTY-TWO OF THIS TITLE shall be equal to the
52 allowed amount defined as follows, minus the point of sale co-payment as
53 required by [sections] SECTION two hundred forty-seven [and two hundred
54 forty-eight] of this title:

(a) Multiple source covered drugs. Except for brand name drugs that are required by the prescriber to be dispensed as written, the allowed amount for a multiple source covered drug shall equal the lower of:

(1) The pharmacy's usual and customary charge to the general public, taking into consideration any quantity and promotional discounts to the general public at the time of purchase, or

(2) The upper limit, if any, set by the centers for medicare and medicaid services for such multiple source drug, or

(3) Average wholesale price discounted by twenty-five percent, or

(4) The maximum allowable cost, if any, established by the commissioner of health pursuant to paragraph (e) of subdivision nine of section three hundred sixty-seven-a of the social services law.

Plus a dispensing fee for drugs reimbursed pursuant to subparagraphs two, three, and four of this paragraph, as defined in paragraph (c) of this subdivision.

(b) Other covered drugs. The allowed amount for brand name drugs required by the prescriber to be dispensed as written and for covered drugs other than multiple source drugs shall be determined by applying the lower of:

(1) Average wholesale price discounted by sixteen and twenty-five one hundredths percent, plus a dispensing fee as defined in paragraph (c) of this subdivision, or

(2) The pharmacy's usual and customary charge to the general public, taking into consideration any quantity and promotional discounts to the general public at the time of purchase.

(c) As required by paragraphs (a) and (b) of this subdivision, a dispensing fee of four dollars fifty cents will apply to generic drugs and a dispensing fee of three dollars fifty cents will apply to brand name drugs.

2. For purposes of determining the amount of reimbursement which shall be paid to a participating provider pharmacy, the [panel] COMMISSIONER OF HEALTH shall determine or cause to be determined, through a statistically valid survey, the quantities of each covered drug that participating provider pharmacies buy most frequently. Using the result of this survey, the contractor shall update every thirty days the list of average wholesale prices upon which such reimbursement is determined using nationally recognized and most recently revised sources. Such price revisions shall be made available to all participating provider pharmacies. The pharmacist shall be reimbursed based on the price in effect at the time the covered drug is dispensed.

3. [(a) Notwithstanding any inconsistent provision of law, the program for elderly pharmaceutical insurance coverage shall reimburse for covered drugs which are dispensed under the program by a provider pharmacy only pursuant to the terms of a rebate agreement between the program and the manufacturer (as defined under section 1927 of the federal social security act) of such covered drugs; provided, however, that:

(1) any agreement between the program and a manufacturer entered into before August first, nineteen hundred ninety-one, shall be deemed to have been entered into on April first, nineteen hundred ninety-one; and provided further, that if a manufacturer has not entered into an agreement with the department before August first, nineteen hundred ninety-one, such agreement shall not be effective until April first, nineteen hundred ninety-two, unless such agreement provides that rebates will be retroactively calculated as if the agreement had been in effect on April first, nineteen hundred ninety-one; and

(2) the program may reimburse for any covered drugs pursuant to subdivisions one and two of this section, for which a rebate agreement does not exist and which are determined by the elderly pharmaceutical insurance coverage panel to be essential to the health of persons participating in the program; and likely to provide effective therapy or diagnosis for a disease not adequately treated or diagnosed by any other covered drug; and which are recommended for reimbursement by the panel and approved by the commissioner of health.

(b) The rebate agreement between such manufacturer and the program for elderly pharmaceutical insurance coverage shall utilize for covered drugs the identical formula used to determine the rebate for federal financial participation for drugs, pursuant to section 1927(c) of the federal social security act, to determine the amount of the rebate pursuant to this subdivision.

(c) The amount of rebate pursuant to paragraph (b) of this subdivision shall be calculated by multiplying the required rebate formulas by the total number of units of each dosage form and strength dispensed. The rebate agreement shall also provide for periodic payment of the rebate, provision of information to the program, audits, verification of data, damages to the program for any delay or non-production of necessary data by the manufacturer and for the confidentiality of information.

(d) The program in providing utilization data to a manufacturer (as provided for under section 1927 (b) of the federal social security act) shall provide such data by zip code, if requested, for the top three hundred most commonly used drugs by volume covered under a rebate agreement.

(e) Any funds collected pursuant to any rebate agreements entered into with a manufacturer pursuant to this subdivision, shall be deposited into the elderly pharmaceutical insurance coverage program premium account.

4.] Notwithstanding any other provision of law, entities which offer insurance coverage for provision of and/or reimbursement for pharmaceutical expenses, including but not limited to, entities licensed/certified pursuant to article thirty-two, forty-two, forty-three or forty-four of the insurance law (employees welfare funds) or article forty-four of the public health law, shall participate in a benefit recovery program with the elderly pharmaceutical insurance coverage (EPIC) program which includes, but is not limited to, a semi-annual match of EPIC's file of enrollees against the entity's file of insured to identify individuals enrolled in both plans with claims paid within the twenty-four months preceding the date the entity receives the match request information from EPIC. Such entity shall indicate if pharmaceutical coverage is available from the entity for the insured persons, list the copayment or other payment obligations of the insured persons applicable to the pharmaceutical coverage, and (after receiving necessary claim information from EPIC) list the amounts which the entity would have paid for the pharmaceutical claims for those identified individuals and the entity shall reimburse EPIC for pharmaceutical expenses paid by EPIC that are covered under the contract between the entity and its insured in only those instances where the entity has not already made payment of the claim. Reimbursement of the net amount payable (after rebates and discounts) that would have been paid under the coverage issued by the entity will be made by the entity to EPIC within sixty days of receipt from EPIC of the standard data in electronic format necessary for the entity to adjudicate the claim and if the standard data is provided to the entity by EPIC in paper format payment by the

entity shall be made within one hundred eighty days. After completing at least one match process with EPIC in electronic format, an entity shall be entitled to elect a monthly or bi-monthly match process rather than a semi-annual match process.

[5.] 4. Notwithstanding any other provision of law, the [panel] COMMISSIONER OF HEALTH shall maximize the coordination of benefits for persons enrolled under Title XVIII of the federal social security act (medicare) and enrolled under this title in order to facilitate medicare payment of claims. The [panel] COMMISSIONER OF HEALTH may select an independent contractor, through a request-for-proposal process, to implement a centralized coordination of benefits system under this subdivision for individuals qualified in both the elderly pharmaceutical insurance coverage (EPIC) program and medicare programs who receive medications or other covered products from a pharmacy provider currently enrolled in the elderly pharmaceutical insurance coverage (EPIC) program.

[6. (a)] 5. The EPIC program shall be the payor of last resort for individuals qualified in both the EPIC program and title XVIII of the federal social security act (Medicare). [For such individuals, no reimbursement shall be available under EPIC for covered drug expenses except:

(i) where a prescription drug plan authorized by Part D of the federal social security act (referred to in this subdivision as a Medicare Part D plan) has approved coverage and EPIC has an obligation under this title to pay a portion of the participant's cost-sharing responsibility under Medicare Part D; or

(ii) where the provider pharmacy has certified that a Medicare Part D plan has denied coverage.

(b) If the provider pharmacy certifies as set forth in subparagraph (ii) of paragraph (a) of this subdivision, the EPIC program shall pay for the drug as the primary payor upon a showing of compliance with the notification and appeal provisions of subparagraph two of paragraph (c) of subdivision three of section two hundred forty-two of this title.]

S 3-n. Section 254 of the elder law is amended to read as follows:

S 254. Cost of living adjustment. [1.] Within amounts appropriated, the [panel] COMMISSIONER OF HEALTH shall adjust the program eligibility standards set forth in subdivision [two] ONE of section two hundred forty-two of this title to account for increases in the cost of living.

[2. The panel shall further adjust individual and joint income categories set forth in subdivisions two and four of section two hundred forty-eight of this title to conform to the adjustments made pursuant to subdivision one of this section.]

S 4. Notwithstanding any contrary provision of law, rates established pursuant to section 69-4.30 of Title 10 of the New York Codes, Rules and Regulations for approved services rendered on and after April 1, 2011 shall be reduced by ten percent.

S 5. Paragraph (a) of subdivision 3 of section 2559 of the public health law, as amended by chapter 231 of the laws of 1993, is amended to read as follows:

(a) [Providers] EXCEPT AS PROVIDED IN SUBPARAGRAPH (I) OF THIS PARAGRAPH, PROVIDERS of early intervention services and transportation services shall in the first instance and where applicable, seek payment from all third party payors including governmental agencies prior to claiming payment from a given municipality for services rendered to eligible children, provided that, for the purpose of seeking payment from the medical assistance program or from other third party payors,

1 the municipality shall be deemed the provider of such early intervention
2 services to the extent that the provider has promptly furnished to the
3 municipality adequate and complete information necessary to support the
4 municipality billing, and provided further that the obligation to seek
5 payment shall not apply to a payment from a third party payor who is not
6 prohibited from applying such payment, and will apply such payment, to
7 an annual or lifetime limit specified in the insured's policy.

8 (I) EARLY INTERVENTION PROGRAM PROVIDERS WHO RECEIVED PAYMENT OF FIVE
9 HUNDRED THOUSAND DOLLARS OR MORE AS DETERMINED PURSUANT TO SUBPARAGRAPH
10 (II) OF THIS PARAGRAPH FOR EARLY INTERVENTION SERVICES PROVIDED TO
11 ELIGIBLE CHILDREN THAT WERE COVERED SERVICES UNDER THE MEDICAL ASSIST-
12 ANCE PROGRAM, SHALL IN THE FIRST INSTANCE AND WHERE AVAILABLE, SEEK
13 PAYMENT FROM THE MEDICAL ASSISTANCE PROGRAM OR AN INSURANCE POLICY OR
14 HEALTH BENEFIT PLAN FOR THOSE CHILDREN COVERED UNDER BOTH THE MEDICAL
15 ASSISTANCE PROGRAM AND AN INSURANCE POLICY OR HEALTH BENEFIT PLAN, PRIOR
16 TO CLAIMING PAYMENT FROM A MUNICIPALITY FOR SERVICES RENDERED TO SUCH
17 CHILDREN;

18 (II) THE COMMISSIONER SHALL DETERMINE WHICH PROVIDERS RECEIVED PAYMENT
19 OF FIVE HUNDRED THOUSAND DOLLARS OR MORE FOR EARLY INTERVENTION SERVICES
20 THAT WERE COVERED UNDER THE MEDICAL ASSISTANCE PROGRAM BASED UPON THE
21 MOST RECENT YEAR FOR WHICH COMPLETE INFORMATION EXISTS. THE COMMISSIONER
22 SHALL NOTIFY A PROVIDER AT LEAST THIRTY DAYS PRIOR TO THE DATE THE
23 PROVIDER SHALL BE REQUIRED TO BILL FOR SERVICES IN ACCORDANCE WITH
24 SUBPARAGRAPH (I) OF THIS PARAGRAPH.

25 (III) PARENTS SHALL PROVIDE AND THE MUNICIPALITY SHALL OBTAIN INFORMA-
26 TION ON ANY PLAN OF INSURANCE UNDER WHICH AN ELIGIBLE CHILD HAS COVER-
27 AGE.

28 S 6. Intentionally omitted.

29 S 7. Intentionally omitted.

30 S 8. Intentionally omitted.

31 S 9. Intentionally omitted.

32 S 10. Intentionally omitted.

33 S 11. Section 3235-a of the insurance law, as added by section 3 of
34 part C of chapter 1 of the laws of 2002, is amended to read as follows:

35 S 3235-a. Payment for early intervention services. (a) No policy of
36 accident and health insurance, including contracts issued pursuant to
37 article forty-three of this chapter, shall exclude coverage for other-
38 wise covered services solely on the basis that the services constitute
39 early intervention program services under title two-A of article twenty-
40 five of the public health law.

41 (b) Where a policy of accident and health insurance, including a
42 contract issued pursuant to article forty-three of this chapter,
43 provides coverage for [an] A SERVICE THAT IS PROVIDED TO AN INSURED
44 UNDER THE early intervention program service, such coverage shall not be
45 applied against any maximum annual or lifetime monetary limits set forth
46 in such policy or contract. Visit limitations and other terms and condi-
47 tions of the policy will continue to apply to COVERED SERVICES PROVIDED
48 UNDER THE early intervention [services] PROGRAM. However, any visits
49 used for early intervention program services shall not reduce the number
50 of visits otherwise available under the policy or contract for such
51 services. WHERE A SERVICE PROVIDED TO AN INSURED UNDER THE EARLY INTER-
52 VENTION PROGRAM IS A COVERED SERVICE UNDER THE INSURER'S POLICY OR
53 CONTRACT, THE INDIVIDUALIZED FAMILY SERVICES PLAN AS DEFINED IN SECTION
54 TWENTY-FIVE HUNDRED FORTY-ONE OF THE PUBLIC HEALTH LAW AND CERTIFIED BY
55 THE EARLY INTERVENTION OFFICIAL OR SUCH OFFICIAL'S DESIGNEE, SHALL BE
56 DEEMED TO MEET ANY PRECERTIFICATION, PREAUTHORIZATION AND MEDICAL NECES-

SITY REQUIREMENTS IMPOSED ON BENEFITS UNDER THE POLICY OR CONTRACT, PROVIDED, HOWEVER, THAT THE EARLY INTERVENTION OFFICIAL SHALL REMOVE OR REDACT ANY INFORMATION CONTAINED ON THE INSURED'S INDIVIDUALIZED FAMILY SERVICE PLAN THAT IS NOT REQUIRED BY THE INSURER FOR PAYMENT PURPOSES. PAYMENT FOR A SERVICE COVERED UNDER THE POLICY OR CONTRACT THAT IS PROVIDED UNDER THE EARLY INTERVENTION PROGRAM SHALL BE AT RATES ESTABLISHED BY THE COMMISSIONER OF HEALTH FOR SUCH SERVICE PURSUANT TO REGULATIONS.

(c) NO INSURER, INCLUDING A HEALTH MAINTENANCE ORGANIZATION ISSUED A CERTIFICATE OF AUTHORITY UNDER ARTICLE FORTY-FOUR OF THE PUBLIC HEALTH LAW AND A CORPORATION ORGANIZED UNDER ARTICLE FORTY-THREE OF THIS CHAPTER SHALL DENY PAYMENT OF A CLAIM SUBMITTED FOR A SERVICE COVERED UNDER THE INSURER'S POLICY OR CONTRACT AND PROVIDED UNDER THE EARLY INTERVENTION PROGRAM BASED UPON THE FOLLOWING:

(I) THE LOCATION WHERE SERVICES ARE PROVIDED;

(II) THE DURATION OF THE INSURED'S CONDITION OR THAT THE INSURED'S CONDITION IS NOT AMENABLE TO SIGNIFICANT IMPROVEMENT WITHIN A CERTAIN PERIOD OF TIME AS SPECIFIED IN THE POLICY OR CONTRACT;

(III) THAT THE PROVIDER OF SERVICES IS NOT A PARTICIPATING PROVIDER IN THE INSURER'S NETWORK; OR

(IV) THE ABSENCE OF A PRIMARY CARE REFERRAL.

(D) Any right of subrogation to benefits which a municipality is entitled in accordance with paragraph (d) of subdivision three of section twenty-five hundred fifty-nine of the public health law shall be valid and enforceable to the extent benefits are available under any accident and health insurance policy. The right of subrogation does not attach to insurance benefits paid or provided under any accident and health insurance policy prior to receipt by the insurer of written notice from the municipality. UPON THE INSURER'S RECEIPT OF WRITTEN NOTICE FROM THE MUNICIPALITY THE INSURER SHALL PROVIDE THE MUNICIPALITY WITH INFORMATION ON THE EXTENT OF BENEFITS AVAILABLE TO AN INSURED UNDER THE POLICY.

[(d)] (E) No insurer, including a health maintenance organization issued a certificate of authority under article forty-four of the public health law and a corporation organized under article forty-three of this chapter, shall refuse to issue an accident and health insurance policy or contract or refuse to renew an accident and health insurance policy or contract solely because the applicant or insured is receiving services under the early intervention program.

S 12. Subdivisions 4 and 5 of section 2545 of the public health law are REPEALED and subdivisions 6, 7, 8 and 9 are renumbered subdivisions 4, 5, 6 and 7.

S 13. Paragraph (b) of subdivision 2 of section 605 of the public health law is REPEALED.

S 14. The public health law is amended by adding a new section 212 to read as follows:

S 212. LOCAL COMPETITIVE PERFORMANCE GRANT PROGRAM FOR PRIORITY HEALTH INITIATIVES. 1. THERE IS HEREBY ESTABLISHED WITHIN THE DEPARTMENT THE LOCAL COMPETITIVE PERFORMANCE GRANT PROGRAM FOR PRIORITY HEALTH INITIATIVES TO ADDRESS EMERGING OR ONGOING PUBLIC HEALTH MATTERS AND PURSUE INNOVATIONS IN PUBLIC HEALTH.

2. WITHIN AMOUNTS APPROPRIATED THEREFOR, THE COMMISSIONER IS AUTHORIZED TO MAKE GRANTS TO AND ENTER INTO CONTRACTS WITH PUBLIC, NON-PROFIT OR PRIVATE ENTITIES FOR PURPOSES WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, MINORITY HEALTH-RELATED INITIATIVES, REPRODUCTIVE HEALTH SERVICES, DISEASE-SPECIFIC PURPOSES, AND OTHER HEALTH-RELATED RESEARCH, OUTREACH AND EDUCATION PURPOSES. SUCH GRANTS SHALL BE AWARDED UNDER THIS SECTION

1 ON A COMPETITIVE BASIS PURSUANT TO A REQUEST FOR APPLICATION/PROPOSAL
2 PROCESS, IN THE NUMBER, AMOUNTS AND MANNER DETERMINED BY THE COMMISSION-
3 ER, PURSUANT TO CRITERIA DETERMINED BY THE COMMISSIONER.

4 3. THE COMMISSIONER MAY PROMULGATE REGULATIONS, INCLUDING ON AN EMER-
5 GENCY BASIS, AS NECESSARY TO IMPLEMENT THE PROVISIONS OF THIS SECTION.

6 S 15. The elder law is amended by adding a new section 224 to read as
7 follows:

8 S 224. LOCAL COMPETITIVE PERFORMANCE GRANT PROGRAM FOR PRIORITY INITI-
9 ATIVES IN AGING. 1. THERE IS HEREBY ESTABLISHED WITHIN THE OFFICE THE
10 LOCAL COMPETITIVE PERFORMANCE GRANT PROGRAM FOR PRIORITY INITIATIVES IN
11 AGING TO ADDRESS EMERGING OR ONGOING MATTERS THAT AFFECT OLDER ADULTS
12 AND PURSUING INNOVATIONS IN ASSISTING OLDER ADULTS.

13 2. WITHIN AMOUNTS APPROPRIATED THEREFOR, THE DIRECTOR IS AUTHORIZED TO
14 MAKE GRANTS TO AND ENTER INTO CONTRACTS WITH PUBLIC, NON-PROFIT OR
15 PRIVATE ENTITIES. SUCH GRANTS SHALL BE AWARDED UNDER THIS SECTION ON A
16 COMPETITIVE BASIS PURSUANT TO A REQUEST FOR APPLICATION/PROPOSAL PROC-
17 ESS, IN THE NUMBER, AMOUNTS AND MANNER DETERMINED BY THE DIRECTOR,
18 PURSUANT TO CRITERIA DETERMINED BY THE DIRECTOR.

19 3. THE DIRECTOR MAY PROMULGATE REGULATIONS, INCLUDING ON AN EMERGENCY
20 BASIS, AS NECESSARY TO IMPLEMENT THE PROVISIONS OF THIS SECTION.

21 S 16. Paragraph (fff) of subdivision 1 of section 2807-v of the public
22 health law, as amended by section 5 of part B of chapter 58 of the laws
23 of 2008, is amended to read as follows:

24 (fff) Funds shall be made available to the empire state stem cell fund
25 established by section ninety-nine-p of the state finance law [from the
26 public asset as defined in section four thousand three hundred one of
27 the insurance law and accumulated from the conversion of one or more
28 article forty-three corporations and its or their not-for-profit subsid-
29 iaries occurring on or after January first, two thousand seven. Such
30 funds shall be made available] within amounts appropriated up to fifty
31 million dollars annually and shall not exceed five hundred million
32 dollars in total.

33 S 17. Intentionally Omitted.

34 S 18. Subdivision 3 of section 571 of the public health law, as
35 amended by chapter 436 of the laws of 1993, is amended to read as
36 follows:

37 3. "Reference system" means a system of [periodic testing] ASSESSMENT
38 of methods, procedures and materials of clinical laboratories and blood
39 banks, including, but not limited to, ONGOING VALIDATION WHICH MAY
40 INCLUDE DIRECT TESTING AND EXPERIMENTATION BY THE DEPARTMENT OF SUCH
41 METHODS, PROCEDURES AND MATERIALS, the distribution of [manuals of
42 approved methods] STANDARDS AND GUIDELINES, inspection of facilities,
43 [cooperative research, and] periodic submission of test specimens for
44 examination, AND RESEARCH CONDUCTED BY THE DEPARTMENT THAT INVOLVES THE
45 STUDY OF NEW OR EXISTING METHODS, PROCEDURES AND MATERIALS IN THE FIELD
46 OF CLINICAL LABORATORY MEDICINE, AND SUCH OTHER ACTIVITIES AS MAY BE SET
47 FORTH IN REGULATION.

48 S 19. Subdivisions 1, 2 and 6 of section 575 of the public health law,
49 as amended by chapter 436 of the laws of 1993, are amended to read as
50 follows:

51 1. Application for a permit shall be made by the owner and the direc-
52 tor of the clinical laboratory or blood bank [upon forms provided by the
53 department] IN A MANNER AND FORMAT PRESCRIBED BY THE DEPARTMENT. The
54 application shall contain the name of the owner, the name of the direc-
55 tor, the procedures or categories of procedures or services for which
56 the permit is sought, the location or locations and physical description

1 of the facility or location or locations at which tests are to be
2 performed or at which a blood bank is to be operated, and such other
3 information as the department may require.

4 2. A permit OR PERMIT CATEGORY shall not be issued unless a valid
5 certificate of qualification in the category of procedures for which the
6 permit is sought has been issued to the director pursuant to the
7 provisions of section five hundred seventy-three of this title, [and]
8 unless ALL FEES AND OUTSTANDING PENALTIES, IF ANY, HAVE BEEN PAID, AND
9 the department finds that the clinical laboratory or blood bank is
10 competently staffed and properly equipped, and will be operated in the
11 manner required by this title.

12 6. A permit shall become void by a change in the director, owner, or
13 location. A CATEGORY ON A PERMIT SHALL BECOME VOID BY A CHANGE IN THE
14 DIRECTOR FOR THAT CATEGORY. The department may, pursuant to regulations
15 adopted under this title, extend the date on which a permit OR CATEGORY
16 ON A PERMIT shall become void for a period not to exceed sixty days from
17 the date of a change of the director, owner or location. An application
18 for a NEW permit [may] MUST be made [at any time,] in the manner
19 provided by this section.

20 S 20. Subdivision 3 and paragraphs (a), (b), (c) and (e) of subdivi-
21 sion 4 of section 576 of the public health law, as amended by chapter
22 436 of the laws of 1993, are amended to read as follows:

23 3. The department shall operate a reference system and shall prescribe
24 standards for the PROPER OPERATION OF CLINICAL LABORATORIES AND BLOOD
25 BANKS AND FOR THE examination of specimens. As part of such reference
26 system, the department may REVIEW AND APPROVE TESTING METHODS DEVELOPED
27 OR MODIFIED BY CLINICAL LABORATORIES AND BLOOD BANKS PRIOR TO THE TEST-
28 ING METHODS BEING OFFERED IN THIS STATE, AND MAY require clinical labo-
29 ratories and blood banks to analyze test samples submitted by the
30 department and to report on the results of such analyses. The rules and
31 regulations of the department shall prescribe the REQUIREMENTS FOR THE
32 PROPER OPERATION OF A CLINICAL LABORATORY OR BLOOD BANK, FOR THE
33 APPROVAL OF METHODS AND THE manner in which proficiency testing or
34 analyses of samples shall be performed and reports submitted. Failure to
35 meet department standards FOR THE PROPER OPERATION OF A CLINICAL LABORA-
36 TORY OR BLOOD BANK, INCLUDING THE CRITERIA FOR APPROVAL OF METHODS, OR
37 FAILURE TO MAINTAIN SATISFACTORY PERFORMANCE in proficiency testing
38 shall result in termination of the permit in the category or categories
39 of testing established by the department in regulation until remediation
40 is achieved. Such standards shall be at least as stringent as federal
41 standards promulgated under the federal clinical laboratory improvement
42 [act] AMENDMENTS of nineteen hundred eighty-eight. Such failure and
43 termination shall be subject to review in accordance with regulations
44 adopted by the department.

45 (a) The department may adopt and amend rules and regulations to effec-
46 tuate the provisions and purposes of this title. Such rules and regu-
47 lations shall establish [inspection and reference] fees for clinical
48 laboratories and blood banks in amounts not exceeding the cost of the
49 [inspection and] reference [program] SYSTEM for clinical laboratories
50 and blood banks and shall be subject to the approval of the director of
51 the budget. THE COMMISSIONER SHALL DETERMINE THE PROPER COST ALLOCATION
52 METHOD TO UTILIZE TO DETERMINE THE COST OF THE REFERENCE SYSTEM. THE FEE
53 PAID BY THE DEPARTMENT TO MAINTAIN AN EXEMPTION FOR CLINICAL LABORA-
54 TORIES AND BLOOD BANKS FROM THE REQUIREMENTS OF THE FEDERAL CLINICAL LABO-
55 RATORY IMPROVEMENT AMENDMENTS OF NINETEEN HUNDRED EIGHTY-EIGHT SHALL BE
56 DEEMED A COST OF THE REFERENCE SYSTEM.

1 (b) In determining the fee charges to be assessed, the department
2 shall, on or before May first of each year, compute the [total actual]
3 costs for the preceding state fiscal year which were expended to operate
4 and administer the duties of the department pursuant to this title. The
5 department shall, at such time or times and pursuant to such procedure
6 as it shall determine by regulation, bill and collect from each clinical
7 laboratory and blood bank an amount computed by multiplying such total
8 computed operating expenses of the department by a fraction the numera-
9 tor of which is the gross annual receipts of such clinical laboratory or
10 blood bank during such twelve month period preceding the date of compu-
11 tation as the department shall designate by regulation, and the denomi-
12 nator of which is the total gross annual receipts of all clinical labo-
13 ratories or blood banks operating in the state during such period.

14 (c) Each such clinical laboratory and blood bank shall submit to the
15 department, in such form and at such times as the department may
16 require, a report containing information regarding its gross annual
17 receipts [from the performance of tests or examination of specimens] FOR
18 ALL ACTIVITIES PERFORMED pursuant to a permit issued by the department
19 in accordance with the provisions of section five hundred seventy-five
20 of this title. The department may require additional information and
21 audit and review such information to verify its accuracy.

22 (e) On or before September fifteenth of each year, the department
23 shall [recompute the actual] RECONCILE ITS costs and expenses [of the
24 department] FOR THE REFERENCE SYSTEM for the preceding state fiscal year
25 and shall, on or before October fifteenth send to each clinical labora-
26 tory and blood bank, a statement setting forth the amount due and paya-
27 ble by, or the amount computed to the credit of, such clinical laborato-
28 ry or blood bank, computed on the basis of the above stated formula,
29 except that for the purposes of such computation the fraction shall be
30 multiplied against the total recomputed [actual] expenses of the depart-
31 ment for such fiscal year. Any amount due shall be payable not later
32 than thirty days following the date of such statement. Any credit shall
33 be applied against any succeeding payment due.

34 S 21. Subdivision 1 of section 577 of the public health law is amended
35 by adding a new paragraph (i) to read as follows:

36 (I) HAS BEEN FOUND UPON INSPECTION BY THE DEPARTMENT TO BE IN NONCOM-
37 PLIANCE WITH A PROVISION OR PROVISIONS OF THIS TITLE OR THE RULES AND
38 REGULATIONS PROMULGATED HEREUNDER, AND HAS FAILED TO ADDRESS SUCH FIND-
39 INGS AS REQUIRED BY THE DEPARTMENT.

40 S 22. Intentionally Omitted.

41 S 23. Intentionally Omitted.

42 S 24. Intentionally Omitted.

43 S 25. Intentionally Omitted.

44 S 25-a. Section 2818 of the public health law is amended by adding a
45 new subdivision 6 to read as follows:

46 6. NOTWITHSTANDING ANY CONTRARY PROVISION OF THIS SECTION, SECTIONS
47 ONE HUNDRED TWELVE AND ONE HUNDRED SIXTY-THREE OF THE STATE FINANCE LAW,
48 OR ANY OTHER CONTRARY PROVISION OF LAW, SUBJECT TO AVAILABLE APPROPRI-
49 ATIONS, FUNDS AVAILABLE FOR EXPENDITURE PURSUANT TO THIS SECTION MAY BE
50 DISTRIBUTED BY THE COMMISSIONER WITHOUT A COMPETITIVE BID OR REQUEST FOR
51 PROPOSAL PROCESS FOR GRANTS TO GENERAL HOSPITALS AND RESIDENTIAL HEALTH
52 CARE FACILITIES FOR THE PURPOSE OF FACILITATING CLOSURES, MERGERS AND
53 RESTRUCTURING OF SUCH FACILITIES IN ORDER TO STRENGTHEN AND PROTECT
54 CONTINUED ACCESS TO ESSENTIAL HEALTH CARE RESOURCES.

55 S 26. Section 32 of part A of chapter 58 of the laws of 2008, amending
56 the elder law and other laws relating to reimbursement to particular

1 provider pharmacies and prescription drug coverage, as amended by
2 section 20 of part 00 of chapter 57 of the laws of 2008, is amended to
3 read as follows:

4 S 32. This act shall take effect immediately and shall be deemed to
5 have been in full force and effect on and after April 1, 2008; provided
6 however, that sections one, six-a, nineteen, twenty, twenty-four, and
7 twenty-five of this act shall take effect July 1, 2008; [provided howev-
8 er that sections sixteen, seventeen and eighteen of this act shall
9 expire April 1, 2011;] provided, however, that the amendments made by
10 section twenty-eight of this act shall take effect on the same date as
11 section 1 of chapter 281 of the laws of 2007 takes effect; provided
12 further, that sections twenty-nine, thirty, and thirty-one of this act
13 shall take effect October 1, 2008; provided further, that section twen-
14 ty-seven of this act shall take effect January 1, 2009; and provided
15 further, that section twenty-seven of this act shall expire and be
16 deemed repealed March 31, 2011; and provided, further, however, that the
17 amendments to subdivision 1 of section 241 of the education law made by
18 section twenty-nine of this act shall not affect the expiration of such
19 subdivision and shall be deemed to expire therewith and provided that
20 the amendments to section 272 of the public health law made by section
21 thirty of this act shall not affect the repeal of such section and shall
22 be deemed repealed therewith.

23 S 27. Section 4 of part X2 of chapter 62 of the laws of 2003, amending
24 the public health law relating to allowing for the use of funds of the
25 office of professional medical conduct for activities of the patient
26 health information and quality improvement act of 2000, as amended by
27 chapter 21 of the laws of 2010, is amended to read as follows:

28 S 4. This act shall take effect immediately; provided that the
29 provisions of section one of this act shall be deemed to have been in
30 full force and effect on and after April 1, 2003, and shall expire March
31 31, [2011] 2013 when upon such date the provisions of such section shall
32 be deemed repealed.

33 S 28. Paragraph (b) of subdivision 1 of section 76 of chapter 731 of
34 the laws of 1993, amending the public health law and other laws relating
35 to reimbursement, delivery and capital cost of ambulatory health care
36 services and inpatient hospital services, as amended by section 14 of
37 part A of chapter 58 of the laws of 2007, is amended to read as follows:

38 (b) sections fifteen through nineteen and subdivision 3 of section
39 2807-e of the public health law as added by section twenty of this act
40 shall expire on [July 1, 2011] JULY 1, 2014, and section seventy-four of
41 this act shall expire on July 1, 2007;

42 S 29. Section 4 of chapter 505 of the laws of 1995, amending the
43 public health law relating to the operation of department of health
44 facilities, as amended by chapter 609 of the laws of 2007, is amended to
45 read as follows:

46 S 4. This act shall take effect immediately[; provided, however, that
47 the provisions of paragraph (b) of subdivision 4 of section 409-c of the
48 public health law, as added by section three of this act, shall take
49 effect January 1, 1996 and shall expire and be deemed repealed sixteen
50 years from the effective date thereof].

51 S 30. Section 3 of chapter 303 of the laws of 1999, amending the New
52 York state medical care facilities finance agency act relating to
53 financing health facilities, as amended by chapter 607 of the laws of
54 2007, is amended to read as follows:

55 S 3. This act shall take effect immediately[, provided, however, that
56 subdivision 15-a of section 5 of section 1 of chapter 392 of the laws of

1 1973, as added by section one of this act, shall expire and be deemed
2 repealed June 30, 2011; and provided further, however, that the expira-
3 tion and repeal of such subdivision 15-a shall not affect or impair in
4 any manner any health facilities bonds issued, or any lease or purchase
5 of a health facility executed, pursuant to such subdivision 15-a prior
6 to its expiration and repeal and that, with respect to any such bonds
7 issued and outstanding as of June 30, 2011, the provisions of such
8 subdivision 15-a as they existed immediately prior to such expiration
9 and repeal shall continue to apply through the latest maturity date of
10 any such bonds, or their earlier retirement or redemption, for the sole
11 purpose of authorizing the issuance of refunding bonds to refund bonds
12 previously issued pursuant thereto].

13 S 31. This act shall take effect April 1, 2011, provided, however
14 that:

15 (a) section one of this act shall take effect July 1, 2011;

16 (b) sections two through three-n of this act shall take effect January
17 1, 2012;

18 (c) section thirteen of this act shall take effect July 1, 2011; and

19 (d) related to sections eighteen, nineteen, twenty and twenty-one of
20 this act, the commissioner of health is authorized to promulgate, on an
21 emergency basis, any regulations necessary to implement any provision of
22 such sections upon their effective date.

23

PART B

24 Section 1. (a) Notwithstanding any inconsistent provision of law,
25 rule or regulation to the contrary, and subject to the availability of
26 federal financial participation, effective for the period April 1, 2011
27 through March 31, 2012, and each state fiscal year thereafter, the
28 department of health is authorized to make supplemental Medicaid
29 payments for professional services provided by physicians, nurse practi-
30 tioners and physician assistants who are participating in a plan for the
31 management of clinical practice at the State University of New York, in
32 accordance with title 11 of article 5 of the social services law for
33 patients eligible for federal financial participation under title XIX of
34 the federal social security act, in amounts that will increase fees for
35 such professional services to an amount equal to the average commercial
36 rate that would otherwise be received for such services rendered by such
37 physicians, nurse practitioners and physician assistants. The calcu-
38 lation of such supplemental fee payments shall be made in accordance
39 with applicable federal law and regulation and subject to the approval
40 of the division of the budget. Such supplemental Medicaid fee payments
41 may be added to the professional fees paid under the fee schedule or
42 made as aggregate lump sum payments to eligible clinical practice plans
43 authorized to receive professional fees.

44 (b) The affiliated State University of New York health science centers
45 shall be responsible for payment of one hundred percent of the non-fed-
46 eral share of such supplemental Medicaid payments for all services
47 provided by physicians, nurse practitioners and physician assistants who
48 are participating in a plan for the management of clinical practice, in
49 accordance with section 365-a of the social services law, regardless of
50 whether another social services district or the department of health may
51 otherwise be responsible for furnishing medical assistance to the eligi-
52 ble persons receiving such services.

53 S 2. Subdivision 21 of section 2807-c of the public health law is
54 amended by adding a new paragraph (e-1) to read as follows:

1 (E-1) FOR PERIODS ON AND AFTER JANUARY FIRST, TWO THOUSAND ELEVEN, FOR
2 PURPOSES OF CALCULATIONS PURSUANT TO PARAGRAPHS (B) AND (C) OF THIS
3 SUBDIVISION OF MAXIMUM DISPROPORTIONATE SHARE PAYMENT DISTRIBUTIONS FOR
4 A RATE YEAR OR PART THEREOF, COSTS INCURRED OF FURNISHING HOSPITAL
5 SERVICES NET OF MEDICAL ASSISTANCE PAYMENTS, OTHER THAN DISPROPORTIONATE
6 SHARE PAYMENTS, AND PAYMENTS BY UNINSURED PATIENTS SHALL FOR THE TWO
7 THOUSAND ELEVEN CALENDAR YEAR, SHALL BE DETERMINED INITIALLY BASED ON
8 EACH HOSPITAL'S SUBMISSION OF A FULLY COMPLETED TWO THOUSAND EIGHT
9 DISPROPORTIONATE SHARE HOSPITAL DATA COLLECTION TOOL, WHICH IS REQUIRED
10 TO BE SUBMITTED TO THE DEPARTMENT BY MARCH THIRTY-FIRST, TWO THOUSAND
11 ELEVEN, AND SHALL BE SUBSEQUENTLY REVISED TO REFLECT EACH HOSPITAL'S
12 SUBMISSION OF A FULLY COMPLETED TWO THOUSAND NINE DISPROPORTIONATE SHARE
13 HOSPITAL DATA COLLECTION TOOL, WHICH IS REQUIRED TO BE SUBMITTED TO THE
14 DEPARTMENT BY OCTOBER FIRST, TWO THOUSAND ELEVEN.

15 FOR CALENDAR YEARS ON AND AFTER TWO THOUSAND TWELVE, SUCH INITIAL
16 DETERMINATIONS SHALL REFLECT SUBMISSION OF DATA AS REQUIRED BY THE
17 COMMISSIONER ON A SPECIFIED DATE. ALL SUCH INITIAL DETERMINATIONS SHALL
18 SUBSEQUENTLY BE REVISED TO REFLECT ANNUAL RATE PERIOD DATA AND STATIS-
19 TICS. INDIGENT CARE PAYMENTS WILL BE WITHHELD IN INSTANCES WHEN A HOSPI-
20 TAL HAS NOT SUBMITTED REQUIRED INFORMATION BY THE DUE DATES PRESCRIBED
21 IN THIS PARAGRAPH, PROVIDED, HOWEVER, THAT SUCH PAYMENTS SHALL BE MADE
22 UPON SUBMISSION OF SUCH REQUIRED DATA. FOR PURPOSES OF CALCULATIONS
23 PURSUANT TO PARAGRAPH (D) OF THIS SUBDIVISION OF ELIGIBILITY TO RECEIVE
24 DISPROPORTIONATE SHARE PAYMENTS FOR A RATE YEAR OR PART THEREOF, THE
25 HOSPITAL INPATIENT UTILIZATION RATE SHALL BE DETERMINED BASED ON THE
26 BASE YEAR STATISTICS IN ACCORDANCE WITH THE METHODOLOGY ESTABLISHED BY
27 THE COMMISSIONER, AND COSTS INCURRED OF FURNISHING HOSPITAL SERVICES
28 SHALL BE DETERMINED IN ACCORDANCE WITH A METHODOLOGY ESTABLISHED BY THE
29 COMMISSIONER CONSISTENT WITH REQUIREMENTS OF THE SECRETARY OF THE
30 DEPARTMENT OF HEALTH AND HUMAN SERVICES FOR PURPOSES OF FEDERAL FINAN-
31 CIAL PARTICIPATION PURSUANT TO THE TITLE XIX OF THE FEDERAL SOCIAL SECU-
32 RITY ACT IN DISPROPORTIONATE SHARE PAYMENTS.

33 S 3. Subparagraph (i) of paragraph (b) of subdivision 2-b of section
34 2808 of the public health law, as amended by section 1 of part D of
35 chapter 58 of the laws of 2010, is amended to read as follows:

36 (i) Subject to the provisions of subparagraphs (ii) through (xiv) of
37 this paragraph, for periods on and after April first, two thousand nine
38 through June thirtieth, two thousand eleven the operating cost component
39 of rates of payment shall reflect allowable operating costs as reported
40 in each facility's cost report for the two thousand two calendar year,
41 as adjusted for inflation on an annual basis in accordance with the
42 methodology set forth in paragraph (c) of subdivision ten of section
43 twenty-eight hundred seven-c of this article, provided, however, that
44 for those facilities which do not receive a per diem add-on adjustment
45 pursuant to subparagraph (ii) of paragraph (a) of this subdivision,
46 rates shall be further adjusted to include the proportionate benefit, as
47 determined by the commissioner, of the expiration of the opening para-
48 graph and paragraph (a) of subdivision sixteen of this section and of
49 paragraph (a) of subdivision fourteen of this section, and provided
50 further that the operating cost component of rates of payment for those
51 facilities which did not receive a per diem adjustment in accordance
52 with subparagraph (ii) of paragraph (a) of this subdivision shall not be
53 less than the operating component such facilities received in the two
54 thousand eight rate period, as adjusted for inflation on an annual basis
55 in accordance with the methodology set forth in paragraph (c) of subdi-
56 vision ten of section twenty-eight hundred seven-c of this article and

1 further provided, however, that rates for facilities whose operating
2 cost component reflects base year costs subsequent to January first, two
3 thousand two shall have rates computed in accordance with this para-
4 graph, utilizing allowable operating costs as reported in such subse-
5 quent base year period, and trended forward to the rate year in accord-
6 ance with applicable inflation factors, AND PROVIDED FURTHER, HOWEVER,
7 THAT NOTWITHSTANDING ANY INCONSISTENT PROVISION OF THIS SUBDIVISION,
8 RATE ADJUSTMENTS AS DESCRIBED IN THIS SUBPARAGRAPH AND AS EFFECTIVE FOR
9 RATE PERIODS ON AND AFTER APRIL FIRST, TWO THOUSAND NINE THROUGH JUNE
10 THIRTIETH, TWO THOUSAND ELEVEN, SHALL NOT BE IMPLEMENTED AND PAID PRIOR
11 TO JULY FIRST, TWO THOUSAND ELEVEN.

12 S 4. Section 2 of part D of chapter 58 of the laws of 2009, amending
13 the public health law and other laws relating to Medicaid reimbursements
14 to residential health care facilities, as amended by section 3 of Part D
15 of chapter 58 of the laws of 2010, is amended to read as follows:

16 S 2. Notwithstanding paragraph (b) of subdivision 2-b of section 2808
17 of the public health law or any other contrary provision of law, with
18 regard to adjustments to medicaid rates of payment for inpatient
19 services provided by residential health care facilities for the period
20 April 1, 2009 through March 31, 2010, made pursuant to paragraph (b) of
21 subdivision 2-b of section 2808 of the public health law, the commis-
22 sioner of health and the director of the budget shall, upon a determi-
23 nation that such adjustments, including the application of adjustments
24 authorized by the provisions of paragraph (g) of subdivision 2-b of
25 section 2808 of the public health law, shall result in an aggregate
26 increase in total Medicaid rates of payment for such services for such
27 period that is less than or more than two hundred ten million dollars
28 (\$210,000,000), make such proportional adjustments to such rates as are
29 necessary to result in an increase of such aggregate expenditures of two
30 hundred ten million dollars (\$210,000,000), and provided further, howev-
31 er, that notwithstanding section 2808 of the public health law or any
32 other contrary provision of law, with regard to adjustments to inpatient
33 rates of payment made pursuant to section 2808 of the public health law
34 for inpatient services provided by residential health care facilities
35 for the period April 1, 2010 through [June 30, 2011] MARCH 31, 2012, the
36 commissioner of health and the director of the budget shall, upon a
37 determination by such commissioner and such director that such rate
38 adjustments shall, prior to the application of any applicable adjustment
39 for inflation, result in an aggregate increase in total Medicaid rates
40 of payment for such services, including payments made pursuant to
41 subparagraph (i) of paragraph (d) of subdivision 2-c of section 2808 of
42 the public health law, make such proportional adjustments to such rates
43 as are necessary to reduce such total aggregate rate adjustments such
44 that the aggregate total reflects no such increase or decrease, and
45 provided further, however, the case mix adjustments as otherwise author-
46 ized by subparagraph (ii) of paragraph (b) of subdivision 2-b of section
47 2808 of the public health law and as scheduled for January of 2011 shall
48 not be made. Adjustments made pursuant to this section shall not be
49 subject to subsequent correction or reconciliation.

50 S 5. Notwithstanding any contrary provision of law and subject to the
51 availability of federal financial participation, for periods on and
52 after July 1, 2011, Medicaid rates of payments for inpatient services
53 provided by residential health care facilities which, as of the effec-
54 tive date of this section, operate discrete units for treatment of resi-
55 dents with huntington's disease, shall be increased by a rate add-on
56 amount. The aggregate amount of such rate add-ons for the period July 1,

1 2011 through December 31, 2011 shall be eight hundred fifty thousand
2 dollars (\$850,000), and shall be one million seven hundred thousand
3 dollars (\$1,700,000) for the 2012 calendar year and each year thereafter
4 and such amounts shall be allocated to each eligible residential health
5 care facility proportionally, based on the number of beds in each facil-
6 ity's discrete unit for treatment of huntington's disease relative to
7 the total number of such beds in all such units. Such rate add-ons shall
8 be computed utilizing reported Medicaid days from certified cost reports
9 as submitted to the department of health for the calendar year period
10 two years prior to the applicable rate year and, further, such rate
11 add-ons shall not be subject to subsequent adjustment or reconciliation.

12 S 6. Notwithstanding section 448 of chapter 170 of the laws of 1994
13 and section 4 of chapter 81 of the laws of 1995, as amended, and any
14 other inconsistent provision of law or regulation and subject to the
15 availability of federal financial participation, for the period April 1,
16 2011 through June 30, 2011, medical assistance rates of payment to resi-
17 dential health care facilities and diagnostic treatment centers licensed
18 under article 28 of the public health law for adult day health care
19 services provided to registrants with acquired immunodeficiency syndrome
20 (AIDS) or other human immunodeficiency virus (HIV) related illnesses,
21 shall be increased by an aggregate amount of one million eight hundred
22 sixty-seven thousand dollars (\$1,867,000). Such amount shall be allo-
23 cated proportionally among such providers based on the medical assist-
24 ance visits reported by each provider in the most recently available
25 cost report, as submitted to the department of health by January 1,
26 2011, and shall be included as adjustments to each provider's daily rate
27 of payment for such services. Such adjustments shall not be subject to
28 subsequent adjustment or reconciliation.

29 S 7. Notwithstanding any contrary provision of law or regulation and
30 subject to availability of federal financial participation, for the
31 period April 1, 2011 through June 30, 2011, rates of payment by govern-
32 mental agencies to residential health care facilities and diagnostic and
33 treatment centers licensed under article 28 of the public health law for
34 adult day health care services provided to registrants with acquired
35 immunodeficiency syndrome (AIDS) or other human immunodeficiency virus
36 (HIV) related illnesses, shall reflect an adjustment to such rates of
37 payments in an aggregate amount of two hundred thirty-six thousand
38 dollars (\$236,000) and distributed proportionally as rate add-ons, based
39 on each eligible providers' Medicaid visits as reported in such provid-
40 er's most recently available cost report as submitted to the department
41 of health prior to January 1, 2011, and provided further, however, that
42 such adjustments shall not be subject to subsequent adjustment or recon-
43 ciliation.

44 S 8. Subparagraph (vi) of paragraph (b) of subdivision 2 of section
45 2807-d of the public health law, as amended by section 37 of part C of
46 chapter 58 of the laws of 2007, is amended to read as follows:

47 (vi) Notwithstanding any contrary provision of this paragraph or any
48 other provision of law or regulation to the contrary, for residential
49 health care facilities the assessment shall be six percent of each resi-
50 dential health care facility's gross receipts received from all patient
51 care services and other operating income on a cash basis for the period
52 April first, two thousand two through March thirty-first, two thousand
53 three for hospital or health-related services, including adult day
54 services; provided, however, that residential health care facilities'
55 gross receipts attributable to payments received pursuant to title XVIII
56 of the federal social security act (medicare) shall be excluded from the

1 assessment; provided, however, that for all such gross receipts received
2 on or after April first, two thousand three through March thirty-first,
3 two thousand five, such assessment shall be five percent, and further
4 provided that for all such gross receipts received on or after April
5 first, two thousand five through March thirty-first, two thousand nine,
6 and on or after April first, two thousand nine through March thirty-
7 first, two thousand eleven such assessment shall be six percent, AND
8 FURTHER PROVIDED THAT FOR ALL SUCH GROSS RECEIPTS RECEIVED ON OR AFTER
9 APRIL FIRST, TWO THOUSAND ELEVEN SUCH ASSESSMENT SHALL BE SIX PERCENT.

10 S 9. Notwithstanding any inconsistent provision of state law, rule or
11 regulation to the contrary, subject to federal approval, the state shall
12 not take any administrative or statutory action that would result in the
13 year to year rate of growth of state share Medicaid spending, in the
14 aggregate, to exceed the ten year rolling average of the medical compo-
15 nent of the consumer price index as published by the United States
16 department of labor, bureau of labor statistics for the preceding ten
17 years.

18 S 10. Notwithstanding any inconsistent provision of law, rule or regu-
19 lation, for purposes of implementing the provisions of the public health
20 law and the social services law, references to titles XIX and XXI of the
21 federal social security act in the public health law and the social
22 services law shall be deemed to include and also to mean any successor
23 titles thereto under the federal social security act.

24 S 11. Notwithstanding any inconsistent provision of law, rule or regu-
25 lation, the effectiveness of the provisions of sections 2807 and 3614 of
26 the public health law, section 18 of chapter 2 of the laws of 1988, and
27 18 NYCRR 505.14(h), as they relate to time frames for notice, approval
28 or certification of rates of payment, are hereby suspended and without
29 force or effect for purposes of implementing the provisions of this act.

30 S 12. Severability clause. If any clause, sentence, paragraph, subdi-
31 vision, section or part of this act shall be adjudged by any court of
32 competent jurisdiction to be invalid, such judgment shall not affect,
33 impair or invalidate the remainder thereof, but shall be confined in its
34 operation to the clause, sentence, paragraph, subdivision, section or
35 part thereof directly involved in the controversy in which such judg-
36 ment shall have been rendered. It is hereby declared to be the intent of
37 the legislature that this act would have been enacted even if such
38 invalid provisions had not been included herein.

39 S 13. This act shall take effect immediately and shall be deemed to
40 have been in full force and effect on and after April 1, 2011; provided,
41 however, that:

42 (a) any rules or regulations necessary to implement the provisions of
43 this act may be promulgated and any procedures, forms, or instructions
44 necessary for such implementation may be adopted and issued on or after
45 the date this act shall have become a law;

46 (b) this act shall not be construed to alter, change, affect, impair
47 or defeat any rights, obligations, duties or interests accrued, incurred
48 or conferred prior to the effective date of this act;

49 (c) the commissioner of health and the superintendent of insurance and
50 any appropriate council may take any steps necessary to implement this
51 act prior to its effective date;

52 (d) notwithstanding any inconsistent provision of the state adminis-
53 trative procedure act or any other provision of law, rule or regulation,
54 the commissioner of health and the superintendent of insurance and any
55 appropriate council is authorized to adopt or amend or promulgate on an
56 emergency basis any regulation he or she or such council determines

necessary to implement any provision of this act on its effective date;
and

(e) the provisions of this act shall become effective notwithstanding the failure of the commissioner of health or the superintendent of insurance or any council to adopt or amend or promulgate regulations implementing this act.

PART C

Section 1. Subdivision 5 of section 168 of chapter 639 of the laws of 1996, constituting the New York Health Care Reform Act of 1996, as amended by section 1 of part B of chapter 58 of the laws of 2008, is amended to read as follows:

5. sections 2807-c, 2807-j, 2807-s and 2807-t of the public health law, as amended or as added by this act, shall expire on December 31, [2011] 2014, and shall be thereafter effective only in respect to any act done on or before such date or action or proceeding arising out of such act including continued collections of funds from assessments and allowances and surcharges established pursuant to sections 2807-c, 2807-j, 2807-s and 2807-t of the public health law, and administration and distributions of funds from pools established pursuant to sections 2807-c, 2807-j, 2807-k, 2807-l, 2807-m, 2807-s and 2807-t of the public health law related to patient services provided before December 31, [2011] 2014, and continued expenditure of funds authorized for programs and grants until the exhaustion of funds therefor;

S 2. Subdivision 1 of section 138 of chapter 1 of the laws of 1999, constituting the New York Health Care Reform Act of 2000, as amended by section 1-a of part B of chapter 58 of the laws of 2008, is amended to read as follows:

1. sections 2807-c, 2807-j, 2807-s, and 2807-t of the public health law, as amended by this act, shall expire on December 31, [2011] 2014, and shall be thereafter effective only in respect to any act done before such date or action or proceeding arising out of such act including continued collections of funds from assessments and allowances and surcharges established pursuant to sections 2807-c, 2807-j, 2807-s and 2807-t of the public health law, and administration and distributions of funds from pools established pursuant to sections 2807-c, 2807-j, 2807-k, 2807-l, 2807-m, 2807-s, 2807-t, 2807-v and 2807-w of the public health law, as amended or added by this act, related to patient services provided before December 31, [2011] 2014, and continued expenditure of funds authorized for programs and grants until the exhaustion of funds therefor;

S 3. Paragraph (a) of subdivision 9 of section 2807-j of the public health law, as amended by section 2 of part B of chapter 58 of the laws of 2008, is amended to read as follows:

(a) funds shall be deposited and credited to a special revenue-other fund to be established by the comptroller or to the health care reform act (HCRA) resources fund established pursuant to section ninety-two-dd of the state finance law, whichever is applicable. To the extent of funds appropriated therefore, the commissioner shall make payments to general hospitals related to bad debt and charity care pursuant to section twenty-eight hundred seven-k of this article. Funds shall be deposited in the following amounts:

(i) fifty-seven and thirty-three-hundredths percent of the funds accumulated for the period January first, nineteen hundred ninety-seven through December thirty-first, nineteen hundred ninety-seven,

(ii) fifty-seven and one-hundredths percent of the funds accumulated for the period January first, nineteen hundred ninety-eight through December thirty-first, nineteen hundred ninety-eight,

(iii) fifty-five and thirty-two-hundredths percent of the funds accumulated for the period January first, nineteen hundred ninety-nine through December thirty-first, nineteen hundred ninety-nine, and

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

(v) one hundred ninety-one million two hundred fifty thousand dollars of the funds accumulated for the period January first, two thousand [eleven] FOURTEEN through March thirty-first, two thousand [eleven] FOURTEEN.

S 4. Section 34 of part A3 of chapter 62 of the laws of 2003, amending the general business law and other laws relating to enacting major components necessary to implement the state fiscal plan for the 2003-04 state fiscal year, as amended by section 3 of part B of chapter 58 of the laws of 2008, is amended to read as follows:

S 34. (1) Notwithstanding any inconsistent provision of law, rule or regulation and effective April 1, 2008 through March 31, [2011] 2014, the commissioner of health is authorized to transfer and the state comptroller is authorized and directed to receive for deposit to the credit of the department of health's special revenue fund - other, health care reform act (HCRA) resources fund - 061, provider collection monitoring account, within amounts appropriated each year, those funds collected and accumulated pursuant to section 2807-v of the public health law, including income from invested funds, for the purpose of payment for administrative costs of the department of health related to administration of statutory duties for the collections and distributions authorized by section 2807-v of the public health law.

(2) Notwithstanding any inconsistent provision of law, rule or regulation and effective April 1, 2008 through March 31, [2011] 2014, the commissioner of health is authorized to transfer and the state comptroller is authorized and directed to receive for deposit to the credit of the department of health's special revenue fund - other, health care reform act (HCRA) resources fund - 061, provider collection monitoring account, within amounts appropriated each year, those funds collected and accumulated and interest earned through surcharges on payments for health care services pursuant to section 2807-s of the public health law and from assessments pursuant to section 2807-t of the public health law for the purpose of payment for administrative costs of the department of health related to administration of statutory duties for the collections and distributions authorized by sections 2807-s, 2807-t, and 2807-m of the public health law.

(3) Notwithstanding any inconsistent provision of law, rule or regulation and effective April 1, 2008 through March 31, [2011] 2014, the commissioner of health is authorized to transfer and the comptroller is authorized to deposit, within amounts appropriated each year, those funds authorized for distribution in accordance with the provisions of paragraph (a) of subdivision 1 of section 2807-l of the public health law for the purposes of payment for administrative costs of the department of health related to the child health insurance plan program authorized pursuant to title 1-A of article 25 of the public health law into the special revenue funds - other, health care reform act (HCRA) resources fund - 061, child health insurance account, established within the department of health.

1 (4) Notwithstanding any inconsistent provision of law, rule or regu-
2 lation and effective April 1, 2008 through March 31, [2011] 2014, the
3 commissioner of health is authorized to transfer and the comptroller is
4 authorized to deposit, within amounts appropriated each year, those
5 funds authorized for distribution in accordance with the provisions of
6 paragraph (e) of subdivision 1 of section 2807-1 of the public health
7 law for the purpose of payment for administrative costs of the depart-
8 ment of health related to the health occupation development and work-
9 place demonstration program established pursuant to section 2807-h and
10 the health workforce retraining program established pursuant to section
11 2807-g of the public health law into the special revenue funds - other,
12 health care reform act (HCRA) resources fund - 061, health occupation
13 development and workplace demonstration program account, established
14 within the department of health.

15 (5) Notwithstanding any inconsistent provision of law, rule or regu-
16 lation and effective April 1, 2008 through March 31, [2011] 2014, the
17 commissioner of health is authorized to transfer and the comptroller is
18 authorized to deposit, within amounts appropriated each year, those
19 funds allocated pursuant to paragraph (j) of subdivision 1 of section
20 2807-v of the public health law for the purpose of payment for adminis-
21 trative costs of the department of health related to administration of
22 the state's tobacco control programs and cancer services provided pursu-
23 ant to sections 2807-r and 1399-ii of the public health law into such
24 accounts established within the department of health for such purposes.

25 (6) Notwithstanding any inconsistent provision of law, rule or regu-
26 lation and effective April 1, 2008 through March 31, [2011] 2014, the
27 commissioner of health is authorized to transfer and the comptroller is
28 authorized to deposit, within amounts appropriated each year, the funds
29 authorized for distribution in accordance with the provisions of section
30 2807-1 of the public health law for the purposes of payment for adminis-
31 trative costs of the department of health related to the programs funded
32 pursuant to section 2807-1 of the public health law into the special
33 revenue funds - other, health care reform act (HCRA) resources fund -
34 061, pilot health insurance account, established within the department
35 of health.

36 (7) Notwithstanding any inconsistent provision of law, rule or regu-
37 lation and effective April 1, 2008 through March 31, [2011] 2014, the
38 commissioner of health is authorized to transfer and the comptroller is
39 authorized to deposit, within amounts appropriated each year, those
40 funds authorized for distribution in accordance with the provisions of
41 subparagraph (ii) of paragraph (f) of subdivision 19 of section 2807-c
42 of the public health law from monies accumulated and interest earned in
43 the bad debt and charity care and capital statewide pools through an
44 assessment charged to general hospitals pursuant to the provisions of
45 subdivision 18 of section 2807-c of the public health law and those
46 funds authorized for distribution in accordance with the provisions of
47 section 2807-1 of the public health law for the purposes of payment for
48 administrative costs of the department of health related to programs
49 funded under section 2807-1 of the public health law into the special
50 revenue funds - other, health care reform act (HCRA) resources fund -
51 061, primary care initiatives account, established within the department
52 of health.

53 (8) Notwithstanding any inconsistent provision of law, rule or regu-
54 lation and effective April 1, 2008 through March 31, [2011] 2014, the
55 commissioner of health is authorized to transfer and the comptroller is
56 authorized to deposit, within amounts appropriated each year, those

1 funds authorized for distribution in accordance with section 2807-1 of
2 the public health law for the purposes of payment for administrative
3 costs of the department of health related to programs funded under
4 section 2807-1 of the public health law into the special revenue funds -
5 other, health care reform act (HCRA) resources fund - 061, health care
6 delivery administration account, established within the department of
7 health.

8 (9) Notwithstanding any inconsistent provision of law, rule or regu-
9 lation and effective April 1, 2008 through March 31, [2011] 2014, the
10 commissioner of health is authorized to transfer and the comptroller is
11 authorized to deposit, within amounts appropriated each year, those
12 funds authorized pursuant to sections 2807-d, 3614-a and 3614-b of the
13 public health law and section 367-i of the social services law and for
14 distribution in accordance with the provisions of subdivision 9 of
15 section 2807-j of the public health law for the purpose of payment for
16 administration of statutory duties for the collections and distributions
17 authorized by sections 2807-c, 2807-d, 2807-j, 2807-k, 2807-l, 3614-a
18 and 3614-b of the public health law and section 367-i of the social
19 services law into the special revenue funds - other, health care reform
20 act (HCRA) resources fund - 061, provider collection monitoring account,
21 established within the department of health.

22 S 5. Subparagraphs (xiv) and (xv) of paragraph (a) of subdivision 6 of
23 section 2807-s of the public health law, as amended by section 4 of part
24 I of chapter 2 of the laws of 2009, are amended to read as follows:

25 (xiv) A gross annual statewide amount for the period January first,
26 two thousand nine through December thirty-first, two thousand [ten]
27 THIRTEEN, shall be nine hundred [thirty-nine] FORTY-FOUR million
28 dollars.

29 (xv) A gross statewide amount for the period January first, two thou-
30 sand [eleven] FOURTEEN through March thirty-first, two thousand [eleven]
31 FOURTEEN, shall be two hundred [thirty-four] THIRTY-SIX million [seven
32 hundred fifty thousand] dollars.

33 S 5-a. Subparagraphs (iv) and (v) of paragraph (c) of subdivision 6 of
34 section 2807-s of the public health law, as amended by section 12 of
35 part B of chapter 58 of the laws of 2008, are amended to read as
36 follows:

37 (iv) A further gross annual statewide amount for two thousand, two
38 thousand one, two thousand two, two thousand three, two thousand four,
39 two thousand five, two thousand six, two thousand seven, two thousand
40 eight, two thousand nine [and], two thousand ten, TWO THOUSAND ELEVEN,
41 TWO THOUSAND TWELVE AND TWO THOUSAND THIRTEEN shall be eighty-nine
42 million dollars.

43 (v) A further gross statewide amount for the period January first, two
44 thousand [eleven] FOURTEEN through March thirty-first, two thousand
45 [eleven] FOURTEEN, shall be twenty-two million two hundred fifty thou-
46 sand dollars.

47 S 5-b. Subparagraphs (i) and (ii) of paragraph (e) of subdivision 6 of
48 section 2807-s of the public health law, as amended by section 13 of
49 part B of chapter 58 of the laws of 2008, are amended to read as
50 follows:

51 (i) A further gross annual statewide amount shall be twelve million
52 dollars for each period prior to January first, two thousand [eleven]
53 FOURTEEN.

54 (ii) A further gross statewide amount for the period January first,
55 two thousand [eleven] FOURTEEN through March thirty-first, two thousand
56 [eleven] FOURTEEN shall be three million dollars.

1 S 6. Subparagraphs (x), (xi), (xii), (xiii) and (xiv) of paragraph (a)
2 of subdivision 7 of section 2807-s of the public health law, as amended
3 by section 100 of part C of chapter 58 of the laws of 2009, are amended
4 to read as follows:

5 (x) forty-seven million two hundred ten thousand dollars on an annual
6 basis for the periods January first, two thousand nine through December
7 thirty-first, two thousand ten; [and]

8 (xi) eleven million eight hundred thousand dollars for the period
9 January first, two thousand eleven through March thirty-first, two thou-
10 sand eleven;

11 (xii) TWENTY-THREE MILLION EIGHT HUNDRED THIRTY-SIX THOUSAND DOLLARS
12 EACH STATE FISCAL YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND ELEVEN
13 THROUGH MARCH THIRTY-FIRST, TWO THOUSAND FOURTEEN;

14 (XIII) provided, however, for periods prior to January first, two
15 thousand nine, amounts set forth in this paragraph may be reduced by the
16 commissioner in an amount to be approved by the director of the budget
17 to reflect the amount received from the federal government under the
18 state's 1115 waiver which is directed under its terms and conditions to
19 the graduate medical education program established pursuant to section
20 twenty-eight hundred seven-m of this article;

21 [(xiii)] (XIV) provided further, however, for periods prior to July
22 first, two thousand nine, amounts set forth in this paragraph shall be
23 reduced by an amount equal to the total actual distribution reductions
24 for all facilities pursuant to paragraph (e) of subdivision three of
25 section twenty-eight hundred seven-m of this article; and

26 [(xiv)] (XV) provided further, however, for periods prior to July
27 first, two thousand nine, amounts set forth in this paragraph shall be
28 reduced by an amount equal to the actual distribution reductions for all
29 facilities pursuant to paragraph (s) of subdivision one of section twen-
30 ty-eight hundred seven-m of this article.

31 S 7. Section 2807-1 of the public health law, as amended by section 4
32 of part B of chapter 58 of the laws of 2008, clause (A) of subparagraph
33 (i) of paragraph (b) of subdivision 1 as amended by section 51 of part B
34 and paragraph (n) of subdivision 1 as amended by section 9 of part C of
35 chapter 58 of the laws of 2009, subparagraph (iv) of paragraph (c) of
36 subdivision 1 as amended by section 13 of part B of chapter 109 of the
37 laws of 2010, is amended to read as follows:

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

46 (a) Funds shall be reserved and accumulated from year to year and
47 shall be available, including income from invested funds, for purposes
48 of distributions to programs to provide health care coverage for unin-
49 sured or underinsured children pursuant to sections twenty-five hundred
50 ten and twenty-five hundred eleven of this chapter from the respective
51 health care initiatives pools established for the following periods in
52 the following amounts:

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

1 (ii) from the pool for the period January first, nineteen hundred
2 ninety-eight through December thirty-first, nineteen hundred ninety-
3 eight, up to one hundred sixty-four million five hundred thousand
4 dollars;

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

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

10 (v) from the pool for the period January first, two thousand one
11 through December thirty-first, two thousand one, two hundred thirty-five
12 million dollars;

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

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

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

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

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

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

34 (xii) from the health care reform act (HCRA) resources fund for the
35 period January first, two thousand eight through December thirty-first,
36 two thousand ten, up to four hundred fifty-three million six hundred
37 seventy-four thousand dollars annually; [and]

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

42 (XIV) FROM THE HEALTH CARE REFORM ACT (HCRA) RESOURCES FUND FOR THE
43 PERIOD APRIL FIRST, TWO THOUSAND ELEVEN, THROUGH MARCH THIRTY-FIRST, TWO
44 THOUSAND TWELVE, UP TO THREE HUNDRED TWENTY-FOUR MILLION SEVEN HUNDRED
45 FORTY-FOUR THOUSAND DOLLARS;

46 (XV) FROM THE HEALTH CARE REFORM ACT (HCRA) RESOURCES FUND FOR THE
47 PERIOD APRIL FIRST, TWO THOUSAND TWELVE, THROUGH MARCH THIRTY-FIRST, TWO
48 THOUSAND THIRTEEN, UP TO THREE HUNDRED FORTY-SIX MILLION FOUR HUNDRED
49 FORTY-FOUR THOUSAND DOLLARS; AND

50 (XVI) FROM THE HEALTH CARE REFORM ACT (HCRA) RESOURCES FUND FOR THE
51 PERIOD APRIL FIRST, TWO THOUSAND THIRTEEN, THROUGH MARCH THIRTY-FIRST,
52 TWO THOUSAND FOURTEEN, UP TO THREE HUNDRED SEVENTY MILLION SIX HUNDRED
53 NINETY-FIVE THOUSAND DOLLARS.

54 (b) Funds shall be reserved and accumulated from year to year and
55 shall be available, including income from invested funds, for purposes
56 of distributions for health insurance programs under the individual

1 subsidy programs established pursuant to the expanded health care cover-
2 age act of nineteen hundred eighty-eight as amended, and for evaluation
3 of such programs from the respective health care initiatives pools or
4 the health care reform act (HCRA) resources fund, whichever is applica-
5 ble, established for the following periods in the following amounts:

6 (i) (A) an amount not to exceed six million dollars on an annualized
7 basis for the periods January first, nineteen hundred ninety-seven
8 through December thirty-first, nineteen hundred ninety-nine; up to six
9 million dollars for the period January first, two thousand through
10 December thirty-first, two thousand; up to five million dollars for the
11 period January first, two thousand one through December thirty-first,
12 two thousand one; up to four million dollars for the period January
13 first, two thousand two through December thirty-first, two thousand two;
14 up to two million six hundred thousand dollars for the period January
15 first, two thousand three through December thirty-first, two thousand
16 three; up to one million three hundred thousand dollars for the period
17 January first, two thousand four through December thirty-first, two
18 thousand four; up to six hundred seventy thousand dollars for the period
19 January first, two thousand five through June thirtieth, two thousand
20 five; up to one million three hundred thousand dollars for the period
21 April first, two thousand six through March thirty-first, two thousand
22 seven; and up to one million three hundred thousand dollars annually for
23 the period April first, two thousand seven through March thirty-first,
24 two thousand nine, shall be allocated to individual subsidy programs;
25 and

26 (B) an amount not to exceed seven million dollars on an annualized
27 basis for the periods during the period January first, nineteen hundred
28 ninety-seven through December thirty-first, nineteen hundred ninety-nine
29 and four million dollars annually for the periods January first, two
30 thousand through December thirty-first, two thousand two, and three
31 million dollars for the period January first, two thousand three through
32 December thirty-first, two thousand three, and two million dollars for
33 the period January first, two thousand four through December thirty-
34 first, two thousand four, and two million dollars for the period January
35 first, two thousand five through June thirtieth, two thousand five shall
36 be allocated to the catastrophic health care expense program.

37 (ii) Notwithstanding any law to the contrary, the characterizations of
38 the New York state small business health insurance partnership program
39 as in effect prior to June thirtieth, two thousand three, voucher
40 program as in effect prior to December thirty-first, two thousand one,
41 individual subsidy program as in effect prior to June thirtieth, two
42 thousand five, and catastrophic health care expense program, as in
43 effect prior to June thirtieth, two thousand five, may, for the purposes
44 of identifying matching funds for the community health care conversion
45 demonstration project described in a waiver of the provisions of title
46 XIX of the federal social security act granted to the state of New York
47 and dated July fifteenth, nineteen hundred ninety-seven, may continue to
48 be used to characterize the insurance programs in sections four thousand
49 three hundred twenty-one-a, four thousand three hundred twenty-two-a,
50 four thousand three hundred twenty-six and four thousand three hundred
51 twenty-seven of the insurance law, which are successor programs to these
52 programs.

53 (c) Up to seventy-eight million dollars shall be reserved and accumu-
54 lated from year to year from the pool for the period January first,
55 nineteen hundred ninety-seven through December thirty-first, nineteen
56 hundred ninety-seven, for purposes of public health programs, up to

1 seventy-six million dollars shall be reserved and accumulated from year
2 to year from the pools for the periods January first, nineteen hundred
3 ninety-eight through December thirty-first, nineteen hundred ninety-
4 eight and January first, nineteen hundred ninety-nine through December
5 thirty-first, nineteen hundred ninety-nine, up to eighty-four million
6 dollars shall be reserved and accumulated from year to year from the
7 pools for the period January first, two thousand through December thir-
8 ty-first, two thousand, up to eighty-five million dollars shall be
9 reserved and accumulated from year to year from the pools for the period
10 January first, two thousand one through December thirty-first, two thou-
11 sand one, up to eighty-six million dollars shall be reserved and accumu-
12 lated from year to year from the pools for the period January first, two
13 thousand two through December thirty-first, two thousand two, up to
14 eighty-six million one hundred fifty thousand dollars shall be reserved
15 and accumulated from year to year from the pools for the period January
16 first, two thousand three through December thirty-first, two thousand
17 three, up to fifty-eight million seven hundred eighty thousand dollars
18 shall be reserved and accumulated from year to year from the pools for
19 the period January first, two thousand four through December thirty-
20 first, two thousand four, up to sixty-eight million seven hundred thirty
21 thousand dollars shall be reserved and accumulated from year to year
22 from the pools or the health care reform act (HCRA) resources fund,
23 whichever is applicable, for the period January first, two thousand five
24 through December thirty-first, two thousand five, up to ninety-four
25 million three hundred fifty thousand dollars shall be reserved and accu-
26 mulated from year to year from the health care reform act (HCRA)
27 resources fund for the period January first, two thousand six through
28 December thirty-first, two thousand six, up to seventy million nine
29 hundred thirty-nine thousand dollars shall be reserved and accumulated
30 from year to year from the health care reform act (HCRA) resources fund
31 for the period January first, two thousand seven through December thir-
32 ty-first, two thousand seven, up to fifty-five million six hundred
33 eighty-nine thousand dollars annually shall be reserved and accumulated
34 from year to year from the health care reform act (HCRA) resources fund
35 for the period January first, two thousand eight through December thir-
36 ty-first, two thousand ten, [and] up to thirteen million nine hundred
37 twenty-two thousand dollars shall be reserved and accumulated from year
38 to year from the health care reform act (HCRA) resources fund for the
39 period January first, two thousand eleven through March thirty-first,
40 two thousand eleven, AND FOR PERIODS ON AND AFTER APRIL FIRST, TWO THOU-
41 SAND ELEVEN, UP TO FUNDING AMOUNTS SPECIFIED BELOW and shall be avail-
42 able, including income from invested funds, for:

43 (i) deposit by the commissioner, within amounts appropriated, and the
44 state comptroller is hereby authorized and directed to receive for
45 deposit to, to the credit of the department of health's special revenue
46 fund - other, hospital based grants program account or the health care
47 reform act (HCRA) resources fund, whichever is applicable, for purposes
48 of services and expenses related to general hospital based grant
49 programs, up to twenty-two million dollars annually from the nineteen
50 hundred ninety-seven pool, nineteen hundred ninety-eight pool, nineteen
51 hundred ninety-nine pool, two thousand pool, two thousand one pool and
52 two thousand two pool, respectively, up to twenty-two million dollars
53 from the two thousand three pool, up to ten million dollars for the
54 period January first, two thousand four through December thirty-first,
55 two thousand four, up to eleven million dollars for the period January
56 first, two thousand five through December thirty-first, two thousand

1 five, up to twenty-two million dollars for the period January first, two
2 thousand six through December thirty-first, two thousand six, up to
3 twenty-two million ninety-seven thousand dollars annually for the period
4 January first, two thousand seven through December thirty-first, two
5 thousand ten, [and] up to five million five hundred twenty-four thousand
6 dollars for the period January first, two thousand eleven through March
7 thirty-first, two thousand eleven, UP TO THIRTEEN MILLION FOUR HUNDRED
8 FORTY-FIVE THOUSAND DOLLARS FOR THE PERIOD APRIL FIRST, TWO THOUSAND
9 ELEVEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND TWELVE, AND UP TO THIR-
10 TEEN MILLION THREE HUNDRED SEVENTY-FIVE THOUSAND DOLLARS EACH STATE
11 FISCAL YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND TWELVE THROUGH
12 MARCH THIRTY-FIRST, TWO THOUSAND FOURTEEN;

13 (ii) deposit by the commissioner, within amounts appropriated, and the
14 state comptroller is hereby authorized and directed to receive for
15 deposit to, to the credit of the emergency medical services training
16 account established in section ninety-seven-q of the state finance law
17 or the health care reform act (HCRA) resources fund, whichever is appli-
18 cable, up to sixteen million dollars on an annualized basis for the
19 periods January first, nineteen hundred ninety-seven through December
20 thirty-first, nineteen hundred ninety-nine, up to twenty million dollars
21 for the period January first, two thousand through December thirty-
22 first, two thousand, up to twenty-one million dollars for the period
23 January first, two thousand one through December thirty-first, two thou-
24 sand one, up to twenty-two million dollars for the period January first,
25 two thousand two through December thirty-first, two thousand two, up to
26 twenty-two million five hundred fifty thousand dollars for the period
27 January first, two thousand three through December thirty-first, two
28 thousand three, up to nine million six hundred eighty thousand dollars
29 for the period January first, two thousand four through December thir-
30 ty-first, two thousand four, up to twelve million one hundred thirty
31 thousand dollars for the period January first, two thousand five through
32 December thirty-first, two thousand five, up to twenty-four million two
33 hundred fifty thousand dollars for the period January first, two thou-
34 sand six through December thirty-first, two thousand six, up to twenty
35 million four hundred ninety-two thousand dollars annually for the period
36 January first, two thousand seven through December thirty-first, two
37 thousand ten, [and] up to five million one hundred twenty-three thousand
38 dollars for the period January first, two thousand eleven through March
39 thirty-first, two thousand eleven, UP TO EIGHTEEN MILLION THREE HUNDRED
40 FIFTY THOUSAND DOLLARS FOR THE PERIOD APRIL FIRST, TWO THOUSAND ELEVEN
41 THROUGH MARCH THIRTY-FIRST, TWO THOUSAND TWELVE, UP TO EIGHTEEN MILLION
42 NINE HUNDRED FIFTY THOUSAND DOLLARS FOR THE PERIOD APRIL FIRST, TWO
43 THOUSAND TWELVE THROUGH MARCH THIRTY-FIRST, TWO THOUSAND THIRTEEN, AND
44 UP TO NINETEEN MILLION FOUR HUNDRED NINETEEN THOUSAND DOLLARS FOR THE
45 PERIOD APRIL FIRST, TWO THOUSAND THIRTEEN THROUGH MARCH THIRTY-FIRST,
46 TWO THOUSAND FOURTEEN;

47 (iii) priority distributions by the commissioner up to thirty-two
48 million dollars on an annualized basis for the period January first, two
49 thousand through December thirty-first, two thousand four, up to thir-
50 ty-eight million dollars on an annualized basis for the period January
51 first, two thousand five through December thirty-first, two thousand
52 six, up to eighteen million two hundred fifty thousand dollars for the
53 period January first, two thousand seven through December thirty-first,
54 two thousand seven, up to three million dollars annually for the period
55 January first, two thousand eight through December thirty-first, two
56 thousand ten, [and] up to seven hundred fifty thousand dollars for the

1 period January first, two thousand eleven through March thirty-first,
2 two thousand eleven, AND UP TO TWO MILLION NINE HUNDRED THOUSAND DOLLARS
3 EACH STATE FISCAL YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND ELEVEN
4 THROUGH MARCH THIRTY-FIRST, TWO THOUSAND FOURTEEN to be allocated (A)
5 for the purposes established pursuant to subparagraph (ii) of paragraph
6 (f) of subdivision nineteen of section twenty-eight hundred seven-c of
7 this article as in effect on December thirty-first, nineteen hundred
8 ninety-six and as may thereafter be amended, up to fifteen million
9 dollars annually for the periods January first, two thousand through
10 December thirty-first, two thousand four, up to twenty-one million
11 dollars annually for the period January first, two thousand five through
12 December thirty-first, two thousand six, and up to seven million five
13 hundred thousand dollars for the period January first, two thousand
14 seven through March thirty-first, two thousand seven;

15 (B) pursuant to a memorandum of understanding entered into by the
16 commissioner, the majority leader of the senate and the speaker of the
17 assembly, for the purposes outlined in such memorandum upon the recom-
18 mendation of the majority leader of the senate, up to eight million
19 five hundred thousand dollars annually for the period January first, two
20 thousand through December thirty-first, two thousand six, and up to four
21 million two hundred fifty thousand dollars for the period January first,
22 two thousand seven through June thirtieth, two thousand seven, and for
23 the purposes outlined in such memorandum upon the recommendation of the
24 speaker of the assembly, up to eight million five hundred thousand
25 dollars annually for the periods January first, two thousand through
26 December thirty-first, two thousand six, and up to four million two
27 hundred fifty thousand dollars for the period January first, two thou-
28 sand seven through June thirtieth, two thousand seven; and

29 (C) for services and expenses, including grants, related to emergency
30 assistance distributions as designated by the commissioner. Notwith-
31 standing section one hundred twelve or one hundred sixty-three of the
32 state finance law or any other contrary provision of law, such distrib-
33 utions shall be limited to providers or programs where, as determined by
34 the commissioner, emergency assistance is vital to protect the life or
35 safety of patients, to ensure the retention of facility caregivers or
36 other staff, or in instances where health facility operations are jeop-
37 ardized, or where the public health is jeopardized or other emergency
38 situations exist, up to three million dollars annually for the period
39 April first, two thousand seven through March thirty-first, two thousand
40 eleven, AND UP TO TWO MILLION NINE HUNDRED THOUSAND DOLLARS EACH STATE
41 FISCAL YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND ELEVEN THROUGH
42 MARCH THIRTY-FIRST, TWO THOUSAND FOURTEEN. Upon any distribution of
43 such funds, the commissioner shall immediately notify the chair and
44 ranking minority member of the senate finance committee, the assembly
45 ways and means committee, the senate committee on health, and the assem-
46 bly committee on health;

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

1 January first, two thousand three through December thirty-first, two
2 thousand four, up to five million one hundred thousand dollars for the
3 period January first, two thousand five through December thirty-first,
4 two thousand six annually, up to five million one hundred thousand
5 dollars annually for the period January first, two thousand seven
6 through December thirty-first, two thousand nine, up to three million
7 six hundred thousand dollars for the period January first, two thousand
8 ten through December thirty-first, two thousand ten, [and] up to seven
9 hundred seventy-five thousand dollars for the period January first, two
10 thousand eleven through March thirty-first, two thousand eleven, AND UP
11 TO TWO MILLION FIVE HUNDRED THOUSAND DOLLARS EACH STATE FISCAL YEAR FOR
12 THE PERIOD APRIL FIRST, TWO THOUSAND ELEVEN THROUGH MARCH THIRTY-FIRST,
13 TWO THOUSAND FOURTEEN; and

14 (v) deposit by the commissioner, within amounts appropriated, and the
15 state comptroller is hereby authorized and directed to receive for
16 deposit to, to the credit of the department of health's special revenue
17 fund - other, miscellaneous special revenue fund - 339 maternal and
18 child HIV services account or the health care reform act (HCRA)
19 resources fund, whichever is applicable, for purposes of a special
20 program for HIV services for [infants and pregnant] women AND CHILDREN,
21 INCLUDING ADOLESCENTS pursuant to section [seventy-one of chapter seven
22 hundred thirty-one of the laws of nineteen hundred ninety-three, amend-
23 ing] TWENTY-FIVE HUNDRED-F-ONE OF the public health law [and other laws
24 relating to reimbursement, delivery and capital costs of ambulatory
25 health care services and inpatient hospital services], up to five
26 million dollars annually for the periods January first, two thousand
27 through December thirty-first, two thousand two, up to five million
28 dollars for the period January first, two thousand three through Decem-
29 ber thirty-first, two thousand three, up to two million five hundred
30 thousand dollars for the period January first, two thousand four through
31 December thirty-first, two thousand four, up to two million five hundred
32 thousand dollars for the period January first, two thousand five through
33 December thirty-first, two thousand five, up to five million dollars for
34 the period January first, two thousand six through December thirty-
35 first, two thousand six, up to five million dollars annually for the
36 period January first, two thousand seven through December thirty-first,
37 two thousand ten, [and] up to one million two hundred fifty thousand
38 dollars for the period January first, two thousand eleven through March
39 thirty-first, two thousand eleven, AND UP TO FIVE MILLION DOLLARS EACH
40 STATE FISCAL YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND ELEVEN
41 THROUGH MARCH THIRTY-FIRST, TWO THOUSAND FOURTEEN;

42 (d) (i) An amount of up to twenty million dollars annually for the
43 period January first, two thousand through December thirty-first, two
44 thousand six, up to ten million dollars for the period January first,
45 two thousand seven through June thirtieth, two thousand seven, up to
46 twenty million dollars annually for the period January first, two thou-
47 sand eight through December thirty-first, two thousand ten, [and] up to
48 five million dollars for the period January first, two thousand eleven
49 through March thirty-first, two thousand eleven, AND UP TO NINETEEN
50 MILLION SIX HUNDRED THOUSAND DOLLARS EACH STATE FISCAL YEAR FOR THE
51 PERIOD APRIL FIRST, TWO THOUSAND ELEVEN THROUGH MARCH THIRTY-FIRST, TWO
52 THOUSAND FOURTEEN, shall be transferred to the health facility restruc-
53 turing pool established pursuant to section twenty-eight hundred fifteen
54 of this article;

55 (ii) provided, however, amounts transferred pursuant to subparagraph
56 (i) of this paragraph may be reduced in an amount to be approved by the

1 director of the budget to reflect the amount received from the federal
2 government under the state's 1115 waiver which is directed under its
3 terms and conditions to the health facility restructuring program.

4 (e) Funds shall be reserved and accumulated from year to year and
5 shall be available, including income from invested funds, for purposes
6 of distributions to organizations to support the health workforce
7 retraining program established pursuant to section twenty-eight hundred
8 seven-g of this article from the respective health care initiatives
9 pools established for the following periods in the following amounts
10 from the pools or the health care reform act (HCRA) resources fund,
11 whichever is applicable, during the period January first, nineteen
12 hundred ninety-seven through December thirty-first, nineteen hundred
13 ninety-nine, up to fifty million dollars on an annualized basis, up to
14 thirty million dollars for the period January first, two thousand
15 through December thirty-first, two thousand, up to forty million dollars
16 for the period January first, two thousand one through December thirty-
17 first, two thousand one, up to fifty million dollars for the period
18 January first, two thousand two through December thirty-first, two thou-
19 sand two, up to forty-one million one hundred fifty thousand dollars for
20 the period January first, two thousand three through December thirty-
21 first, two thousand three, up to forty-one million one hundred fifty
22 thousand dollars for the period January first, two thousand four through
23 December thirty-first, two thousand four, up to fifty-eight million
24 three hundred sixty thousand dollars for the period January first, two
25 thousand five through December thirty-first, two thousand five, up to
26 fifty-two million three hundred sixty thousand dollars for the period
27 January first, two thousand six through December thirty-first, two thou-
28 sand six, up to thirty-five million four hundred thousand dollars annu-
29 ally for the period January first, two thousand seven through December
30 thirty-first, two thousand ten [and], up to eight million eight hundred
31 fifty thousand dollars for the period January first, two thousand eleven
32 through March thirty-first, two thousand eleven, AND UP TO TWENTY-EIGHT
33 MILLION FOUR HUNDRED THOUSAND DOLLARS EACH STATE FISCAL YEAR FOR THE
34 PERIOD APRIL FIRST, TWO THOUSAND ELEVEN THROUGH MARCH THIRTY-FIRST, TWO
35 THOUSAND FOURTEEN, less the amount of funds available for allocations
36 for rate adjustments for workforce training programs for payments by
37 state governmental agencies for inpatient hospital services.

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

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

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

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

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

16 (v) from the health care reform act (HCRA) resources fund for the
17 period January first, two thousand nine through December thirty-first,
18 two thousand nine, one hundred eight million nine hundred seventy-five
19 thousand dollars, and for the period January first, two thousand ten
20 through December thirty-first, two thousand ten, one hundred twenty-six
21 million one hundred thousand dollars, [and] for the period January
22 first, two thousand eleven through March thirty-first, two thousand
23 eleven, twenty million five hundred thousand dollars, AND FOR EACH STATE
24 FISCAL YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND ELEVEN THROUGH
25 MARCH THIRTY-FIRST, TWO THOUSAND FOURTEEN, ONE HUNDRED FORTY-SIX MILLION
26 FOUR HUNDRED THOUSAND DOLLARS, shall be deposited by the commissioner,
27 and the state comptroller is hereby authorized and directed to receive
28 for deposit, to the credit of the state special revenue fund - other,
29 HCRA transfer fund, medical assistance account.

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

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

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

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

46 (h) Funds shall be reserved and accumulated from year to year by the
47 commissioner and shall be available, including income from invested
48 funds, for purposes of primary care education and training pursuant to
49 article nine of this chapter from the respective health care initiatives
50 pools established for the following periods in the following percentage
51 amounts of funds remaining after allocations in accordance with para-
52 graphs (a) through (f) of this subdivision and shall be available for
53 distributions as follows:

54 (i) funds shall be reserved and accumulated:

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

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

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

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

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

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

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

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

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

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

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

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

45 (iv) from the pool for the periods January first, two thousand through
46 December thirty-first, two thousand two, seventeen million dollars annu-
47 ally, and for the period January first, two thousand three through
48 December thirty-first, two thousand three, up to fifteen million eight
49 hundred fifty thousand dollars;

50 (v) from the pool or the health care reform act (HCRA) resources fund,
51 whichever is applicable, for the period January first, two thousand four
52 through December thirty-first, two thousand four, up to fifteen million
53 eight hundred fifty thousand dollars, and for the period January first,
54 two thousand five through December thirty-first, two thousand five, up
55 to nineteen million two hundred thousand dollars, and for the period
56 January first, two thousand six through December thirty-first, two thou-

1 sand six, up to nineteen million two hundred thousand dollars, for the
2 period January first, two thousand seven through December thirty-first,
3 two thousand ten, up to eighteen million one hundred fifty thousand
4 dollars annually, [and] for the period January first, two thousand elev-
5 en through March thirty-first, two thousand eleven, up to four million
6 five hundred thirty-eight thousand dollars, AND FOR EACH STATE FISCAL
7 YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND ELEVEN THROUGH MARCH THIR-
8 TY-FIRST, TWO THOUSAND FOURTEEN, UP TO SIXTEEN MILLION TWO HUNDRED THOU-
9 SAND DOLLARS.

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

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

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

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

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

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

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

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

46 (iv) from the pool for the periods January first, two thousand through
47 December thirty-first, two thousand two, forty-eight million dollars
48 annually, and for the period January first, two thousand three through
49 June thirtieth, two thousand three, twenty-four million dollars;

50 (v) (A) from the pool or the health care reform act (HCRA) resources
51 fund, whichever is applicable, for the period July first, two thousand
52 three through December thirty-first, two thousand three, up to six
53 million dollars, for the period January first, two thousand four through
54 December thirty-first, two thousand six, up to twelve million dollars
55 annually, for the period January first, two thousand seven through
56 December thirty-first, two thousand [ten] THIRTEEN, up to forty-eight

1 million dollars annually, and for the period January first, two thousand
2 [eleven] FOURTEEN through March thirty-first, two thousand [eleven]
3 FOURTEEN, up to twelve million dollars;

4 (B) from the health care reform act (HCRA) resources fund for the
5 period January first, two thousand six through December thirty-first,
6 two thousand six, an additional seven million five hundred thousand
7 dollars, for the period January first, two thousand seven through Decem-
8 ber thirty-first, two thousand [ten] THIRTEEN, an additional seven
9 million five hundred thousand dollars annually, and for the period Janu-
10 ary first, two thousand [eleven] FOURTEEN through March thirty-first,
11 two thousand [eleven] FOURTEEN, an additional one million eight hundred
12 seventy-five thousand dollars, for voluntary non-profit diagnostic and
13 treatment center uncompensated care in accordance with subdivision
14 four-c of section twenty-eight hundred seven-p of this article; and

15 (vi) funds reserved and accumulated pursuant to this paragraph for
16 periods on and after July first, two thousand three, shall be deposited
17 by the commissioner, within amounts appropriated, and the state comp-
18 troller is hereby authorized and directed to receive for deposit to the
19 credit of the state special revenue funds - other, HCRA transfer fund,
20 medical assistance account, for purposes of funding the state share of
21 rate adjustments made pursuant to section twenty-eight hundred seven-p
22 of this article, provided, however, that in the event federal financial
23 participation is not available for rate adjustments made pursuant to
24 paragraph (b) of subdivision one of section twenty-eight hundred seven-p
25 of this article, funds shall be distributed pursuant to paragraph (a) of
26 subdivision one of section twenty-eight hundred seven-p of this article
27 from the respective health care initiatives pools or the health care
28 reform act (HCRA) resources fund, whichever is applicable.

29 (l) Funds shall be reserved and accumulated from year to year by the
30 commissioner and shall be available, including income from invested
31 funds, for transfer to and allocation for services and expenses for the
32 payment of benefits to recipients of drugs under the AIDS drug assist-
33 ance program (ADAP) - HIV uninsured care program as administered by
34 Health Research Incorporated from the respective health care initi-
35 atives pools or the health care reform act (HCRA) resources fund, which-
36 ever is applicable, established for the following periods in the follow-
37 ing percentage amounts of funds remaining after allocations in
38 accordance with paragraphs (a) through (f) of this subdivision, and for
39 periods on and after January first, two thousand, in the following
40 amounts:

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

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

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

50 (iv) from the pool for the periods January first, two thousand through
51 December thirty-first, two thousand two, up to twelve million dollars
52 annually, and for the period January first, two thousand three through
53 December thirty-first, two thousand three, up to forty million dollars;
54 and

55 (v) from the pool or the health care reform act (HCRA) resources fund,
56 whichever is applicable, for the periods January first, two thousand

1 four through December thirty-first, two thousand four, up to fifty-six
2 million dollars, for the period January first, two thousand five through
3 December thirty-first, two thousand six, up to sixty million dollars
4 annually, for the period January first, two thousand seven through
5 December thirty-first, two thousand ten, up to sixty million dollars
6 annually, [and] for the period January first, two thousand eleven
7 through March thirty-first, two thousand eleven, up to fifteen million
8 dollars, AND EACH STATE FISCAL YEAR FOR THE PERIOD APRIL FIRST, TWO
9 THOUSAND ELEVEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND FOURTEEN, UP TO
10 FORTY-TWO MILLION THREE HUNDRED THOUSAND DOLLARS.

11 (m) Funds shall be reserved and accumulated from year to year and
12 shall be available, including income from invested funds, for purposes
13 of distributions pursuant to section twenty-eight hundred seven-r of
14 this article for cancer related services from the respective health care
15 initiatives pools or the health care reform act (HCRA) resources fund,
16 whichever is applicable, established for the following periods in the
17 following percentage amounts of funds remaining after allocations in
18 accordance with paragraphs (a) through (f) of this subdivision, and for
19 periods on and after January first, two thousand, in the following
20 amounts:

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

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

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

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

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

36 (vi) from the pool or the health care reform act (HCRA) resources
37 fund, whichever is applicable, for the period January first, two thou-
38 sand five through December thirty-first, two thousand six, up to ten
39 million fifty thousand dollars on an annual basis, for the period Janu-
40 ary first, two thousand seven through December thirty-first, two thou-
41 sand ten, up to nineteen million dollars annually, and for the period
42 January first, two thousand eleven through March thirty-first, two thou-
43 sand eleven, up to four million seven hundred fifty thousand dollars.

44 (n) Funds shall be accumulated and transferred from the health care
45 reform act (HCRA) resources fund as follows: for the period April first,
46 two thousand seven through March thirty-first, two thousand eight, and
47 on an annual basis for the periods April first, two thousand eight
48 through November thirtieth, two thousand nine, funds within amounts
49 appropriated shall be transferred and deposited and credited to the
50 credit of the state special revenue funds - other, HCRA transfer fund,
51 medical assistance account, for purposes of funding the state share of
52 rate adjustments made to public and voluntary hospitals in accordance
53 with paragraphs (i) and (j) of subdivision one of section twenty-eight
54 hundred seven-c of this article.

55 2. Notwithstanding any inconsistent provision of law, rule or regu-
56 lation, any funds accumulated in the health care initiatives pools

1 pursuant to paragraph (b) of subdivision nine of section twenty-eight
2 hundred seven-j of this article, as a result of surcharges, assessments
3 or other obligations during the periods January first, nineteen hundred
4 ninety-seven through December thirty-first, nineteen hundred ninety-
5 nine, which are unused or uncommitted for distributions pursuant to this
6 section shall be reserved and accumulated from year to year by the
7 commissioner and, within amounts appropriated, transferred and deposited
8 into the special revenue funds - other, miscellaneous special revenue
9 fund - 339, child health insurance account or any successor fund or
10 account, for purposes of distributions to implement the child health
11 insurance program established pursuant to sections twenty-five hundred
12 ten and twenty-five hundred eleven of this chapter for periods on and
13 after January first, two thousand one; provided, however, funds reserved
14 and accumulated for priority distributions pursuant to subparagraph
15 (iii) of paragraph (c) of subdivision one of this section shall not be
16 transferred and deposited into such account pursuant to this subdivi-
17 sion; and provided further, however, that any unused or uncommitted pool
18 funds accumulated and allocated pursuant to paragraph (j) of subdivision
19 one of this section shall be distributed for purposes of the health
20 information and quality improvement act of 2000.

21 3. Revenue from distributions pursuant to this section shall not be
22 included in gross revenue received for purposes of the assessments
23 pursuant to subdivision eighteen of section twenty-eight hundred seven-c
24 of this article, subject to the provisions of paragraph (e) of subdivi-
25 sion eighteen of section twenty-eight hundred seven-c of this article,
26 and shall not be included in gross revenue received for purposes of the
27 assessments pursuant to section twenty-eight hundred seven-d of this
28 article, subject to the provisions of subdivision twelve of section
29 twenty-eight hundred seven-d of this article.

30 S 8. Subdivision 1 of section 2807-v of the public health law, as
31 amended by section 5 of part B of chapter 58 of the laws of 2008, para-
32 graphs (g), (h), (i) and (i-1) as amended by section 5 of part I of
33 chapter 2 of the laws of 2009, subparagraphs (xi) and (xii) of paragraph
34 (j) as amended by section 12, paragraph (jj) as amended by section 10,
35 subparagraph (vii) of paragraph (qq) as amended by section 11 and
36 subparagraph (vii) of paragraph (uu) as amended by section 9 of part B
37 of chapter 109 of the laws of 2010, paragraph (s) as amended by section
38 8, paragraphs (x) and (y) as amended by section 6, paragraph (kk) as
39 amended by section 124, subparagraph (vi) of paragraph (uu) as amended
40 by section 120, paragraph (xx) as amended by section 10 and paragraphs
41 (ggg) and (hhh) as amended by section 7 of part C of chapter 58 of the
42 laws of 2009, is amended to read as follows:

43 1. Funds accumulated in the tobacco control and insurance initiatives
44 pool or in the health care reform act (HCRA) resources fund established
45 pursuant to section ninety-two-dd of the state finance law, whichever is
46 applicable, including income from invested funds, shall be distributed
47 or retained by the commissioner or by the state comptroller, as applica-
48 ble, in accordance with the following:

49 (a) Funds shall be deposited by the commissioner, within amounts
50 appropriated, and the state comptroller is hereby authorized and
51 directed to receive for deposit to the credit of the state special
52 revenue funds - other, HCRA transfer fund, medicaid fraud hotline and
53 medicaid administration account, or any successor fund or account, for
54 purposes of services and expenses related to the toll-free medicaid
55 fraud hotline established pursuant to section one hundred eight of chap-
56 ter one of the laws of nineteen hundred ninety-nine from the tobacco

1 control and insurance initiatives pool established for the following
2 periods in the following amounts: four hundred thousand dollars annually
3 for the periods January first, two thousand through December thirty-
4 first, two thousand two, up to four hundred thousand dollars for the
5 period January first, two thousand three through December thirty-first,
6 two thousand three, up to four hundred thousand dollars for the period
7 January first, two thousand four through December thirty-first, two
8 thousand four, up to four hundred thousand dollars for the period Janu-
9 ary first, two thousand five through December thirty-first, two thousand
10 five, up to four hundred thousand dollars for the period January first,
11 two thousand six through December thirty-first, two thousand six, up to
12 four hundred thousand dollars for the period January first, two thousand
13 seven through December thirty-first, two thousand seven, up to four
14 hundred thousand dollars for the period January first, two thousand
15 eight through December thirty-first, two thousand eight, up to four
16 hundred thousand dollars for the period January first, two thousand nine
17 through December thirty-first, two thousand nine, up to four hundred
18 thousand dollars for the period January first, two thousand ten through
19 December thirty-first, two thousand ten, [and] up to one hundred thou-
20 sand dollars for the period January first, two thousand eleven through
21 March thirty-first, two thousand eleven AND WITHIN AMOUNTS APPROPRIATED
22 ON AND AFTER APRIL FIRST, TWO THOUSAND ELEVEN.

23 (b) Funds shall be reserved and accumulated from year to year and
24 shall be available, including income from invested funds, for purposes
25 of payment of audits or audit contracts necessary to determine payor and
26 provider compliance with requirements set forth in sections twenty-eight
27 hundred seven-j, twenty-eight hundred seven-s and twenty-eight hundred
28 seven-t of this article [and hospital compliance with paragraph six of
29 subdivision (a) of section 405.4 of title 10 of the official compilation
30 of codes, rules and regulations of the state of New York in accordance
31 with subdivision nine of section twenty-eight hundred three of this
32 article] from the tobacco control and insurance initiatives pool estab-
33 lished for the following periods in the following amounts: five million
34 six hundred thousand dollars annually for the periods January first, two
35 thousand through December thirty-first, two thousand two, up to five
36 million dollars for the period January first, two thousand three through
37 December thirty-first, two thousand three, up to five million dollars
38 for the period January first, two thousand four through December thir-
39 ty-first, two thousand four, up to five million dollars for the period
40 January first, two thousand five through December thirty first, two
41 thousand five, up to five million dollars for the period January first,
42 two thousand six through December thirty-first, two thousand six, up to
43 seven million eight hundred thousand dollars for the period January
44 first, two thousand seven through December thirty-first, two thousand
45 seven, and up to eight million three hundred twenty-five thousand
46 dollars for the period January first, two thousand eight through Decem-
47 ber thirty-first, two thousand eight, up to eight million five hundred
48 thousand dollars for the period January first, two thousand nine through
49 December thirty-first, two thousand nine, up to eight million five
50 hundred thousand dollars for the period January first, two thousand ten
51 through December thirty-first, two thousand ten, [and] up to two million
52 one hundred twenty-five thousand dollars for the period January first,
53 two thousand eleven through March thirty-first, two thousand eleven, AND
54 UP TO FOURTEEN MILLION SEVEN HUNDRED THOUSAND DOLLARS EACH STATE FISCAL
55 YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND ELEVEN THROUGH MARCH THIR-
56 TY-FIRST, TWO THOUSAND FOURTEEN.

1 (c) Funds shall be deposited by the commissioner, within amounts
2 appropriated, and the state comptroller is hereby authorized and
3 directed to receive for deposit to the credit of the state special
4 revenue funds - other, HCRA transfer fund, enhanced community services
5 account, or any successor fund or account, for mental health services
6 programs for case management services for adults and children; supported
7 housing; home and community based waiver services; family based treat-
8 ment; family support services; mobile mental health teams; transitional
9 housing; and community oversight, established pursuant to articles seven
10 and forty-one of the mental hygiene law and subdivision nine of section
11 three hundred sixty-six of the social services law; and for comprehen-
12 sive care centers for eating disorders pursuant to THE FORMER section
13 twenty-seven hundred ninety-nine-1 of this chapter, provided however
14 that, for such centers, funds in the amount of five hundred thousand
15 dollars on an annualized basis shall be transferred from the enhanced
16 community services account, or any successor fund or account, and depos-
17 ited into the fund established by section ninety-five-e of the state
18 finance law; from the tobacco control and insurance initiatives pool
19 established for the following periods in the following amounts:

20 (i) forty-eight million dollars to be reserved, to be retained or for
21 distribution pursuant to a chapter of the laws of two thousand, for the
22 period January first, two thousand through December thirty-first, two
23 thousand;

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

28 (iii) eighty-seven million dollars to be reserved, to be retained or
29 for distribution pursuant to a chapter of the laws of two thousand two,
30 for the period January first, two thousand two through December thirty-
31 first, two thousand two;

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

36 (v) eighty-eight million dollars, plus five hundred thousand dollars,
37 to be reserved, to be retained or for distribution pursuant to a chapter
38 of the laws of two thousand four, and pursuant to THE FORMER section
39 twenty-seven hundred ninety-nine-1 of this chapter, for the period Janu-
40 ary first, two thousand four through December thirty-first, two thousand
41 four;

42 (vi) eighty-eight million dollars, plus five hundred thousand dollars,
43 to be reserved, to be retained or for distribution pursuant to a chapter
44 of the laws of two thousand five, and pursuant to THE FORMER section
45 twenty-seven hundred ninety-nine-1 of this chapter, for the period Janu-
46 ary first, two thousand five through December thirty-first, two thousand
47 five;

48 (vii) eighty-eight million dollars, plus five hundred thousand
49 dollars, to be reserved, to be retained or for distribution pursuant to
50 a chapter of the laws of two thousand six, and pursuant to section twen-
51 ty-seven hundred ninety-nine-1 of this chapter, for the period January
52 first, two thousand six through December thirty-first, two thousand six;

53 (viii) eighty-six million four hundred thousand dollars, plus five
54 hundred thousand dollars, to be reserved, to be retained or for distrib-
55 ution pursuant to a chapter of the laws of two thousand seven and pursu-
56 ant to THE FORMER section twenty-seven hundred ninety-nine-1 of this

chapter, for the period January first, two thousand seven through December thirty-first, two thousand seven; and

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

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

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

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

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

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

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

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

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

(f) Funds shall be deposited by the commissioner, within amounts appropriated, and the state comptroller is hereby authorized and directed to receive for deposit to the credit of the state special revenue funds - other, HCRA transfer fund, medicaid fraud hotline and medicaid administration account, or any successor fund or account, for purposes of payment of administrative expenses of the department related to the family health plus program established pursuant to section three hundred sixty-nine-ee of the social services law from the tobacco control and insurance initiatives pool established for the following

1 periods in the following amounts: five hundred thousand dollars on an
2 annual basis for the periods January first, two thousand through Decem-
3 ber thirty-first, two thousand six, five hundred thousand dollars for
4 the period January first, two thousand seven through December thirty-
5 first, two thousand seven, and five hundred thousand dollars for the
6 period January first, two thousand eight through December thirty-first,
7 two thousand eight, five hundred thousand dollars for the period January
8 first, two thousand nine through December thirty-first, two thousand
9 nine, five hundred thousand dollars for the period January first, two
10 thousand ten through December thirty-first, two thousand ten, [and] one
11 hundred twenty-five thousand dollars for the period January first, two
12 thousand eleven through March thirty-first, two thousand eleven AND
13 WITHIN AMOUNTS APPROPRIATED ON AND AFTER APRIL FIRST, TWO THOUSAND ELEV-
14 EN.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) Funds shall be reserved and accumulated from year to year and shall be available, including income from invested funds, for purposes of services and expenses related to the healthy New York group program established pursuant to sections four thousand three hundred twenty-six and four thousand three hundred twenty-seven of the insurance law from

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

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

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

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

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

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

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

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

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

25 (i-1) Notwithstanding the provisions of paragraphs (h) and (i) of this
26 subdivision, the commissioner shall reserve and accumulate up to two
27 million five hundred thousand dollars annually for the periods January
28 first, two thousand four through December thirty-first, two thousand
29 six, one million four hundred thousand dollars for the period January
30 first, two thousand seven through December thirty-first, two thousand
31 seven, two million dollars for the period January first, two thousand
32 eight through December thirty-first, two thousand eight, from funds
33 otherwise available for distribution under such paragraphs for the
34 services and expenses related to the pilot program for entertainment
35 industry employees included in subsection (b) of section one thousand
36 one hundred twenty-two of the insurance law, and an additional seven
37 hundred thousand dollars annually for the periods January first, two
38 thousand four through December thirty-first, two thousand six, an addi-
39 tional three hundred thousand dollars for the period January first, two
40 thousand seven through June thirtieth, two thousand seven for services
41 and expenses related to the pilot program for displaced workers included
42 in subsection (c) of section one thousand one hundred twenty-two of the
43 insurance law.

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

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

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

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

1 (iv) up to thirty-six million nine hundred fifty thousand dollars for
2 the period January first, two thousand three through December thirty-
3 first, two thousand three;
4 (v) up to thirty-six million nine hundred fifty thousand dollars for
5 the period January first, two thousand four through December thirty-
6 first, two thousand four;
7 (vi) up to forty million six hundred thousand dollars for the period
8 January first, two thousand five through December thirty-first, two
9 thousand five;
10 (vii) up to eighty-one million nine hundred thousand dollars for the
11 period January first, two thousand six through December thirty-first,
12 two thousand six, provided, however, that within amounts appropriated, a
13 portion of such funds may be transferred to the Roswell Park Cancer
14 Institute Corporation to support costs associated with cancer research;
15 (viii) up to ninety-four million one hundred fifty thousand dollars
16 for the period January first, two thousand seven through December thir-
17 ty-first, two thousand seven, provided, however, that within amounts
18 appropriated, a portion of such funds may be transferred to the Roswell
19 Park Cancer Institute Corporation to support costs associated with
20 cancer research;
21 (ix) up to ninety-four million one hundred fifty thousand dollars for
22 the period January first, two thousand eight through December thirty-
23 first, two thousand eight;
24 (x) up to ninety-four million one hundred fifty thousand dollars for
25 the period January first, two thousand nine through December thirty-
26 first, two thousand nine;
27 (xi) up to eighty-seven million seven hundred seventy-five thousand
28 dollars for the period January first, two thousand ten through December
29 thirty-first, two thousand ten; [and]
30 (xii) up to twenty-one million four hundred twelve thousand dollars
31 for the period January first, two thousand eleven through March thirty-
32 first, two thousand eleven[.]; AND
33 (XIII) UP TO FIFTY-TWO MILLION ONE HUNDRED THOUSAND DOLLARS EACH STATE
34 FISCAL YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND ELEVEN THROUGH
35 MARCH THIRTY-FIRST, TWO THOUSAND FOURTEEN.
36 (k) Funds shall be deposited by the commissioner, within amounts
37 appropriated, and the state comptroller is hereby authorized and
38 directed to receive for deposit to the credit of the state special
39 revenue fund - other, HCRA transfer fund, health care services account,
40 or any successor fund or account, for purposes of services and expenses
41 related to public health programs, including comprehensive care centers
42 for eating disorders pursuant to THE FORMER section twenty-seven hundred
43 ninety-nine-1 of this chapter, provided however that, for such centers,
44 funds in the amount of five hundred thousand dollars on an annualized
45 basis shall be transferred from the health care services account, or any
46 successor fund or account, and deposited into the fund established by
47 section ninety-five-e of the state finance law FOR PERIODS PRIOR TO
48 MARCH THIRTY-FIRST, TWO THOUSAND ELEVEN, from the tobacco control and
49 insurance initiatives pool established for the following periods in the
50 following amounts:
51 (i) up to thirty-one million dollars for the period January first, two
52 thousand through December thirty-first, two thousand;
53 (ii) up to forty-one million dollars for the period January first, two
54 thousand one through December thirty-first, two thousand one;
55 (iii) up to eighty-one million dollars for the period January first,
56 two thousand two through December thirty-first, two thousand two;

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

4 (v) one hundred eight million five hundred seventy-five thousand
5 dollars, plus an additional five hundred thousand dollars, for the peri-
6 od January first, two thousand four through December thirty-first, two
7 thousand four;

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

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

14 (viii) one hundred fifty-one million four hundred thousand dollars,
15 plus an additional five hundred thousand dollars, for the period January
16 first, two thousand seven through December thirty-first, two thousand
17 seven;

18 (ix) one hundred sixteen million nine hundred forty-nine thousand
19 dollars, plus an additional five hundred thousand dollars, for the peri-
20 od January first, two thousand eight through December thirty-first, two
21 thousand eight;

22 (x) one hundred sixteen million nine hundred forty-nine thousand
23 dollars, plus an additional five hundred thousand dollars, for the peri-
24 od January first, two thousand nine through December thirty-first, two
25 thousand nine;

26 (xi) one hundred sixteen million nine hundred forty-nine thousand
27 dollars, plus an additional five hundred thousand dollars, for the peri-
28 od January first, two thousand ten through December thirty-first, two
29 thousand ten; [and]

30 (xii) twenty-nine million two hundred thirty-seven thousand two
31 hundred fifty dollars, plus an additional one hundred twenty-five thou-
32 sand dollars, for the period January first, two thousand eleven through
33 March thirty-first, two thousand eleven[.];

34 (XIII) ONE HUNDRED TWENTY MILLION THIRTY-EIGHT THOUSAND DOLLARS FOR
35 THE PERIOD APRIL FIRST, TWO THOUSAND ELEVEN THROUGH MARCH THIRTY-FIRST,
36 TWO THOUSAND TWELVE; AND

37 (XIV) ONE HUNDRED NINETEEN MILLION FOUR HUNDRED SEVEN THOUSAND DOLLARS
38 EACH STATE FISCAL YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND TWELVE
39 THROUGH MARCH THIRTY-FIRST, TWO THOUSAND FOURTEEN.

40 (l) Funds shall be deposited by the commissioner, within amounts
41 appropriated, and the state comptroller is hereby authorized and
42 directed to receive for deposit to the credit of the state special
43 revenue funds - other, HCRA transfer fund, medical assistance account,
44 or any successor fund or account, for purposes of funding the state
45 share of the personal care and certified home health agency rate or fee
46 increases established pursuant to subdivision three of section three
47 hundred sixty-seven-o of the social services law from the tobacco
48 control and insurance initiatives pool established for the following
49 periods in the following amounts:

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

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

1 (iii) twenty-three million two hundred thousand dollars for the period
2 January first, two thousand two through December thirty-first, two thou-
3 sand two;
4 (iv) up to sixty-five million two hundred thousand dollars for the
5 period January first, two thousand three through December thirty-first,
6 two thousand three;
7 (v) up to sixty-five million two hundred thousand dollars for the
8 period January first, two thousand four through December thirty-first,
9 two thousand four;
10 (vi) up to sixty-five million two hundred thousand dollars for the
11 period January first, two thousand five through December thirty-first,
12 two thousand five;
13 (vii) up to sixty-five million two hundred thousand dollars for the
14 period January first, two thousand six through December thirty-first,
15 two thousand six;
16 (viii) up to sixty-five million two hundred thousand dollars for the
17 period January first, two thousand seven through December thirty-first,
18 two thousand seven; and
19 (ix) up to sixteen million three hundred thousand dollars for the
20 period January first, two thousand eight through March thirty-first, two
21 thousand eight.
22 (m) Funds shall be deposited by the commissioner, within amounts
23 appropriated, and the state comptroller is hereby authorized and
24 directed to receive for deposit to the credit of the state special
25 revenue funds - other, HCRA transfer fund, medical assistance account,
26 or any successor fund or account, for purposes of funding the state
27 share of services and expenses related to home care workers insurance
28 pilot demonstration programs established pursuant to subdivision two of
29 section three hundred sixty-seven-o of the social services law from the
30 tobacco control and insurance initiatives pool established for the
31 following periods in the following amounts:
32 (i) three million eight hundred thousand dollars for the period Janu-
33 ary first, two thousand through December thirty-first, two thousand;
34 (ii) three million eight hundred thousand dollars for the period Janu-
35 ary first, two thousand one through December thirty-first, two thousand
36 one;
37 (iii) three million eight hundred thousand dollars for the period
38 January first, two thousand two through December thirty-first, two thou-
39 sand two;
40 (iv) up to three million eight hundred thousand dollars for the period
41 January first, two thousand three through December thirty-first, two
42 thousand three;
43 (v) up to three million eight hundred thousand dollars for the period
44 January first, two thousand four through December thirty-first, two
45 thousand four;
46 (vi) up to three million eight hundred thousand dollars for the period
47 January first, two thousand five through December thirty-first, two
48 thousand five;
49 (vii) up to three million eight hundred thousand dollars for the peri-
50 od January first, two thousand six through December thirty-first, two
51 thousand six;
52 (viii) up to three million eight hundred thousand dollars for the
53 period January first, two thousand seven through December thirty-first,
54 two thousand seven; and

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

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

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

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

16 (iii) three hundred twenty-two million seven hundred thousand dollars
17 for the period January first, two thousand two through December thirty-
18 first, two thousand two;

19 (iv) four hundred thirty-three million three hundred thousand dollars
20 for the period January first, two thousand three through December thir-
21 ty-first, two thousand three;

22 (v) five hundred four million one hundred fifty thousand dollars for
23 the period January first, two thousand four through December thirty-
24 first, two thousand four;

25 (vi) five hundred sixty-six million eight hundred thousand dollars for
26 the period January first, two thousand five through December thirty-
27 first, two thousand five;

28 (vii) six hundred three million one hundred fifty thousand dollars for
29 the period January first, two thousand six through December thirty-
30 first, two thousand six;

31 (viii) six hundred sixty million eight hundred thousand dollars for
32 the period January first, two thousand seven through December thirty-
33 first, two thousand seven;

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

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

40 (xi) three hundred forty-four million nine hundred thousand dollars
41 for the period January first, two thousand ten through December thirty-
42 first, two thousand ten; [and]

43 (xii) eighty-seven million seven hundred eighty-eight thousand dollars
44 for the period January first, two thousand eleven through March thirty-
45 first, two thousand eleven[.];

46 (XIII) ONE HUNDRED FORTY-THREE MILLION ONE HUNDRED FIFTY THOUSAND
47 DOLLARS FOR THE PERIOD APRIL FIRST, TWO THOUSAND ELEVEN THROUGH MARCH
48 THIRTY-FIRST, TWO THOUSAND TWELVE;

49 (XIV) ONE HUNDRED TWENTY MILLION NINE HUNDRED FIFTY THOUSAND DOLLARS
50 FOR THE PERIOD APRIL FIRST, TWO THOUSAND TWELVE THROUGH MARCH
51 THIRTY-FIRST, TWO THOUSAND THIRTEEN; AND

52 (XV) ONE HUNDRED TWENTY-EIGHT MILLION EIGHT HUNDRED FIFTY THOUSAND
53 DOLLARS FOR THE PERIOD APRIL FIRST, TWO THOUSAND THIRTEEN THROUGH MARCH
54 THIRTY-FIRST, TWO THOUSAND FOURTEEN.

55 (o) Funds shall be reserved and accumulated and shall be transferred
56 to the Roswell Park Cancer Institute Corporation, from the tobacco

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

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

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

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

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

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

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

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

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

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

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

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

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

(XIII) SIXTY-NINE MILLION EIGHT HUNDRED FORTY THOUSAND DOLLARS EACH STATE FISCAL YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND ELEVEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND FOURTEEN.

(p) Funds shall be deposited by the commissioner, within amounts appropriated, and the state comptroller is hereby authorized and directed to receive for deposit to the credit of the state special revenue funds - other, indigent care fund - 068, indigent care account, or any successor fund or account, for purposes of providing a medicaid disproportionate share payment from the high need indigent care adjustment pool established pursuant to section twenty-eight hundred seven-w of this article, from the tobacco control and insurance initiatives pool established for the following periods in the following amounts:

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

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

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

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

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

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

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

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

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

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

(XI) UP TO EIGHTY-TWO MILLION DOLLARS EACH STATE FISCAL YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND ELEVEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND FOURTEEN.

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

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

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

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

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

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

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

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

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

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

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

(XI) UP TO FIVE MILLION SIX HUNDRED THOUSAND DOLLARS EACH STATE FISCAL YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND ELEVEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND FOURTEEN.

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

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

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

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

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

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

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

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

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

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

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

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

19 (xii) seventeen million dollars for the period January first, two
20 thousand eleven through March thirty-first, two thousand eleven[.]; AND

21 (XIII) SIXTY-EIGHT MILLION DOLLARS EACH STATE FISCAL YEAR FOR THE
22 PERIOD APRIL FIRST, TWO THOUSAND ELEVEN THROUGH MARCH THIRTY-FIRST, TWO
23 THOUSAND FOURTEEN.

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

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

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

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

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

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

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

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

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

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

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

55 (i) For the purpose of making grants to a state owned and operated
56 medical school which does not have a state owned and operated hospital

on site and available for teaching purposes. Notwithstanding sections one hundred twelve and one hundred sixty-three of the state finance law, such grants shall be made in the amount of up to five hundred thousand dollars for the period January first, two thousand through December thirty-first, two thousand;

(ii) For the purpose of making grants to medical schools pursuant to section eighty-six-a of chapter one of the laws of nineteen hundred ninety-nine in the sum of up to four million dollars for the period January first, two thousand through December thirty-first, two thousand; and

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

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

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

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

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

(v) Funds shall be transferred by the commissioner and shall be deposited to the credit of the hospital excess liability pool created pursuant to section eighteen of chapter two hundred sixty-six of the laws of nineteen hundred eighty-six, or any successor fund or account, for purposes of expenses related to the purchase of excess medical malpractice insurance and the cost of administering the pool, including costs associated with the risk management program established pursuant to section forty-two of part A of chapter one of the laws of two thousand two required by paragraph (a) of subdivision one of section eighteen of chapter two hundred sixty-six of the laws of nineteen hundred eighty-six as may be amended from time to time, from the tobacco control and insurance initiatives pool established for the following periods in the following amounts:

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

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

1 (vii) up to two million one hundred thousand dollars for the period
2 January first, two thousand eight through December thirty-first, two
3 thousand eight;
4 (viii) up to two million one hundred thousand dollars for the period
5 January first, two thousand nine through December thirty-first, two
6 thousand nine;
7 (ix) up to two million one hundred thousand dollars for the period
8 January first, two thousand ten through December thirty-first, two thou-
9 sand ten; [and]
10 (x) up to five hundred twenty-five thousand dollars for the period
11 January first, two thousand eleven through March thirty-first, two thou-
12 sand eleven[.]; AND
13 (XI) UP TO TWO MILLION ONE HUNDRED THOUSAND DOLLARS EACH STATE FISCAL
14 YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND ELEVEN THROUGH MARCH THIR-
15 TY-FIRST, TWO THOUSAND FOURTEEN.
16 (x) Funds shall be deposited by the commissioner, within amounts
17 appropriated, and the state comptroller is hereby authorized and
18 directed to receive for deposit to the credit of the state special
19 revenue funds - other, HCRA transfer fund, medical assistance account,
20 or any successor fund or account, for purposes of funding the state
21 share of the non-public general hospital rates increases for recruitment
22 and retention of health care workers from the tobacco control and insur-
23 ance initiatives pool established for the following periods in the
24 following amounts:
25 (i) twenty-seven million one hundred thousand dollars on an annualized
26 basis for the period January first, two thousand two through December
27 thirty-first, two thousand two;
28 (ii) fifty million eight hundred thousand dollars on an annualized
29 basis for the period January first, two thousand three through December
30 thirty-first, two thousand three;
31 (iii) sixty-nine million three hundred thousand dollars on an annual-
32 ized basis for the period January first, two thousand four through
33 December thirty-first, two thousand four;
34 (iv) sixty-nine million three hundred thousand dollars for the period
35 January first, two thousand five through December thirty-first, two
36 thousand five;
37 (v) sixty-nine million three hundred thousand dollars for the period
38 January first, two thousand six through December thirty-first, two thou-
39 sand six;
40 (vi) sixty-five million three hundred thousand dollars for the period
41 January first, two thousand seven through December thirty-first, two
42 thousand seven;
43 (vii) sixty-one million one hundred fifty thousand dollars for the
44 period January first, two thousand eight through December thirty-first,
45 two thousand eight; and
46 (viii) forty-eight million seven hundred twenty-one thousand dollars
47 for the period January first, two thousand nine through November thirti-
48 eth, two thousand nine.
49 (y) Funds shall be reserved and accumulated from year to year and
50 shall be available, including income from invested funds, for purposes
51 of grants to public general hospitals for recruitment and retention of
52 health care workers pursuant to paragraph (b) of subdivision thirty of
53 section twenty-eight hundred seven-c of this article from the tobacco
54 control and insurance initiatives pool established for the following
55 periods in the following amounts:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

29 (I) one hundred thirty-six million dollars for the period January
30 first, two thousand ten through December thirty-first, two thousand ten;
31 [and]

32 (J) thirty-four million dollars for the period January first, two
33 thousand eleven through March thirty-first, two thousand eleven[.]; AND

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

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

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

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

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

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

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

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

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

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

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

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

6 (K) FOR EACH STATE FISCAL YEAR WITHIN THE PERIOD APRIL FIRST, TWO
7 THOUSAND ELEVEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND FOURTEEN, THREE
8 HUNDRED FORTY MILLION DOLLARS.

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

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

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

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

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

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

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

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

1 (vii) eleven million two hundred thousand dollars for the period Janu-
2 ary first, two thousand eight through December thirty-first, two thou-
3 sand eight;
4 (viii) eleven million two hundred thousand dollars for the period
5 January first, two thousand nine through December thirty-first, two
6 thousand nine;
7 (ix) eleven million two hundred thousand dollars for the period Janu-
8 ary first, two thousand ten through December thirty-first, two thousand
9 ten; [and]
10 (x) two million eight hundred thousand dollars for the period January
11 first, two thousand eleven through March thirty-first, two thousand
12 eleven[.]; AND
13 (XI) ELEVEN MILLION TWO HUNDRED THOUSAND DOLLARS EACH STATE FISCAL
14 YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND ELEVEN THROUGH MARCH THIR-
15 TY-FIRST, TWO THOUSAND FOURTEEN.
16 (dd) Funds shall be deposited by the commissioner, within amounts
17 appropriated, and the state comptroller is hereby authorized and
18 directed to receive for deposit to the credit of the state special
19 revenue fund - other, HCRA transfer fund, medical assistance account, or
20 any successor fund or account, for purposes of funding the state share
21 of Medicaid expenditures for physician services from the tobacco control
22 and insurance initiatives pool established for the following periods in
23 the following amounts:
24 (i) up to fifty-two million dollars for the period January first, two
25 thousand two through December thirty-first, two thousand two;
26 (ii) eighty-one million two hundred thousand dollars for the period
27 January first, two thousand three through December thirty-first, two
28 thousand three;
29 (iii) eighty-five million two hundred thousand dollars for the period
30 January first, two thousand four through December thirty-first, two
31 thousand four;
32 (iv) eighty-five million two hundred thousand dollars for the period
33 January first, two thousand five through December thirty-first, two
34 thousand five;
35 (v) eighty-five million two hundred thousand dollars for the period
36 January first, two thousand six through December thirty-first, two thou-
37 sand six;
38 (vi) [eight-five] EIGHTY-FIVE million two hundred thousand dollars for
39 the period January first, two thousand seven through December thirty-
40 first, two thousand seven;
41 (vii) eighty-five million two hundred thousand dollars for the period
42 January first, two thousand eight through December thirty-first, two
43 thousand eight;
44 (viii) eighty-five million two hundred thousand dollars for the period
45 January first, two thousand nine through December thirty-first, two
46 thousand nine;
47 (ix) eighty-five million two hundred thousand dollars for the period
48 January first, two thousand ten through December thirty-first, two thou-
49 sand ten; [and]
50 (x) twenty-one million three hundred thousand dollars for the period
51 January first, two thousand eleven through March thirty-first, two thou-
52 sand eleven[.]; AND
53 (XI) EIGHTY-FIVE MILLION TWO HUNDRED THOUSAND DOLLARS EACH STATE
54 FISCAL YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND ELEVEN THROUGH
55 MARCH THIRTY-FIRST, TWO THOUSAND FOURTEEN.

1 (ee) Funds shall be deposited by the commissioner, within amounts
2 appropriated, and the state comptroller is hereby authorized and
3 directed to receive for deposit to the credit of the state special
4 revenue fund - other, HCRA transfer fund, medical assistance account, or
5 any successor fund or account, for purposes of funding the state share
6 of the free-standing diagnostic and treatment center rate increases for
7 recruitment and retention of health care workers pursuant to subdivision
8 seventeen of section twenty-eight hundred seven of this article from the
9 tobacco control and insurance initiatives pool established for the
10 following periods in the following amounts:

11 (i) three million two hundred fifty thousand dollars for the period
12 April first, two thousand two through December thirty-first, two thou-
13 sand two;

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

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

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

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

26 (vi) three million two hundred fifty thousand dollars for the period
27 January first, two thousand seven through December thirty-first, two
28 thousand seven;

29 (vii) three million four hundred thirty-eight thousand dollars for the
30 period January first, two thousand eight through December thirty-first,
31 two thousand eight;

32 (viii) two million four hundred fifty thousand dollars for the period
33 January first, two thousand nine through December thirty-first, two
34 thousand nine;

35 (ix) one million five hundred thousand dollars for the period January
36 first, two thousand ten through December thirty-first, two thousand ten;
37 and

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

41 (ff) Funds shall be deposited by the commissioner, within amounts
42 appropriated, and the state comptroller is hereby authorized and
43 directed to receive for deposit to the credit of the state special
44 revenue fund - other, HCRA transfer fund, medical assistance account, or
45 any successor fund or account, for purposes of funding the state share
46 of Medicaid expenditures for disabled persons as authorized pursuant to
47 subparagraphs twelve and thirteen of paragraph (a) of subdivision one of
48 section three hundred sixty-six of the social services law from the
49 tobacco control and insurance initiatives pool established for the
50 following periods in the following amounts:

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

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

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

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

(hh) Funds shall be deposited by the commissioner, within amounts appropriated, and the state comptroller is hereby authorized and directed to receive for deposit to the credit of the special revenue fund - other, HCRA transfer fund, medical assistance account for purposes of providing financial assistance to residential health care facilities pursuant to subdivisions nineteen and twenty-one of section twenty-eight hundred eight of this article, from the tobacco control and insurance initiatives pool established for the following periods in the following amounts:

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

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

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

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

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

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

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

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

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

(x) up to three million seven hundred fifty thousand dollars for the period January first, two thousand eleven through March thirty-first, two thousand eleven[.]; AND

(XI) FIFTEEN MILLION DOLLARS EACH STATE FISCAL YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND ELEVEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND FOURTEEN.

(ii) Funds shall be deposited by the commissioner, within amounts appropriated, and the state comptroller is hereby authorized and directed to receive for deposit to the credit of the state special revenue funds - other, HCRA transfer fund, medical assistance account, or any successor fund or account, for the purpose of supporting the state share of Medicaid expenditures for disabled persons as authorized by sections 1619 (a) and (b) of the federal social security act pursuant to the tobacco control and insurance initiatives pool established for the following periods in the following amounts:

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

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

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

1 (iv) eight million five hundred thousand dollars for the period Janu-
2 ary first, two thousand five through December thirty-first, two thousand
3 five;
4 (v) eight million five hundred thousand dollars for the period January
5 first, two thousand six through December thirty-first, two thousand six;
6 (vi) eight million six hundred thousand dollars for the period January
7 first, two thousand seven through December thirty-first, two thousand
8 seven;
9 (vii) eight million five hundred thousand dollars for the period Janu-
10 ary first, two thousand eight through December thirty-first, two thou-
11 sand eight;
12 (viii) eight million five hundred thousand dollars for the period
13 January first, two thousand nine through December thirty-first, two
14 thousand nine;
15 (ix) eight million five hundred thousand dollars for the period Janu-
16 ary first, two thousand ten through December thirty-first, two thousand
17 ten; [and]
18 (x) two million one hundred twenty-five thousand dollars for the peri-
19 od January first, two thousand eleven through March thirty-first, two
20 thousand eleven; AND
21 (XI) EIGHT MILLION FIVE HUNDRED THOUSAND DOLLARS EACH STATE FISCAL
22 YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND ELEVEN THROUGH MARCH THIR-
23 TY-FIRST, TWO THOUSAND FOURTEEN.
24 (jj) Funds shall be reserved and accumulated from year to year and
25 shall be available, including income from invested funds, for the
26 purposes of a grant program to improve access to infertility services,
27 treatments and procedures, from the tobacco control and insurance initi-
28 atives pool established for the period January first, two thousand two
29 through December thirty-first, two thousand two in the amount of nine
30 million one hundred seventy-five thousand dollars, for the period April
31 first, two thousand six through March thirty-first, two thousand seven
32 in the amount of five million dollars, for the period April first, two
33 thousand seven through March thirty-first, two thousand eight in the
34 amount of five million dollars, for the period April first, two thousand
35 eight through March thirty-first, two thousand nine in the amount of
36 five million dollars, and for the period April first, two thousand nine
37 through March thirty-first, two thousand ten in the amount of five
38 million dollars, [and] for the period April first, two thousand ten
39 through March thirty-first, two thousand eleven in the amount of two
40 million two hundred thousand dollars, AND FOR THE PERIOD APRIL FIRST,
41 TWO THOUSAND ELEVEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND TWELVE UP
42 TO ONE MILLION ONE HUNDRED THOUSAND DOLLARS.
43 (kk) Funds shall be deposited by the commissioner, within amounts
44 appropriated, and the state comptroller is hereby authorized and
45 directed to receive for deposit to the credit of the state special
46 revenue funds -- other, HCRA transfer fund, medical assistance account,
47 or any successor fund or account, for purposes of funding the state
48 share of Medical Assistance Program expenditures from the tobacco
49 control and insurance initiatives pool established for the following
50 periods in the following amounts:
51 (i) thirty-eight million eight hundred thousand dollars for the period
52 January first, two thousand two through December thirty-first, two thou-
53 sand two;
54 (ii) up to two hundred ninety-five million dollars for the period
55 January first, two thousand three through December thirty-first, two
56 thousand three;

1 (iii) up to four hundred seventy-two million dollars for the period
2 January first, two thousand four through December thirty-first, two
3 thousand four;
4 (iv) up to nine hundred million dollars for the period January first,
5 two thousand five through December thirty-first, two thousand five;
6 (v) up to eight hundred sixty-six million three hundred thousand
7 dollars for the period January first, two thousand six through December
8 thirty-first, two thousand six;
9 (vi) up to six hundred sixteen million seven hundred thousand dollars
10 for the period January first, two thousand seven through December thir-
11 ty-first, two thousand seven;
12 (vii) up to five hundred seventy-eight million nine hundred twenty-
13 five thousand dollars for the period January first, two thousand eight
14 through December thirty-first, two thousand eight; and
15 (viii) within amounts appropriated on and after January first, two
16 thousand nine.
17 (ll) Funds shall be deposited by the commissioner, within amounts
18 appropriated, and the state comptroller is hereby authorized and
19 directed to receive for deposit to the credit of the state special
20 revenue funds -- other, HCRA transfer fund, medical assistance account,
21 or any successor fund or account, for purposes of funding the state
22 share of Medicaid expenditures related to the city of New York from the
23 tobacco control and insurance initiatives pool established for the
24 following periods in the following amounts:
25 (i) eighty-two million seven hundred thousand dollars for the period
26 January first, two thousand two through December thirty-first, two thou-
27 sand two;
28 (ii) one hundred twenty-four million six hundred thousand dollars for
29 the period January first, two thousand three through December thirty-
30 first, two thousand three;
31 (iii) one hundred twenty-four million seven hundred thousand dollars
32 for the period January first, two thousand four through December thir-
33 ty-first, two thousand four;
34 (iv) one hundred twenty-four million seven hundred thousand dollars
35 for the period January first, two thousand five through December thir-
36 ty-first, two thousand five;
37 (v) one hundred twenty-four million seven hundred thousand dollars for
38 the period January first, two thousand six through December thirty-
39 first, two thousand six;
40 (vi) one hundred twenty-four million seven hundred thousand dollars
41 for the period January first, two thousand seven through December thir-
42 ty-first, two thousand seven;
43 (vii) one hundred twenty-four million seven hundred thousand dollars
44 for the period January first, two thousand eight through December thir-
45 ty-first, two thousand eight;
46 (viii) one hundred twenty-four million seven hundred thousand dollars
47 for the period January first, two thousand nine through December thir-
48 ty-first, two thousand nine;
49 (ix) one hundred twenty-four million seven hundred thousand dollars
50 for the period January first, two thousand ten through December thirty-
51 first, two thousand ten; [and]
52 (x) thirty-one million one hundred seventy-five thousand dollars for
53 the period January first, two thousand eleven through March thirty-
54 first, two thousand eleven[.]; AND

(XI) ONE HUNDRED TWENTY-FOUR MILLION SEVEN HUNDRED THOUSAND DOLLARS EACH STATE FISCAL YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND ELEVEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND FOURTEEN.

(mm) Funds shall be deposited by the commissioner, within amounts appropriated, and the state comptroller is hereby authorized and directed to receive for deposit to the credit of the state special revenue funds - other, HCRA transfer fund, medical assistance account, or any successor fund or account, for purposes of funding specified percentages of the state share of services and expenses related to the family health plus program in accordance with the following schedule:

(i) (A) for the period January first, two thousand three through December thirty-first, two thousand four, one hundred percent of the state share;

(B) for the period January first, two thousand five through December thirty-first, two thousand five, seventy-five percent of the state share; and,

(C) for periods beginning on and after January first, two thousand six, fifty percent of the state share.

(ii) Funding for the family health plus program will include up to five million dollars annually for the period January first, two thousand three through December thirty-first, two thousand six, up to five million dollars for the period January first, two thousand seven through December thirty-first, two thousand seven, up to seven million two hundred thousand dollars for the period January first, two thousand eight through December thirty-first, two thousand eight, up to seven million two hundred thousand dollars for the period January first, two thousand nine through December thirty-first, two thousand nine, up to seven million two hundred thousand dollars for the period January first, two thousand ten through December thirty-first, two thousand ten, [and] up to one million eight hundred thousand dollars for the period January first, two thousand eleven through March thirty-first, two thousand eleven, UP TO SIX MILLION FORTY-NINE THOUSAND DOLLARS FOR THE PERIOD APRIL FIRST, TWO THOUSAND ELEVEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND TWELVE, UP TO SIX MILLION TWO HUNDRED EIGHTY-NINE THOUSAND DOLLARS FOR THE PERIOD APRIL FIRST, TWO THOUSAND TWELVE THROUGH MARCH THIRTY-FIRST, TWO THOUSAND THIRTEEN, AND UP TO SIX MILLION FOUR HUNDRED SIXTY-ONE THOUSAND DOLLARS FOR THE PERIOD APRIL FIRST, TWO THOUSAND THIRTEEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND FOURTEEN, for administration and marketing costs associated with such program established pursuant to clauses (A) and (B) of subparagraph (v) of paragraph (a) of subdivision two of section three hundred sixty-nine-ee of the social services law from the tobacco control and insurance initiatives pool established for the following periods in the following amounts:

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

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

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

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

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

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

7 (G) six hundred ten million seven hundred twenty-five thousand dollars
8 for the period January first, two thousand nine through December thir-
9 ty-first, two thousand nine;

10 (H) six hundred twenty-seven million two hundred seventy-five thousand
11 dollars for the period January first, two thousand ten through December
12 thirty-first, two thousand ten; [and]

13 (I) one hundred fifty-seven million eight hundred seventy-five thou-
14 sand dollars for the period January first, two thousand eleven through
15 March thirty-first, two thousand eleven[.];

16 (J) SIX HUNDRED TWENTY-EIGHT MILLION FOUR HUNDRED THOUSAND DOLLARS FOR
17 THE PERIOD APRIL FIRST, TWO THOUSAND ELEVEN THROUGH MARCH THIRTY-FIRST,
18 TWO THOUSAND TWELVE;

19 (K) SIX HUNDRED FIFTY MILLION FOUR HUNDRED THOUSAND DOLLARS FOR THE
20 PERIOD APRIL FIRST, TWO THOUSAND TWELVE THROUGH MARCH THIRTY-FIRST, TWO
21 THOUSAND THIRTEEN; AND

22 (L) SIX HUNDRED FIFTY MILLION FOUR HUNDRED THOUSAND DOLLARS FOR THE
23 PERIOD APRIL FIRST, TWO THOUSAND THIRTEEN THROUGH MARCH THIRTY-FIRST,
24 TWO THOUSAND FOURTEEN.

25 (nn) Funds shall be deposited by the commissioner, within amounts
26 appropriated, and the state comptroller is hereby authorized and
27 directed to receive for deposit to the credit of the state special
28 revenue fund - other, HCRA transfer fund, health care services account,
29 or any successor fund or account, for purposes related to adult home
30 initiatives for medicaid eligible residents of residential facilities
31 licensed pursuant to section four hundred sixty-b of the social services
32 law from the tobacco control and insurance initiatives pool established
33 for the following periods in the following amounts:

34 (i) up to four million dollars for the period January first, two thou-
35 sand three through December thirty-first, two thousand three;

36 (ii) up to six million dollars for the period January first, two thou-
37 sand four through December thirty-first, two thousand four;

38 (iii) up to eight million dollars for the period January first, two
39 thousand five through December thirty-first, two thousand five,
40 provided, however, that up to five million two hundred fifty thousand
41 dollars of such funds shall be received by the comptroller and deposited
42 to the credit of the special revenue fund - other / aid to localities,
43 HCRA transfer fund - 061, enhanced community services account - 05, or
44 any successor fund or account, for the purposes set forth in this para-
45 graph;

46 (iv) up to eight million dollars for the period January first, two
47 thousand six through December thirty-first, two thousand six, provided,
48 however, that up to five million two hundred fifty thousand dollars of
49 such funds shall be received by the comptroller and deposited to the
50 credit of the special revenue fund - other / aid to localities, HCRA
51 transfer fund - 061, enhanced community services account - 05, or any
52 successor fund or account, for the purposes set forth in this paragraph;

53 (v) up to eight million dollars for the period January first, two
54 thousand seven through December thirty-first, two thousand seven,
55 provided, however, that up to five million two hundred fifty thousand
56 dollars of such funds shall be received by the comptroller and deposited

1 to the credit of the special revenue fund - other / aid to localities,
2 HCRA transfer fund - 061, enhanced community services account - 05, or
3 any successor fund or account, for the purposes set forth in this para-
4 graph;

5 (vi) up to two million seven hundred fifty thousand dollars for the
6 period January first, two thousand eight through December thirty-first,
7 two thousand eight;

8 (vii) up to two million seven hundred fifty thousand dollars for the
9 period January first, two thousand nine through December thirty-first,
10 two thousand nine;

11 (viii) up to two million seven hundred fifty thousand dollars for the
12 period January first, two thousand ten through December thirty-first,
13 two thousand ten; and

14 (ix) up to six hundred eighty-eight thousand dollars for the period
15 January first, two thousand eleven through March thirty-first, two thou-
16 sand eleven.

17 (oo) Funds shall be reserved and accumulated from year to year and
18 shall be available, including income from invested funds, for purposes
19 of grants to non-public general hospitals pursuant to paragraph (e) of
20 subdivision twenty-five of section twenty-eight hundred seven-c of this
21 article from the tobacco control and insurance initiatives pool estab-
22 lished for the following periods in the following amounts:

23 (i) up to five million dollars on an annualized basis for the period
24 January first, two thousand four through December thirty-first, two
25 thousand four;

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

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

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

32 (v) up to five million dollars for the period January first, two thou-
33 sand eight through December thirty-first, two thousand eight;

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

36 (vii) up to five million dollars for the period January first, two
37 thousand ten through December thirty-first, two thousand ten; and

38 (viii) up to one million two hundred fifty thousand dollars for the
39 period January first, two thousand eleven through March thirty-first,
40 two thousand eleven.

41 (pp) Funds shall be reserved and accumulated from year to year and
42 shall be available, including income from invested funds, for the
43 purpose of supporting the provision of tax credits for long term care
44 insurance pursuant to subdivision one of section one hundred ninety of
45 the tax law, paragraph (a) of subdivision twenty-five-a of section two
46 hundred ten of such law, subsection (aa) of section six hundred six of
47 such law, paragraph one of subsection (k) of section fourteen hundred
48 fifty-six of such law and paragraph one of subdivision (m) of section
49 fifteen hundred eleven of such law, in the following amounts:

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

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

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

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

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

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

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

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

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

(v) up to five million dollars for the period January first, two thousand eight through December thirty-first, two thousand eight; of such funds one million nine hundred fifty thousand dollars shall be made

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

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

16 (vii) up to four hundred eighty-eight thousand dollars for the period
17 January first, two thousand ten through March thirty-first, two thousand
18 ten; of such funds four hundred eighty-eight thousand dollars shall be
19 made available to the department for the purpose of developing, imple-
20 menting and administering the long-term care insurance education and
21 outreach program.

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

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

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

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

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

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

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

40 (ss) Funds shall be reserved and accumulated from the tobacco control
41 and insurance initiatives pool and used for a health care stabilization
42 program established by the commissioner for the purposes of stabilizing
43 critical health care providers and health care programs whose ability to
44 continue to provide appropriate services are threatened by financial or
45 other challenges, in the amount of up to twenty-eight million dollars
46 for the period July first, two thousand four through June thirtieth, two
47 thousand five. Notwithstanding the provisions of section one hundred
48 twelve of the state finance law or any other inconsistent provision of
49 the state finance law or any other law, funds available for distribution
50 pursuant to this paragraph may be allocated and distributed by the
51 commissioner, or the state comptroller as applicable without a compet-
52 itive bid or request for proposal process. Considerations relied upon by
53 the commissioner in determining the allocation and distribution of these
54 funds shall include, but not be limited to, the following: (i) the
55 importance of the provider or program in meeting critical health care
56 needs in the community in which it operates; (ii) the provider or

1 program provision of care to under-served populations; (iii) the quality
2 of the care or services the provider or program delivers; (iv) the abil-
3 ity of the provider or program to continue to deliver an appropriate
4 level of care or services if additional funding is made available; (v)
5 the ability of the provider or program to access, in a timely manner,
6 alternative sources of funding, including other sources of government
7 funding; (vi) the ability of other providers or programs in the communi-
8 ty to meet the community health care needs; (vii) whether the provider
9 or program has an appropriate plan to improve its financial condition;
10 and (viii) whether additional funding would permit the provider or
11 program to consolidate, relocate, or close programs or services where
12 such actions would result in greater stability and efficiency in the
13 delivery of needed health care services or programs.

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

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

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

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

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

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

31 (uu) Funds shall be reserved and accumulated from year to year and
32 shall be available, including income from invested funds, for the
33 purpose of supporting disease management and telemedicine demonstration
34 programs authorized pursuant to [sections] SECTION twenty-one hundred
35 eleven [and thirty-six hundred twenty-one] of this chapter[, respective-
36 ly,] for the following periods in the following amounts:

37 (i) five million dollars for the period January first, two thousand
38 four through December thirty-first, two thousand four, of which three
39 million dollars shall be available for disease management demonstration
40 programs and two million dollars shall be available for telemedicine
41 demonstration programs;

42 (ii) five million dollars for the period January first, two thousand
43 five through December thirty-first, two thousand five, of which three
44 million dollars shall be available for disease management demonstration
45 programs and two million dollars shall be available for telemedicine
46 demonstration programs;

47 (iii) nine million five hundred thousand dollars for the period Janu-
48 ary first, two thousand six through December thirty-first, two thousand
49 six, of which seven million five hundred thousand dollars shall be
50 available for disease management demonstration programs and two million
51 dollars shall be available for telemedicine demonstration programs;

52 (iv) nine million five hundred thousand dollars for the period January
53 first, two thousand seven through December thirty-first, two thousand
54 seven, of which seven million five hundred thousand dollars shall be
55 available for disease management demonstration programs and one million
56 dollars shall be available for telemedicine demonstration programs;

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

6 (vi) seven million eight hundred thirty-three thousand three hundred
7 thirty-three dollars for the period January first, two thousand nine
8 through December thirty-first, two thousand nine, of which seven million
9 five hundred thousand dollars shall be available for disease management
10 demonstration programs and three hundred thirty-three thousand three
11 hundred thirty-three dollars shall be available for telemedicine demon-
12 stration programs for the period January first, two thousand nine
13 through March first, two thousand nine;

14 (vii) one million eight hundred seventy-five thousand dollars for the
15 period January first, two thousand ten through March thirty-first, two
16 thousand ten shall be available for disease management demonstration
17 programs.

18 (ww) Funds shall be deposited by the commissioner, within amounts
19 appropriated, and the state comptroller is hereby authorized and
20 directed to receive for the deposit to the credit of the state special
21 revenue funds - other, HCRA transfer fund, medical assistance account,
22 or any successor fund or account, for purposes of funding the state
23 share of the general hospital rates increases for recruitment and
24 retention of health care workers pursuant to paragraph (e) of subdivi-
25 sion thirty of section twenty-eight hundred seven-c of this article from
26 the tobacco control and insurance initiatives pool established for the
27 following periods in the following amounts:

28 (i) sixty million five hundred thousand dollars for the period January
29 first, two thousand five through December thirty-first, two thousand
30 five; and

31 (ii) sixty million five hundred thousand dollars for the period Janu-
32 ary first, two thousand six through December thirty-first, two thousand
33 six.

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

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

46 (ii) three million five hundred thousand dollars for the period Janu-
47 ary first, two thousand six through December thirty-first, two thousand
48 six;

49 (iii) three million five hundred thousand dollars for the period Janu-
50 ary first, two thousand seven through December thirty-first, two thou-
51 sand seven;

52 (iv) three million five hundred thousand dollars for the period Janu-
53 ary first, two thousand eight through December thirty-first, two thou-
54 sand eight; and

1 (v) three million two hundred eight thousand dollars for the period
2 January first, two thousand nine through November thirtieth, two thou-
3 sand nine.

4 (yy) Funds shall be reserved and accumulated from year to year and
5 shall be available, within amounts appropriated and notwithstanding
6 section one hundred twelve of the state finance law and any other
7 contrary provision of law, for the purpose of supporting grants not to
8 exceed five million dollars to be made by the commissioner without a
9 competitive bid or request for proposal process, in support of the
10 delivery of critically needed health care services, to health care
11 providers located in the counties of Erie and Niagara which executed a
12 memorandum of closing and conducted a merger closing in escrow on Novem-
13 ber twenty-fourth, nineteen hundred ninety-seven and which entered into
14 a settlement dated December thirtieth, two thousand four for a loss on
15 disposal of assets under the provisions of title XVIII of the federal
16 social security act applicable to mergers occurring prior to December
17 first, nineteen hundred ninety-seven.

18 (zz) Funds shall be reserved and accumulated from year to year and
19 shall be available, within amounts appropriated, for the purpose of
20 supporting expenditures authorized pursuant to section twenty-eight
21 hundred eighteen of this article from the tobacco control and insurance
22 initiatives pool established for the following periods in the following
23 amounts:

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

27 (ii) one hundred eight million three hundred thousand dollars for the
28 period January first, two thousand six through December thirty-first,
29 two thousand six, provided, however, that within amounts appropriated in
30 the two thousand six through two thousand seven state fiscal year, a
31 portion of such funds may be transferred to the Roswell Park Cancer
32 Institute Corporation to fund capital costs;

33 (iii) one hundred seventy-one million dollars for the period January
34 first, two thousand seven through December thirty-first, two thousand
35 seven, provided, however, that within amounts appropriated in the two
36 thousand six through two thousand seven state fiscal year, a portion of
37 such funds may be transferred to the Roswell Park Cancer Institute
38 Corporation to fund capital costs;

39 (iv) one hundred seventy-one million five hundred thousand dollars for
40 the period January first, two thousand eight through December thirty-
41 first, two thousand eight;

42 (v) one hundred twenty-eight million seven hundred fifty thousand
43 dollars for the period January first, two thousand nine through December
44 thirty-first, two thousand nine;

45 (vi) one hundred thirty-one million three hundred seventy-five thou-
46 sand dollars for the period January first, two thousand ten through
47 December thirty-first, two thousand ten; [and]

48 (vii) thirty-four million two hundred fifty thousand dollars for the
49 period January first, two thousand eleven through March thirty-first,
50 two thousand eleven[.];

51 (VIII) FOUR HUNDRED THIRTY-THREE MILLION THREE HUNDRED SIXTY-SIX THOU-
52 SAND DOLLARS FOR THE PERIOD APRIL FIRST, TWO THOUSAND ELEVEN THROUGH
53 MARCH THIRTY-FIRST, TWO THOUSAND TWELVE;

54 (IX) ONE HUNDRED FIFTY MILLION EIGHT HUNDRED SIX THOUSAND DOLLARS FOR
55 THE PERIOD APRIL FIRST, TWO THOUSAND TWELVE THROUGH MARCH THIRTY-FIRST,
56 TWO THOUSAND THIRTEEN; AND

1 (X) SEVENTY-EIGHT MILLION SEVENTY-ONE THOUSAND DOLLARS FOR THE PERIOD
2 APRIL FIRST, TWO THOUSAND THIRTEEN THROUGH MARCH THIRTY-FIRST, TWO THOU-
3 SAND FOURTEEN.

4 (aaa) Funds shall be reserved and accumulated from year to year and
5 shall be available, including income from invested funds, for services
6 and expenses related to school based health centers, in an amount up to
7 three million five hundred thousand dollars for the period April first,
8 two thousand six through March thirty-first, two thousand seven, up to
9 three million five hundred thousand dollars for the period April first,
10 two thousand seven through March thirty-first, two thousand eight, up to
11 three million five hundred thousand dollars for the period April first,
12 two thousand eight through March thirty-first, two thousand nine, up to
13 three million five hundred thousand dollars for the period April first,
14 two thousand nine through March thirty-first, two thousand ten, [and] up
15 to three million five hundred thousand dollars for the period April
16 first, two thousand ten through March thirty-first, two thousand eleven,
17 AND UP TO TWO MILLION EIGHT HUNDRED THOUSAND DOLLARS EACH STATE FISCAL
18 YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND ELEVEN THROUGH MARCH THIR-
19 TY-FIRST, TWO THOUSAND FOURTEEN. The total amount of funds provided
20 herein shall be distributed as grants based on the ratio of each provid-
21 er's total enrollment for all sites to the total enrollment of all
22 providers. This formula shall be applied to the total amount provided
23 herein.

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

44 (ccc) Funds shall be deposited by the commissioner, within amounts
45 appropriated, and the state comptroller is hereby authorized and
46 directed to receive for the deposit to the credit of the state special
47 revenue funds - other, HCRA transfer fund, medical assistance account,
48 or any successor fund or account, for purposes of funding the state
49 share of increases in the rates for certified home health agencies, long
50 term home health care programs, AIDS home care programs, hospice
51 programs and managed long term care plans and approved managed long term
52 care operating demonstrations as defined in section forty-four hundred
53 three-f of this chapter for recruitment and retention of health care
54 workers pursuant to subdivisions nine and ten of section thirty-six
55 hundred fourteen of this chapter from the tobacco control and insurance

1 initiatives pool established for the following periods in the following
2 amounts:

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

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

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

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

11 (v) fifty million dollars for the period January first, two thousand
12 ten through December thirty-first, two thousand ten; [and]

13 (vi) twelve million five hundred thousand dollars for the period Janu-
14 ary first, two thousand eleven through March thirty-first, two thousand
15 eleven[.]; AND

16 (VII) FIFTY MILLION DOLLARS EACH STATE FISCAL YEAR FOR THE PERIOD
17 APRIL FIRST, TWO THOUSAND ELEVEN THROUGH MARCH THIRTY-FIRST, TWO THOU-
18 SAND FOURTEEN.

19 (ddd) Funds shall be deposited by the commissioner, within amounts
20 appropriated, and the state comptroller is hereby authorized and
21 directed to receive for the deposit to the credit of the state special
22 revenue funds - other, HCRA transfer fund, medical assistance account,
23 or any successor fund or account, for purposes of funding the state
24 share of increases in the medical assistance rates for providers for
25 purposes of enhancing the provision, quality and/or efficiency of home
26 care services pursuant to subdivision eleven of section thirty-six
27 hundred fourteen of this chapter from the tobacco control and insurance
28 initiatives pool established for the following period in the amount of
29 eight million dollars for the period April first, two thousand six
30 through December thirty-first, two thousand six.

31 (eee) Funds shall be reserved and accumulated from year to year and
32 shall be available, including income from invested funds, to the Center
33 for Functional Genomics at the State University of New York at Albany,
34 for the purposes of the Adirondack network for cancer education and
35 research in rural communities grant program to improve access to health
36 care and shall be made available from the tobacco control and insurance
37 initiatives pool established for the following period in the amount of
38 up to five million dollars for the period January first, two thousand
39 six through December thirty-first, two thousand six.

40 (fff) Funds shall be made available to the empire state stem cell fund
41 established by section ninety-nine-p of the state finance law from the
42 public asset as defined in section four thousand three hundred one of
43 the insurance law and accumulated from the conversion of one or more
44 article forty-three corporations and its or their not-for-profit subsid-
45 iaries occurring on or after January first, two thousand seven. Such
46 funds shall be made available within amounts appropriated up to fifty
47 million dollars annually and shall not exceed five hundred million
48 dollars in total.

49 (ggg) Funds shall be deposited by the commissioner, within amounts
50 appropriated, and the state comptroller is hereby authorized and
51 directed to receive for deposit to the credit of the state special
52 revenue fund - other, HCRA transfer fund, medical assistance account, or
53 any successor fund or account, for the purpose of supporting the state
54 share of Medicaid expenditures for hospital translation services as
55 authorized pursuant to paragraph (k) of subdivision one of section twen-
56 ty-eight hundred seven-c of this article from the tobacco control and

1 initiatives pool established for the following periods in the following
2 amounts:

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

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

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

19 (i) two million five hundred thousand dollars for the period April
20 first, two thousand eight through December thirty-first, two thousand
21 eight; and

22 (ii) two million two hundred ninety-two thousand dollars for the peri-
23 od January first, two thousand nine through November thirtieth, two
24 thousand nine.

25 S 9. Subdivision 3 of section 1680-j of the public authorities law, as
26 amended by section 34 of part C of chapter 58 of the laws of 2009, is
27 amended to read as follows:

28 3. Notwithstanding any law to the contrary, and in accordance with
29 section four of the state finance law, the comptroller is hereby author-
30 ized and directed to transfer from the health care reform act (HCRA)
31 resources fund (061) to the general fund, upon the request of the direc-
32 tor of the budget, up to \$6,500,000 on or before March 31, 2006, and the
33 comptroller is further hereby authorized and directed to transfer from
34 the healthcare reform act (HCRA); Resources fund (061) to the Capital
35 Projects Fund, upon the request of the director of budget, up to
36 \$139,000,000 for the period April 1, 2006 through March 31, 2007, up to
37 \$171,100,000 for the period April 1, 2007 through March 31, 2008, up to
38 \$208,100,000 for the period April 1, 2008 through March 31, 2009, up to
39 \$151,600,000 for the period April 1, 2009 through March 31, 2010, [and]
40 up to [\$238,000,000] \$215,743,000 for the period April 1, 2010 through
41 March 31, 2011, UP TO \$433,366,000 FOR THE PERIOD APRIL 1, 2011 THROUGH
42 MARCH 31, 2012, UP TO \$150,806,000 FOR THE PERIOD APRIL 1, 2012 THROUGH
43 MARCH 31, 2013, UP TO \$78,071,000 FOR THE PERIOD APRIL 1, 2013 THROUGH
44 MARCH 31, 2014, AND UP TO \$86,005,000 FOR THE PERIOD APRIL 1, 2014
45 THROUGH MARCH 31, 2015.

46 S 10. Paragraph (a) of subdivision 12 of section 367-b of the social
47 services law, as amended by section 8 of part B of chapter 58 of the
48 laws of 2008, is amended to read as follows:

49 (a) For the purpose of regulating cash flow for general hospitals, the
50 department shall develop and implement a payment methodology to provide
51 for timely payments for inpatient hospital services eligible for case
52 based payments per discharge based on diagnosis-related groups provided
53 during the period January first, nineteen hundred eighty-eight through
54 March thirty-first two thousand [eleven] FOURTEEN, by such hospitals
55 which elect to participate in the system.

1 S 11. Section 2 of chapter 600 of the laws of 1986, amending the
2 public health law relating to the development of pilot reimbursement
3 programs for ambulatory care services, as amended by section 9 of part B
4 of chapter 58 of the laws of 2008, is amended to read as follows:

5 S 2. This act shall take effect immediately, except that this act
6 shall expire and be of no further force and effect on and after April 1,
7 [2011] 2014; provided, however, that the commissioner of health shall
8 submit a report to the governor and the legislature detailing the objec-
9 tive, impact, design and computation of any pilot reimbursement program
10 established pursuant to this act, on or before March 31, 1994 and annu-
11 ally thereafter. Such report shall include an assessment of the finan-
12 cial impact of such payment system on providers, as well as the impact
13 of such system on access to care.

14 S 12. Paragraph (i) of subdivision (b) of section 1 of chapter 520 of
15 the laws of 1978, relating to providing for a comprehensive survey of
16 health care financing, education and illness prevention and creating
17 councils for the conduct thereof, as amended by section 11 of part B of
18 chapter 58 of the laws of 2008, is amended to read as follows:

19 (i) oversight and evaluation of the inpatient financing system in
20 place for 1988 through March 31, [2011] 2014, and the appropriateness
21 and effectiveness of the bad debt and charity care financing provisions;

22 S 13. The opening paragraph of section 2952 of the public health law,
23 as amended by section 21 of part B of chapter 58 of the laws of 2008, is
24 amended to read as follows:

25 To the extent of funds available therefor, the sum of seven million
26 dollars shall annually be available for periods prior to January first,
27 two thousand three, and up to six million five hundred thirty thousand
28 dollars annually for the period January first, two thousand three
29 through December thirty-first, two thousand four, up to seven million
30 sixty-two thousand dollars for the period January first, two thousand
31 five through December thirty-first, two thousand six annually, up to
32 seven million sixty-two thousand dollars annually for the period January
33 first, two thousand seven through December thirty-first, two thousand
34 ten, [and] up to one million seven hundred sixty-six thousand dollars
35 for the period January first, two thousand eleven through March thirty-
36 first, two thousand eleven, AND WITHIN AMOUNTS APPROPRIATED FOR EACH
37 STATE FISCAL YEAR ON AND AFTER APRIL FIRST, TWO THOUSAND ELEVEN, shall
38 be available to the commissioner from funds made available pursuant to
39 section twenty-eight hundred seven-1 of this chapter for grants pursuant
40 to this section.

41 S 14. Subdivision 1 of section 2958 of the public health law, as
42 amended by section 22 of part B of chapter 58 of the laws of 2008, is
43 amended to read as follows:

44 1. To the extent of funds available therefor, the sum of ten million
45 dollars shall annually be made available for periods prior to January
46 first, two thousand three, and up to nine million three hundred twenty
47 thousand dollars for the period January first, two thousand three
48 through December thirty-first, two thousand three, up to nine million
49 three hundred twenty thousand dollars for the period January first, two
50 thousand four through December thirty-first, two thousand four, up to
51 twelve million eighty-eight thousand dollars for the period January
52 first, two thousand five through December thirty-first, two thousand
53 five, up to twelve million eighty-eight thousand dollars for the period
54 January first, two thousand six through December thirty-first, two thou-
55 sand six, up to eleven million eighty-eight thousand dollars annually
56 for the period January first, two thousand seven through December thir-

1 ty-first, two thousand ten, [and] up to two million seven hundred seven-
2 ty-two thousand dollars for the period January first, two thousand elev-
3 en through March thirty-first, two thousand eleven, AND WITHIN AMOUNTS
4 APPROPRIATED FOR EACH STATE FISCAL YEAR ON AND AFTER APRIL FIRST, TWO
5 THOUSAND ELEVEN, shall be available to the commissioner from funds
6 pursuant to section twenty-eight hundred seven-1 of this chapter to
7 provide assistance to general hospitals classified as a rural hospital
8 for purposes of determining payment for inpatient services provided to
9 beneficiaries of title XVIII of the federal social security act (Medi-
10 care) or under state regulations, in recognition of the unique costs
11 incurred by these facilities to provide hospital services in remote or
12 sparsely populated areas pursuant to subdivision two of this section.

13 S 15. Paragraph (a) of subdivision 1 of section 18 of chapter 266 of
14 the laws of 1986, amending the civil practice law and rules and other
15 laws relating to malpractice and professional medical conduct, as
16 amended by section 23 of part B of chapter 58 of the laws of 2008, is
17 amended to read as follows:

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

1 1, 2001 and June 30, 2002, between July 1, 2002 and June 30, 2003,
2 between July 1, 2003 and June 30, 2004, between July 1, 2004 and June
3 30, 2005, between July 1, 2005 and June 30, 2006, between July 1, 2006
4 and June 30, 2007, between July 1, 2007 and June 30, 2008, between July
5 1, 2008 and June 30, 2009, between July 1, 2009 and June 30, 2010, [and]
6 between July 1, 2010 and June 30, 2011, BETWEEN JULY 1, 2011 AND JUNE
7 30, 2012, BETWEEN JULY 1, 2012 AND JUNE 30, 2013 AND BETWEEN JULY 1,
8 2013 AND JUNE 30, 2014 for physicians or dentists certified as eligible
9 for each such period or periods pursuant to subdivision [(2)] 2 of this
10 section by a general hospital licensed pursuant to article 28 of the
11 public health law; provided that no single insurer shall write more than
12 fifty percent of the total excess premium for a given policy year; and
13 provided, however, that such eligible physicians or dentists must have
14 in force an individual policy, from an insurer licensed in this state of
15 primary malpractice insurance coverage in amounts of no less than one
16 million three hundred thousand dollars for each claimant and three
17 million nine hundred thousand dollars for all claimants under that poli-
18 cy during the period of such excess coverage for such occurrences or be
19 endorsed as additional insureds under a hospital professional liability
20 policy which is offered through a voluntary attending physician ("chan-
21 neling") program previously permitted by the superintendent of insurance
22 during the period of such excess coverage for such occurrences. During
23 such period, such policy for excess coverage or such equivalent excess
24 coverage shall, when combined with the physician's or dentist's primary
25 malpractice insurance coverage or coverage provided through a voluntary
26 attending physician ("channeling") program, total an aggregate level of
27 two million three hundred thousand dollars for each claimant and six
28 million nine hundred thousand dollars for all claimants from all such
29 policies with respect to occurrences in each of such years provided,
30 however, if the cost of primary malpractice insurance coverage in excess
31 of one million dollars, but below the excess medical malpractice insur-
32 ance coverage provided pursuant to this act, exceeds the rate of nine
33 percent per annum, then the required level of primary malpractice insur-
34 ance coverage in excess of one million dollars for each claimant shall
35 be in an amount of not less than the dollar amount of such coverage
36 available at nine percent per annum; the required level of such coverage
37 for all claimants under that policy shall be in an amount not less than
38 three times the dollar amount of coverage for each claimant; and excess
39 coverage, when combined with such primary malpractice insurance cover-
40 age, shall increase the aggregate level for each claimant by one million
41 dollars and three million dollars for all claimants; and provided
42 further, that, with respect to policies of primary medical malpractice
43 coverage that include occurrences between April 1, 2002 and June 30,
44 2002, such requirement that coverage be in amounts no less than one
45 million three hundred thousand dollars for each claimant and three
46 million nine hundred thousand dollars for all claimants for such occur-
47 rences shall be effective April 1, 2002.

48 S 16. Subdivision 3 of section 18 of chapter 266 of the laws of 1986,
49 amending the civil practice law and rules and other laws relating to
50 malpractice and professional medical conduct, as amended by section 24
51 of part B of chapter 58 of the laws of 2008, is amended to read as
52 follows:

53 (3)(a) The superintendent of insurance shall determine and certify to
54 each general hospital and to the commissioner of health the cost of
55 excess malpractice insurance for medical or dental malpractice occur-
56 rences between July 1, 1986 and June 30, 1987, between July 1, 1988 and

1 June 30, 1989, between July 1, 1989 and June 30, 1990, between July 1,
2 1990 and June 30, 1991, between July 1, 1991 and June 30, 1992, between
3 July 1, 1992 and June 30, 1993, between July 1, 1993 and June 30, 1994,
4 between July 1, 1994 and June 30, 1995, between July 1, 1995 and June
5 30, 1996, between July 1, 1996 and June 30, 1997, between July 1, 1997
6 and June 30, 1998, between July 1, 1998 and June 30, 1999, between July
7 1, 1999 and June 30, 2000, between July 1, 2000 and June 30, 2001,
8 between July 1, 2001 and June 30, 2002, between July 1, 2002 and June
9 30, 2003, between July 1, 2003 and June 30, 2004, between July 1, 2004
10 and June 30, 2005, between July 1, 2005 and June 30, 2006, between July
11 1, 2006 and June 30, 2007, between July 1, 2007 and June 30, 2008,
12 between July 1, 2008 and June 30, 2009, between July 1, 2009 and June
13 30, 2010, [and] between July 1, 2010 and June 30, 2011, BETWEEN JULY 1,
14 2011 AND JUNE 30, 2012, BETWEEN JULY 1, 2012 AND JUNE 30, 2013, AND
15 BETWEEN JULY 1, 2013 AND JUNE 30, 2014 allocable to each general hospi-
16 tal for physicians or dentists certified as eligible for purchase of a
17 policy for excess insurance coverage by such general hospital in accord-
18 ance with subdivision [(2)] 2 of this section, and may amend such deter-
19 mination and certification as necessary.

20 (b) The superintendent of insurance shall determine and certify to
21 each general hospital and to the commissioner of health the cost of
22 excess malpractice insurance or equivalent excess coverage for medical
23 or dental malpractice occurrences between July 1, 1987 and June 30,
24 1988, between July 1, 1988 and June 30, 1989, between July 1, 1989 and
25 June 30, 1990, between July 1, 1990 and June 30, 1991, between July 1,
26 1991 and June 30, 1992, between July 1, 1992 and June 30, 1993, between
27 July 1, 1993 and June 30, 1994, between July 1, 1994 and June 30, 1995,
28 between July 1, 1995 and June 30, 1996, between July 1, 1996 and June
29 30, 1997, between July 1, 1997 and June 30, 1998, between July 1, 1998
30 and June 30, 1999, between July 1, 1999 and June 30, 2000, between July
31 1, 2000 and June 30, 2001, between July 1, 2001 and June 30, 2002,
32 between July 1, 2002 and June 30, 2003, between July 1, 2003 and June
33 30, 2004, between July 1, 2004 and June 30, 2005, between July 1, 2005
34 and June 30, 2006, between July 1, 2006 and June 30, 2007, between July
35 1, 2007 and June 30, 2008, between July 1, 2008 and June 30, 2009,
36 between July 1, 2009 and June 30, 2010, [and] between July 1, 2010 and
37 June 30, 2011, BETWEEN JULY 1, 2011 AND JUNE 30, 2012, BETWEEN JULY 1,
38 2012 AND JUNE 30, 2013, AND BETWEEN JULY 1, 2013 AND JUNE 30, 2014 allo-
39 cable to each general hospital for physicians or dentists certified as
40 eligible for purchase of a policy for excess insurance coverage or
41 equivalent excess coverage by such general hospital in accordance with
42 subdivision [(2)] 2 of this section, and may amend such determination
43 and certification as necessary. The superintendent of insurance shall
44 determine and certify to each general hospital and to the commissioner
45 of health the ratable share of such cost allocable to the period July 1,
46 1987 to December 31, 1987, to the period January 1, 1988 to June 30,
47 1988, to the period July 1, 1988 to December 31, 1988, to the period
48 January 1, 1989 to June 30, 1989, to the period July 1, 1989 to December
49 31, 1989, to the period January 1, 1990 to June 30, 1990, to the period
50 July 1, 1990 to December 31, 1990, to the period January 1, 1991 to June
51 30, 1991, to the period July 1, 1991 to December 31, 1991, to the period
52 January 1, 1992 to June 30, 1992, to the period July 1, 1992 to December
53 31, 1992, to the period January 1, 1993 to June 30, 1993, to the period
54 July 1, 1993 to December 31, 1993, to the period January 1, 1994 to June
55 30, 1994, to the period July 1, 1994 to December 31, 1994, to the period
56 January 1, 1995 to June 30, 1995, to the period July 1, 1995 to December

1 31, 1995, to the period January 1, 1996 to June 30, 1996, to the period
2 July 1, 1996 to December 31, 1996, to the period January 1, 1997 to June
3 30, 1997, to the period July 1, 1997 to December 31, 1997, to the period
4 January 1, 1998 to June 30, 1998, to the period July 1, 1998 to December
5 31, 1998, to the period January 1, 1999 to June 30, 1999, to the period
6 July 1, 1999 to December 31, 1999, to the period January 1, 2000 to June
7 30, 2000, to the period July 1, 2000 to December 31, 2000, to the period
8 January 1, 2001 to June 30, 2001, to the period July 1, 2001 to June 30,
9 2002, to the period July 1, 2002 to June 30, 2003, to the period July 1,
10 2003 to June 30, 2004, to the period July 1, 2004 to June 30, 2005, to
11 the period July 1, 2005 and June 30, 2006, to the period July 1, 2006
12 and June 30, 2007, to the period July 1, 2007 and June 30, 2008, to the
13 period July 1, 2008 and June 30, 2009, to the period July 1, 2009 and
14 June 30, 2010, [and] to the period July 1, 2010 and June 30, 2011, TO
15 THE PERIOD JULY 1, 2011 AND JUNE 30, 2012, TO THE PERIOD JULY 1, 2012
16 AND JUNE 30, 2013, AND TO THE PERIOD JULY 1, 2013 AND JUNE 30, 2014.

17 S 17. Paragraphs (a), (b), (c), (d) and (e) of subdivision 8 of
18 section 18 of chapter 266 of the laws of 1986, amending the civil prac-
19 tice law and rules and other laws relating to malpractice and profes-
20 sional medical conduct, as amended by section 25 of part B of chapter 58
21 of the laws of 2008, are amended to read as follows:

22 (a) To the extent funds available to the hospital excess liability
23 pool pursuant to subdivision [(5)] 5 of this section as amended, and
24 pursuant to section 6 of part J of chapter 63 of the laws of 2001, as
25 may from time to time be amended, which amended this subdivision, are
26 insufficient to meet the costs of excess insurance coverage or equiv-
27 alent excess coverage for coverage periods during the period July 1,
28 1992 to June 30, 1993, during the period July 1, 1993 to June 30, 1994,
29 during the period July 1, 1994 to June 30, 1995, during the period July
30 1, 1995 to June 30, 1996, during the period July 1, 1996 to June 30,
31 1997, during the period July 1, 1997 to June 30, 1998, during the period
32 July 1, 1998 to June 30, 1999, during the period July 1, 1999 to June
33 30, 2000, during the period July 1, 2000 to June 30, 2001, during the
34 period July 1, 2001 to October 29, 2001, during the period April 1, 2002
35 to June 30, 2002, during the period July 1, 2002 to June 30, 2003,
36 during the period July 1, 2003 to June 30, 2004, during the period July
37 1, 2004 to June 30, 2005, during the period July 1, 2005 to June 30,
38 2006, during the period July 1, 2006 to June 30, 2007, during the period
39 July 1, 2007 to June 30, 2008, during the period July 1, 2008 to June
40 30, 2009, during the period July 1, 2009 to June 30, 2010 [and], during
41 the period July 1, 2010 to June 30, 2011, DURING THE PERIOD JULY 1, 2011
42 TO JUNE 30, 2012, DURING THE PERIOD JULY 1, 2012 TO JUNE 30, 2013, AND
43 DURING THE PERIOD JULY 1, 2013 TO JUNE 30, 2014 allocated or reallocated
44 in accordance with paragraph (a) of subdivision [(4-a)] 4-A of this
45 section to rates of payment applicable to state governmental agencies,
46 each physician or dentist for whom a policy for excess insurance cover-
47 age or equivalent excess coverage is purchased for such period shall be
48 responsible for payment to the provider of excess insurance coverage or
49 equivalent excess coverage of an allocable share of such insufficiency,
50 based on the ratio of the total cost of such coverage for such physician
51 to the sum of the total cost of such coverage for all physicians applied
52 to such insufficiency.

53 (b) Each provider of excess insurance coverage or equivalent excess
54 coverage covering the period July 1, 1992 to June 30, 1993, or covering
55 the period July 1, 1993 to June 30, 1994, or covering the period July 1,
56 1994 to June 30, 1995, or covering the period July 1, 1995 to June 30,

1 1996, or covering the period July 1, 1996 to June 30, 1997, or covering
2 the period July 1, 1997 to June 30, 1998, or covering the period July 1,
3 1998 to June 30, 1999, or covering the period July 1, 1999 to June 30,
4 2000, or covering the period July 1, 2000 to June 30, 2001, or covering
5 the period July 1, 2001 to October 29, 2001, or covering the period
6 April 1, 2002 to June 30, 2002, or covering the period July 1, 2002 to
7 June 30, 2003, or covering the period July 1, 2003 to June 30, 2004, or
8 covering the period July 1, 2004 to June 30, 2005, or covering the peri-
9 od July 1, 2005 to June 30, 2006, or covering the period July 1, 2006 to
10 June 30, 2007, or covering the period July 1, 2007 to June 30, 2008, or
11 covering the period July 1, 2008 to June 30, 2009, or covering the peri-
12 od July 1, 2009 to June 30, 2010, or covering the period July 1, 2010 to
13 June 30, 2011, OR COVERING THE PERIOD JULY 1, 2011 TO JUNE 30, 2012, OR
14 COVERING THE PERIOD JULY 1, 2012 TO JUNE 30, 2013, OR COVERING THE PERI-
15 OD JULY 1, 2013 TO JUNE 30, 2014 shall notify a covered physician or
16 dentist by mail, mailed to the address shown on the last application for
17 excess insurance coverage or equivalent excess coverage, of the amount
18 due to such provider from such physician or dentist for such coverage
19 period determined in accordance with paragraph (a) of this subdivision.
20 Such amount shall be due from such physician or dentist to such provider
21 of excess insurance coverage or equivalent excess coverage in a time and
22 manner determined by the superintendent of insurance.

23 (c) If a physician or dentist liable for payment of a portion of the
24 costs of excess insurance coverage or equivalent excess coverage cover-
25 ing the period July 1, 1992 to June 30, 1993, or covering the period
26 July 1, 1993 to June 30, 1994, or covering the period July 1, 1994 to
27 June 30, 1995, or covering the period July 1, 1995 to June 30, 1996, or
28 covering the period July 1, 1996 to June 30, 1997, or covering the peri-
29 od July 1, 1997 to June 30, 1998, or covering the period July 1, 1998 to
30 June 30, 1999, or covering the period July 1, 1999 to June 30, 2000, or
31 covering the period July 1, 2000 to June 30, 2001, or covering the peri-
32 od July 1, 2001 to October 29, 2001, or covering the period April 1,
33 2002 to June 30, 2002, or covering the period July 1, 2002 to June 30,
34 2003, or covering the period July 1, 2003 to June 30, 2004, or covering
35 the period July 1, 2004 to June 30, 2005, or covering the period July 1,
36 2005 to June 30, 2006, or covering the period July 1, 2006 to June 30,
37 2007, or covering the period July 1, 2007 to June 30, 2008, or covering
38 the period July 1, 2008 to June 30, 2009, or covering the period July 1,
39 2009 to June 30, 2010, or covering the period July 1, 2010 to June 30,
40 2011, OR COVERING THE PERIOD JULY 1, 2011 TO JUNE 30, 2012, OR COVERING
41 THE PERIOD JULY 1, 2012 TO JUNE 30, 2013, OR COVERING THE PERIOD JULY 1,
42 2013 TO JUNE 30, 2014 determined in accordance with paragraph (a) of
43 this subdivision fails, refuses or neglects to make payment to the
44 provider of excess insurance coverage or equivalent excess coverage in
45 such time and manner as determined by the superintendent of insurance
46 pursuant to paragraph (b) of this subdivision, excess insurance coverage
47 or equivalent excess coverage purchased for such physician or dentist in
48 accordance with this section for such coverage period shall be cancelled
49 and shall be null and void as of the first day on or after the commence-
50 ment of a policy period where the liability for payment pursuant to this
51 subdivision has not been met.

52 (d) Each provider of excess insurance coverage or equivalent excess
53 coverage shall notify the superintendent of insurance and the commis-
54 sioner of health or their designee of each physician and dentist eligi-
55 ble for purchase of a policy for excess insurance coverage or equivalent
56 excess coverage covering the period July 1, 1992 to June 30, 1993, or

1 covering the period July 1, 1993 to June 30, 1994, or covering the peri-
2 od July 1, 1994 to June 30, 1995, or covering the period July 1, 1995 to
3 June 30, 1996, or covering the period July 1, 1996 to June 30, 1997, or
4 covering the period July 1, 1997 to June 30, 1998, or covering the peri-
5 od July 1, 1998 to June 30, 1999, or covering the period July 1, 1999 to
6 June 30, 2000, or covering the period July 1, 2000 to June 30, 2001, or
7 covering the period July 1, 2001 to October 29, 2001, or covering the
8 period April 1, 2002 to June 30, 2002, or covering the period July 1,
9 2002 to June 30, 2003, or covering the period July 1, 2003 to June 30,
10 2004, or covering the period July 1, 2004 to June 30, 2005, or covering
11 the period July 1, 2005 to June 30, 2006, or covering the period July 1,
12 2006 to June 30, 2007, or covering the period July 1, 2007 to June 30,
13 2008, or covering the period July 1, 2008 to June 30, 2009, or covering
14 the period July 1, 2009 to June 30, 2010, or covering the period July 1,
15 2010 to June 30, 2011, OR COVERING THE PERIOD JULY 1, 2011 TO JUNE 30,
16 2012, OR COVERING THE PERIOD JULY 1, 2012 TO JUNE 30, 2013, OR COVERING
17 THE PERIOD JULY 1, 2013 TO JUNE 30, 2014 that has made payment to such
18 provider of excess insurance coverage or equivalent excess coverage in
19 accordance with paragraph (b) of this subdivision and of each physician
20 and dentist who has failed, refused or neglected to make such payment.

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

1 AND COVERING THE PERIOD JULY 1, 2012 TO JUNE 30, 2013, AND COVERING THE
2 PERIOD JULY 1, 2013 TO JUNE 30, 2014 for a physician or dentist where
3 such excess insurance coverage or equivalent excess coverage is
4 cancelled in accordance with paragraph (c) of this subdivision.

5 S 18. Section 40 of chapter 266 of the laws of 1986, amending the
6 civil practice law and rules and other laws relating to malpractice and
7 professional medical conduct, as amended by chapter 216 of the laws of
8 2009, is amended to read as follows:

9 S 40. The superintendent of insurance shall establish rates for poli-
10 cies providing coverage for physicians and surgeons medical malpractice
11 for the periods commencing July 1, 1985 and ending June 30, [2011] 2014;
12 provided, however, that notwithstanding any other provision of law, the
13 superintendent shall not establish or approve any increase in rates for
14 the period commencing July 1, 2009 and ending June 30, 2010. The super-
15 intendent shall direct insurers to establish segregated accounts for
16 premiums, payments, reserves and investment income attributable to such
17 premium periods and shall require periodic reports by the insurers
18 regarding claims and expenses attributable to such periods to monitor
19 whether such accounts will be sufficient to meet incurred claims and
20 expenses. On or after July 1, 1989, the superintendent shall impose a
21 surcharge on premiums to satisfy a projected deficiency that is attrib-
22 utable to the premium levels established pursuant to this section for
23 such periods; provided, however, that such annual surcharge shall not
24 exceed eight percent of the established rate until July 1, [2011] 2014,
25 at which time and thereafter such surcharge shall not exceed twenty-five
26 percent of the approved adequate rate, and that such annual surcharges
27 shall continue for such period of time as shall be sufficient to satisfy
28 such deficiency. The superintendent shall not impose such surcharge
29 during the period commencing July 1, 2009 and ending June 30, 2010. On
30 and after July 1, 1989, the surcharge prescribed by this section shall
31 be retained by insurers to the extent that they insured physicians and
32 surgeons during the July 1, 1985 through June 30, [2011] 2014 policy
33 periods; in the event and to the extent physicians and surgeons were
34 insured by another insurer during such periods, all or a pro rata share
35 of the surcharge, as the case may be, shall be remitted to such other
36 insurer in accordance with rules and regulations to be promulgated by
37 the superintendent. Surcharges collected from physicians and surgeons
38 who were not insured during such policy periods shall be apportioned
39 among all insurers in proportion to the premium written by each insurer
40 during such policy periods; if a physician or surgeon was insured by an
41 insurer subject to rates established by the superintendent during such
42 policy periods, and at any time thereafter a hospital, health mainte-
43 nance organization, employer or institution is responsible for respond-
44 ing in damages for liability arising out of such physician's or
45 surgeon's practice of medicine, such responsible entity shall also remit
46 to such prior insurer the equivalent amount that would then be collected
47 as a surcharge if the physician or surgeon had continued to remain
48 insured by such prior insurer. In the event any insurer that provided
49 coverage during such policy periods is in liquidation, the
50 property/casualty insurance security fund shall receive the portion of
51 surcharges to which the insurer in liquidation would have been entitled.
52 The surcharges authorized herein shall be deemed to be income earned for
53 the purposes of section 2303 of the insurance law. The superintendent,
54 in establishing adequate rates and in determining any projected defi-
55 ciency pursuant to the requirements of this section and the insurance
56 law, shall give substantial weight, determined in his discretion and

1 judgment, to the prospective anticipated effect of any regulations
2 promulgated and laws enacted and the public benefit of stabilizing
3 malpractice rates and minimizing rate level fluctuation during the peri-
4 od of time necessary for the development of more reliable statistical
5 experience as to the efficacy of such laws and regulations affecting
6 medical, dental or podiatric malpractice enacted or promulgated in 1985,
7 1986, by this act and at any other time. Notwithstanding any provision
8 of the insurance law, rates already established and to be established by
9 the superintendent pursuant to this section are deemed adequate if such
10 rates would be adequate when taken together with the maximum authorized
11 annual surcharges to be imposed for a reasonable period of time whether
12 or not any such annual surcharge has been actually imposed as of the
13 establishment of such rates.

14 S 19. Subsection (c) of section 2343 of the insurance law, as amended
15 by section 27 of part B of chapter 58 of the laws of 2008, is amended to
16 read as follows:

17 (c) Notwithstanding any other provision of this chapter, no applica-
18 tion for an order of rehabilitation or liquidation of a domestic insurer
19 whose primary liability arises from the business of medical malpractice
20 insurance, as that term is defined in subsection (b) of section five
21 thousand five hundred one of this chapter, shall be made on the grounds
22 specified in subsection (a) or (c) of section seven thousand four
23 hundred two of this chapter at any time prior to June thirtieth, two
24 thousand [eleven] FOURTEEN.

25 S 20. Section 5 and subdivisions (a) and (e) of section 6 of part J of
26 chapter 63 of the laws of 2001, amending chapter 20 of the laws of 2001
27 amending the military law and other laws relating to making appropri-
28 ations for the support of government, as amended by section 28 of part B
29 of chapter 58 of the laws of 2008, are amended to read as follows:

30 S 5. The superintendent of insurance and the commissioner of health
31 shall determine, no later than June 15, 2002, June 15, 2003, June 15,
32 2004, June 15, 2005, June 15, 2006, June 15, 2007, June 15, 2008, June
33 15, 2009, June 15, 2010, [and] June 15, 2011, JUNE 15, 2012, JUNE 15,
34 2013, AND JUNE 15, 2014, the amount of funds available in the hospital
35 excess liability pool, created pursuant to section 18 of chapter 266 of
36 the laws of 1986, and whether such funds are sufficient for purposes of
37 purchasing excess insurance coverage for eligible participating physi-
38 cians and dentists during the period July 1, 2001 to June 30, 2002, or
39 July 1, 2002 to June 30, 2003, or July 1, 2003 to June 30, 2004, or July
40 1, 2004 to June 30, 2005, or July 1, 2005 to June 30, 2006, or July 1,
41 2006 to June 30, 2007, or July 1, 2007 to June 30, 2008, or July 1, 2008
42 to June 30, 2009, or July 1, 2009 to June 30, 2010, or July 1, 2010 to
43 June 30, 2011, OR JULY 1, 2011 TO JUNE 30, 2012, OR JULY 1, 2012 TO JUNE
44 30, 2013, OR JULY 1, 2013 TO JUNE 30, 2014, as applicable.

45 (a) This section shall be effective only upon a determination, pursu-
46 ant to section five of this act, by the superintendent of insurance and
47 the commissioner of health, and a certification of such determination to
48 the state director of the budget, the chair of the senate committee on
49 finance and the chair of the assembly committee on ways and means, that
50 the amount of funds in the hospital excess liability pool, created
51 pursuant to section 18 of chapter 266 of the laws of 1986, is insuffi-
52 cient for purposes of purchasing excess insurance coverage for eligible
53 participating physicians and dentists during the period July 1, 2001 to
54 June 30, 2002, or July 1, 2002 to June 30, 2003, or July 1, 2003 to June
55 30, 2004, or July 1, 2004 to June 30, 2005, or July 1, 2005 to June 30,
56 2006, or July 1, 2006 to June 30, 2007, or July 1, 2007 to June 30,

1 2008, or July 1, 2008 to June 30, 2009, or July 1, 2009 to June 30,
2 2010, or July 1, 2010 to June 30, 2011, OR JULY 1, 2011 TO JUNE 30,
3 2012, OR JULY 1, 2012 TO JUNE 30, 2013, OR JULY 1, 2013 TO JUNE 30,
4 2014, as applicable.

5 (e) The commissioner of health shall transfer for deposit to the
6 hospital excess liability pool created pursuant to section 18 of chapter
7 266 of the laws of 1986 such amounts as directed by the superintendent
8 of insurance for the purchase of excess liability insurance coverage for
9 eligible participating physicians and dentists for the policy year July
10 1, 2001 to June 30, 2002, or July 1, 2002 to June 30, 2003, or July 1,
11 2003 to June 30, 2004, or July 1, 2004 to June 30, 2005, or July 1, 2005
12 to June 30, 2006, or July 1, 2006 to June 30, 2007, as applicable, and
13 the cost of administering the hospital excess liability pool for such
14 applicable policy year, pursuant to the program established in chapter
15 266 of the laws of 1986, as amended, no later than June 15, 2002, June
16 15, 2003, June 15, 2004, June 15, 2005, June 15, 2006, June 15, 2007,
17 June 15, 2008, June 15, 2009, June 15, 2010, [and] June 15, 2011, JUNE
18 15, 2012, JUNE 15, 2013, AND JUNE 15, 2014, as applicable.

19 S 21. Section 18 of chapter 904 of the laws of 1984, amending the
20 public health law and the social services law relating to encouraging
21 comprehensive health services, as amended by section 64 of part C of
22 chapter 58 of the laws of 2008, is amended to read as follows:

23 S 18. This act shall take effect immediately, except that sections
24 six, nine, ten and eleven of this act shall take effect on the sixtieth
25 day after it shall have become a law, sections two, three, four and nine
26 of this act shall expire and be of no further force or effect on or
27 after March 31, [2012] 2014, section two of this act shall take effect
28 on April 1, 1985 or seventy-five days following the submission of the
29 report required by section one of this act, whichever is later, and
30 sections eleven and thirteen of this act shall expire and be of no
31 further force or effect on or after March 31, 1988.

32 S 22. Paragraphs (i) and (j) of subdivision 1 of section 367-q of the
33 social services law, as added by section 22-d of part B of chapter 58 of
34 the laws of 2008, are amended and three new paragraphs (k), (l) and (m)
35 are added to read as follows:

36 (i) for the period April first, two thousand nine through March thir-
37 ty-first, two thousand ten, twenty-eight million five hundred thousand
38 dollars; [and]

39 (j) for the period April first, two thousand ten through March thir-
40 ty-first, two thousand eleven, twenty-eight million five hundred thou-
41 sand dollars[.];

42 (K) FOR THE PERIOD APRIL FIRST, TWO THOUSAND ELEVEN THROUGH MARCH
43 THIRTY-FIRST, TWO THOUSAND TWELVE, TWENTY-EIGHT MILLION FIVE HUNDRED
44 THOUSAND DOLLARS;

45 (L) FOR THE PERIOD APRIL FIRST, TWO THOUSAND TWELVE THROUGH MARCH
46 THIRTY-FIRST, TWO THOUSAND THIRTEEN, TWENTY-EIGHT MILLION FIVE HUNDRED
47 THOUSAND DOLLARS; AND

48 (M) FOR THE PERIOD APRIL FIRST, TWO THOUSAND THIRTEEN THROUGH MARCH
49 THIRTY-FIRST, TWO THOUSAND FOURTEEN, TWENTY-EIGHT MILLION FIVE HUNDRED
50 THOUSAND DOLLARS.

51 S 23. Paragraph (f) of subdivision 9 of section 3614 of the public
52 health law, as added by section 22-e of part B of chapter 58 of the laws
53 of 2008, is amended and three new paragraphs (g), (h) and (i) are added
54 to read as follows:

55 (f) for the period April first, two thousand ten through March thir-
56 ty-first, two thousand eleven, up to one hundred million dollars[.];

(G) FOR THE PERIOD APRIL FIRST, TWO THOUSAND ELEVEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND TWELVE, UP TO ONE HUNDRED MILLION DOLLARS;

(H) FOR THE PERIOD APRIL FIRST, TWO THOUSAND TWELVE THROUGH MARCH THIRTY-FIRST, TWO THOUSAND THIRTEEN, UP TO ONE HUNDRED MILLION DOLLARS;

(I) FOR THE PERIOD APRIL FIRST, TWO THOUSAND THIRTEEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND FOURTEEN, UP TO ONE HUNDRED MILLION DOLLARS.

S 24. Paragraph (a) of subdivision 10 of section 3614 of the public health law, as amended by section 5 of part C of chapter 109 of the laws of 2006, is amended to read as follows:

(a) Such adjustments to rates of payments shall be allocated proportionally based on each certified home health agency's, long term home health care program, AIDS home care and hospice program's home health aide or other direct care services total annual hours of service provided to medicaid patients, as reported in each such agency's most [recent] RECENTLY AVAILABLE cost report as submitted to the department [prior to November first, two thousand five] or for the purpose of the managed long term care program a suitable proxy developed by the department in consultation with the interested parties. Payments made pursuant to this section shall not be subject to subsequent adjustment or reconciliation.

S 25. Section 4 of chapter 495 of the laws of 2004, amending the insurance law and the public health law relating to the New York state health insurance continuation assistance demonstration project, as amended by section 29 of part B of chapter 58 of the laws of 2008, is amended to read as follows:

S 4. This act shall take effect on the sixtieth day after it shall have become a law; provided, however, that this act shall remain in effect until July 1, [2011] 2014 when upon such date the provisions of this act shall expire and be deemed repealed; provided, further, that a displaced worker shall be eligible for continuation assistance retroactive to July 1, 2004.

S 26. The opening paragraph of paragraph (b) and paragraphs (c), (d), (e), (f) and (g) of subdivision 5-a of section 2807-m of the public health law, the opening paragraph of paragraph (b) as amended by section 4 of part B of chapter 109 of the laws of 2010, paragraphs (c), (f) and (g) and the opening paragraphs of paragraphs (d) and (e) as amended by section 98 of part C of chapter 58 of the laws of 2009 and paragraphs (d) and (e) as added by section 75-c of part C of chapter 58 of the laws of 2008, are amended to read as follows:

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, AND 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, through March thirty-first, two thousand eleven, 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:

(c) Ambulatory care training. Four million nine hundred thousand dollars for the period January first, two thousand eight through December thirty-first, two thousand eight, four million nine hundred thousand dollars for the period January first, two thousand nine through December thirty-first, two thousand nine, four million nine hundred thousand

1 dollars for the period January first, two thousand ten through December
2 thirty-first, two thousand ten, [and] one million two hundred twenty-
3 five thousand dollars for the period January first, two thousand eleven
4 through March thirty-first, two thousand eleven, AND FOUR MILLION THREE
5 HUNDRED THOUSAND DOLLARS EACH STATE FISCAL YEAR FOR THE PERIOD APRIL
6 FIRST, TWO THOUSAND ELEVEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND
7 FOURTEEN, shall be set aside and reserved by the commissioner from the
8 regional pools established pursuant to subdivision two of this section
9 and shall be available for distributions to sponsoring institutions to
10 be directed to support clinical training of medical students and resi-
11 dents in free-standing ambulatory care settings, including community
12 health centers and private practices. Such funding shall be allocated
13 regionally with two-thirds of the available funding going to New York
14 city and one-third of the available funding going to the rest of the
15 state and shall be distributed to sponsoring institutions in each region
16 pursuant to a request for application or request for proposal process
17 with preference being given to sponsoring institutions which provide
18 training in sites located in underserved rural or inner-city areas and
19 those that include medical students in such training.

20 (d) Physician loan repayment program. One million nine hundred sixty
21 thousand dollars for the period January first, two thousand eight
22 through December thirty-first, two thousand eight, one million nine
23 hundred sixty thousand dollars for the period January first, two thou-
24 sand nine through December thirty-first, two thousand nine, one million
25 nine hundred sixty thousand dollars for the period January first, two
26 thousand ten through December thirty-first, two thousand ten, [and] four
27 hundred ninety thousand dollars for the period January first, two thou-
28 sand eleven through March thirty-first, two thousand eleven, AND ONE
29 MILLION SEVEN HUNDRED THOUSAND DOLLARS EACH STATE FISCAL YEAR FOR THE
30 PERIOD APRIL FIRST, TWO THOUSAND ELEVEN THROUGH MARCH THIRTY-FIRST, TWO
31 THOUSAND FOURTEEN, shall be set aside and reserved by the commissioner
32 from the regional pools established pursuant to subdivision two of this
33 section and shall be available for purposes of physician loan repayment
34 in accordance with subdivision ten of this section. Such funding shall
35 be allocated regionally with one-third of available funds going to New
36 York city and two-thirds of available funds going to the rest of the
37 state and shall be distributed in a manner to be determined by the
38 commissioner as follows:

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

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

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

53 (e) Physician practice support. Four million nine hundred thousand
54 dollars for the period January first, two thousand eight through Decem-
55 ber thirty-first, two thousand eight, four million nine hundred thousand
56 dollars annually for the period January first, two thousand nine through

1 December thirty-first, two thousand ten, [and] one million two hundred
2 twenty-five thousand dollars for the period January first, two thousand
3 eleven through March thirty-first, two thousand eleven, AND FOUR MILLION
4 THREE HUNDRED THOUSAND DOLLARS EACH STATE FISCAL YEAR FOR THE PERIOD
5 APRIL FIRST, TWO THOUSAND ELEVEN THROUGH MARCH THIRTY-FIRST, TWO THOU-
6 SAND FOURTEEN, shall be set aside and reserved by the commissioner from
7 the regional pools established pursuant to subdivision two of this
8 section and shall be available for purposes of physician practice
9 support. Such funding shall be allocated regionally with one-third of
10 available funds going to New York city and two-thirds of available funds
11 going to the rest of the state and shall be distributed in a manner to
12 be determined by the commissioner as follows:

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

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

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

27 (f) Study on physician workforce. Five hundred ninety thousand dollars
28 annually for the period January first, two thousand eight through Decem-
29 ber thirty-first, two thousand ten, [and] one hundred forty-eight thou-
30 sand dollars for the period January first, two thousand eleven through
31 March thirty-first, two thousand eleven, AND FIVE HUNDRED SIXTEEN THOU-
32 SAND DOLLARS EACH STATE FISCAL YEAR FOR THE PERIOD APRIL FIRST, TWO
33 THOUSAND ELEVEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND FOURTEEN, shall
34 be set aside and reserved by the commissioner from the regional pools
35 established pursuant to subdivision two of this section and shall be
36 available to fund a study of physician workforce needs and solutions
37 including, but not limited to, an analysis of residency programs and
38 projected physician workforce and community needs. The commissioner
39 shall enter into agreements with one or more organizations to conduct
40 such study based on a request for proposal process.

41 (g) Diversity in medicine/post-baccalaureate program. Notwithstanding
42 any inconsistent provision of section one hundred twelve or one hundred
43 sixty-three of the state finance law or any other law, one million nine
44 hundred sixty thousand dollars annually for the period January first,
45 two thousand eight through December thirty-first, two thousand ten,
46 [and] four hundred ninety thousand dollars for the period January first,
47 two thousand eleven through March thirty-first, two thousand eleven, AND
48 ONE MILLION SEVEN HUNDRED THOUSAND DOLLARS EACH STATE FISCAL YEAR FOR
49 THE PERIOD APRIL FIRST, TWO THOUSAND ELEVEN THROUGH MARCH THIRTY-FIRST,
50 TWO THOUSAND FOURTEEN, shall be set aside and reserved by the commis-
51 sioner from the regional pools established pursuant to subdivision two
52 of this section and shall be available for distributions to the Associ-
53 ated Medical Schools of New York to fund its diversity program including
54 existing and new post-baccalaureate programs for minority and econom-
55 ically disadvantaged students and encourage participation from all
56 medical schools in New York. The associated medical schools of New York

1 shall report to the commissioner on an annual basis regarding the use of
2 funds for such purpose in such form and manner as specified by the
3 commissioner.

4 S 26-a. Subdivision 7 of section 2807-m of the public health law, as
5 amended by section 99 of part C of chapter 58 of the laws of 2009, is
6 amended to read as follows:

7 7. Notwithstanding any inconsistent provision of section one hundred
8 twelve or one hundred sixty-three of the state finance law or any other
9 law, up to one million dollars for the period January first, two thou-
10 sand through December thirty-first, two thousand, one million six
11 hundred thousand dollars annually for the periods January first, two
12 thousand one through December thirty-first, two thousand eight, one
13 million five hundred thousand dollars annually for the periods January
14 first, two thousand nine through December thirty-first, two thousand
15 ten, [and] three hundred seventy-five thousand dollars for the period
16 January first, two thousand eleven through March thirty-first, two thou-
17 sand eleven, AND ONE MILLION THREE HUNDRED TWENTY THOUSAND DOLLARS EACH
18 STATE FISCAL YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND ELEVEN
19 THROUGH MARCH THIRTY-FIRST, TWO THOUSAND FOURTEEN, shall be set aside
20 and reserved by the commissioner from the regional pools established
21 pursuant to subdivision two of this section and shall be available for
22 distributions to the New York state area health education center program
23 for the purpose of expanding community-based training of medical
24 students. In addition, one million dollars annually for the period Janu-
25 ary first, two thousand eight through December thirty-first, two thou-
26 sand ten, [and] two hundred fifty thousand dollars for the period Janu-
27 ary first, two thousand eleven through March thirty-first, two thousand
28 eleven, AND EIGHT HUNDRED EIGHTY THOUSAND DOLLARS EACH STATE FISCAL YEAR
29 FOR THE PERIOD APRIL FIRST, TWO THOUSAND ELEVEN THROUGH MARCH
30 THIRTY-FIRST, TWO THOUSAND FOURTEEN, shall be set aside and reserved by
31 the commissioner from the regional pools established pursuant to subdi-
32 vision two of this section and shall be available for distributions to
33 the New York state area health education center program for the purpose
34 of post-secondary training of health care professionals who will achieve
35 specific program outcomes within the New York state area health educa-
36 tion center program. The New York state area health education center
37 program shall report to the commissioner on an annual basis regarding
38 the use of funds for each purpose in such form and manner as specified
39 by the commissioner.

40 S 27. Subdivision 4-c of section 2807-p of the public health law, as
41 amended by section 13-c of Part C of chapter 58 of the laws of 2009, is
42 amended to read as follows:

43 4-c. Notwithstanding any provision of law to the contrary, the commis-
44 sioner shall make additional payments for uncompensated care to volun-
45 tary non-profit diagnostic and treatment centers that are eligible for
46 distributions under subdivision four of this section in the following
47 amounts: for the period June first, two thousand six through December
48 thirty-first, two thousand six, in the amount of seven million five
49 hundred thousand dollars, for the period January first, two thousand
50 seven through December thirty-first, two thousand seven, seven million
51 five hundred thousand dollars, for the period January first, two thou-
52 sand eight through December thirty-first, two thousand eight, seven
53 million five hundred thousand dollars, for the period January first, two
54 thousand nine through December thirty-first, two thousand nine, fifteen
55 million five hundred thousand dollars, for the period January first, two
56 thousand ten through December thirty-first, two thousand ten, seven

1 million five hundred thousand dollars, FOR THE PERIOD JANUARY FIRST, TWO
2 THOUSAND ELEVEN THROUGH DECEMBER THIRTY-FIRST, TWO THOUSAND ELEVEN, SEVEN
3 MILLION FIVE HUNDRED THOUSAND DOLLARS, FOR THE PERIOD JANUARY FIRST, TWO
4 THOUSAND TWELVE THROUGH DECEMBER THIRTY-FIRST, TWO THOUSAND TWELVE,
5 SEVEN MILLION FIVE HUNDRED THOUSAND DOLLARS, FOR THE PERIOD JANUARY
6 FIRST, TWO THOUSAND THIRTEEN THROUGH DECEMBER THIRTY-FIRST, TWO THOUSAND
7 THIRTEEN, SEVEN MILLION FIVE HUNDRED THOUSAND DOLLARS, and for the peri-
8 od January first, two thousand [eleven] FOURTEEN through March thirty-
9 first, two thousand [eleven] FOURTEEN, in the amount of one million
10 eight hundred seventy-five thousand dollars, provided, however, that for
11 periods on and after January first, two thousand eight, such additional
12 payments shall be distributed to voluntary, non-profit diagnostic and
13 treatment centers and to public diagnostic and treatment centers in
14 accordance with paragraph (g) of subdivision four of this section. In
15 the event that federal financial participation is available for rate
16 adjustments pursuant to this section, the commissioner shall make such
17 payments as additional adjustments to rates of payment for voluntary
18 non-profit diagnostic and treatment centers that are eligible for
19 distributions under subdivision four-a of this section in the following
20 amounts: for the period June first, two thousand six through December
21 thirty-first, two thousand six, fifteen million dollars in the aggre-
22 gate, and for the period January first, two thousand seven through June
23 thirtieth, two thousand seven, seven million five hundred thousand
24 dollars in the aggregate. The amounts allocated pursuant to this para-
25 graph shall be aggregated with and distributed pursuant to the same
26 methodology applicable to the amounts allocated to such diagnostic and
27 treatment centers for such periods pursuant to subdivision four of this
28 section if federal financial participation is not available, or pursuant
29 to subdivision four-a of this section if federal financial participation
30 is available. Notwithstanding section three hundred sixty-eight-a of
31 the social services law, there shall be no local share in a medical
32 assistance payment adjustment under this subdivision.

33 S 28. Subdivision 3 and paragraph (a) of subdivision 4 of section
34 2807-k of the public health law, as amended by section 15 of part C of
35 chapter 58 of the laws of 2010, are amended to read as follows:

36 3. Each major public general hospital shall be allocated for distrib-
37 ution from the pools established pursuant to this section for each year
38 through December thirty-first, two thousand [eleven] FOURTEEN, an amount
39 equal to the amount allocated to such major public general hospital from
40 the regional pool established pursuant to subdivision seventeen of
41 section twenty-eight hundred seven-c of this article for the period
42 January first, nineteen hundred ninety-six through December thirty-
43 first, nineteen hundred ninety-six, provided, however, that payments on
44 and after January first, two thousand nine shall be subject to the
45 provisions of subdivision five-a of this section.

46 (a) From funds in the pool for each year, thirty-six million dollars
47 shall be reserved on an annual basis through December thirty-first, two
48 thousand [eleven] FOURTEEN, for distribution as high need adjustments in
49 accordance with subdivision six of this section, provided, however, that
50 payments on and after January first, two thousand nine shall be subject
51 to the provisions of subdivision five-a of this section.

52 S 29. The opening paragraph, paragraph (a) of subdivision 1 and subdi-
53 vision 2 of section 2807-w of the public health law, as amended by
54 section 14 of part C of chapter 58 of the laws of 2010, are amended to
55 read as follows:

Funds allocated pursuant to paragraph (p) of subdivision one of section twenty-eight hundred seven-v of this article, shall be deposited as authorized and used for the purpose of making medicaid disproportionate share payments of up to eighty-two million dollars on an annualized basis pursuant to subdivision twenty-one of section twenty-eight hundred seven-c of this article, for the period January first, two thousand through March thirty-first, two thousand [eleven] FOURTEEN, in accordance with the following:

(a) Each eligible rural hospital shall receive one hundred forty thousand dollars on an annualized basis for the periods January first, two thousand through December thirty-first, two thousand [eleven] FOURTEEN, provided as a disproportionate share payment; provided, however, that if such payment pursuant to this paragraph exceeds a hospital's applicable disproportionate share limit, then the total amount in excess of such limit shall be provided as a nondisproportionate share payment in the form of a grant directly from this pool without allocation to the special revenue funds - other, indigent care fund - 068, or any successor fund or account, and provided further that payments for periods on and after January first, two thousand nine shall be subject to the provisions of subdivision five-a of section twenty-eight hundred seven-k of this article;

2. From the funds in the pool each year, thirty-six million dollars on an annualized basis for the periods January first, two thousand through December thirty-first, two thousand [eleven] FOURTEEN, of the funds not distributed in accordance with subdivision one of this section, shall be distributed in accordance with the formula set forth in subdivision six of section twenty-eight hundred seven-k of this article, provided, however, that payments for periods on and after January first, two thousand nine shall be subject to the provisions of subdivision five-a of section twenty-eight hundred seven-k of this article.

S 30. Subparagraph (v) of paragraph (a) of subdivision 3 of section 2807-j of the public health law, as added by chapter 639 of the laws of 1996, is amended to read as follows:

(v) revenue received from physician practice or faculty practice plan discrete billings for [private practicing] physician services;

S 31. Clause (D) of subparagraph (ii) of paragraph (b) of subdivision 3 of section 2807-j of the public health law, as added by chapter 639 of the laws of 1996, is amended to read as follows:

(D) revenue received from physician practice or faculty practice plan discrete billings for [private practicing] physician services;

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

S 33. Notwithstanding any inconsistent provision of law, rule or regulation, the effectiveness of the provisions of sections 2807 and 3614 of the public health law, section 18 of chapter 2 of the laws of 1988, and 18 NYCRR 505.14(h), as they relate to time frames for notice, approval or certification of rates of payment, are hereby suspended and without force or effect for purposes of implementing the provisions of this act.

S 34. Severability clause. If any clause, sentence, paragraph, subdivision, section or part of this act shall be adjudged by any court of competent jurisdiction to be invalid, such judgement shall not affect, impair or invalidate the remainder thereof, but shall be confined in its

operation to the clause, sentence, paragraph, subdivision, section or part thereof directly involved in the controversy in which such judgment shall have been rendered. It is hereby declared to be the intent of the legislature that this act would have been enacted even if such invalid provisions had not been included herein.

S 35. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2011, provided that:

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

(b) this act shall not be construed to alter, change, affect, impair or defeat any rights, obligations, duties or interests accrued, incurred or conferred prior to the effective date of this act;

(c) the commissioner of health and the superintendent of insurance and any appropriate council may take any steps necessary to implement this act prior to its effective date;

(d) notwithstanding any inconsistent provision of the state administrative procedure act or any other provision of law, rule or regulation, the commissioner of health and the superintendent of insurance and any appropriate council is authorized to adopt or amend or promulgate on an emergency basis any regulation he or she or such council determines necessary to implement any provision of this act on its effective date;

(e) the provisions of this act shall become effective notwithstanding the failure of the commissioner of health or the superintendent of insurance or any council to adopt or amend or promulgate regulations implementing this act;

(f) the amendments to sections 2807-j and 2807-s of the public health law made by sections three, five, five-a, five-b, six, thirty and thirty-one, respectively, of this act shall not affect the expiration of such sections and shall expire therewith; and

(g) the amendments to paragraph (i-1) of subdivision 1 of section 2807-v of the public health law made by section eight of this act shall not affect the repeal of such paragraph and shall be deemed repealed therewith.

PART D

Section 1. Paragraph (e-1) of subdivision 12 of section 2808 of the public health law, as separately amended by section 11 of part B and section 21 of part D of chapter 58 of the laws of 2009, is amended to read as follows:

(e-1) Notwithstanding any inconsistent provision of law or regulation, the commissioner shall provide, in addition to payments established pursuant to this article prior to application of this section, additional payments under the medical assistance program pursuant to title eleven of article five of the social services law for non-state operated public residential health care facilities, including public residential health care facilities located in the county of Nassau, the county of Westchester and the county of Erie, but excluding public residential health care facilities operated by a town or city within a county, in aggregate annual amounts of up to one hundred fifty million dollars in additional payments for the state fiscal year beginning April first, two thousand six and for the state fiscal year beginning April first, two thousand seven and for the state fiscal year beginning April first, two

1 thousand eight and of up to three hundred million dollars in such aggre-
2 gate annual additional payments for the state fiscal year beginning
3 April first, two thousand nine, and for the state fiscal year beginning
4 April first, two thousand ten and for the state fiscal year beginning
5 April first, two thousand eleven, AND EACH STATE FISCAL YEAR THEREAFTER.
6 The amount allocated to each eligible public residential health care
7 facility for this period shall be computed in accordance with the
8 provisions of paragraph (f) of this subdivision, provided, however, that
9 patient days shall be utilized for such computation reflecting actual
10 reported data for two thousand three and each representative succeeding
11 year as applicable.

12 S 2. Paragraph (a) of subdivision 1 of section 212 of chapter 474 of
13 the laws of 1996, amending the education law and other laws relating to
14 rates for residential healthcare facilities, as amended by section 2 of
15 part B of chapter 58 of the laws of 2010, is amended to read as follows:

16 (a) Notwithstanding any inconsistent provision of law or regulation to
17 the contrary, effective beginning August 1, 1996, for the period April
18 1, 1997 through March 31, 1998, April 1, 1998 for the period April 1,
19 1998 through March 31, 1999, August 1, 1999, for the period April 1,
20 1999 through March 31, 2000, April 1, 2000, for the period April 1, 2000
21 through March 31, 2001, April 1, 2001, for the period April 1, 2001
22 through March 31, 2002, April 1, 2002, for the period April 1, 2002
23 through March 31, 2003, and for the state fiscal year beginning April 1,
24 2005 through March 31, 2006, and for the state fiscal year beginning
25 April 1, 2006 through March 31, 2007, and for the state fiscal year
26 beginning April 1, 2007 through March 31, 2008, and for the state fiscal
27 year beginning April 1, 2008 through March 31, 2009, and for the state
28 fiscal year beginning April 1, 2009 through March 31, 2010, and for the
29 state fiscal year beginning April 1, 2010 through March 31, 2011, AND
30 FOR EACH STATE FISCAL YEAR THEREAFTER, the department of health is
31 authorized to pay public general hospitals, as defined in subdivision 10
32 of section 2801 of the public health law, operated by the state of New
33 York or by the state university of New York or by a county, which shall
34 not include a city with a population of over one million, of the state
35 of New York, and those public general hospitals located in the county of
36 Westchester, the county of Erie or the county of Nassau, additional
37 payments for inpatient hospital services as medical assistance payments
38 pursuant to title 11 of article 5 of the social services law for
39 patients eligible for federal financial participation under title XIX of
40 the federal social security act in medical assistance pursuant to the
41 federal laws and regulations governing disproportionate share payments
42 to hospitals up to one hundred percent of each such public general
43 hospital's medical assistance and uninsured patient losses after all
44 other medical assistance, including disproportionate share payments to
45 such public general hospital for 1996, 1997, 1998, and 1999, based
46 initially for 1996 on reported 1994 reconciled data as further recon-
47 ciled to actual reported 1996 reconciled data, and for 1997 based
48 initially on reported 1995 reconciled data as further reconciled to
49 actual reported 1997 reconciled data, for 1998 based initially on
50 reported 1995 reconciled data as further reconciled to actual reported
51 1998 reconciled data, for 1999 based initially on reported 1995 recon-
52 ciled data as further reconciled to actual reported 1999 reconciled
53 data, for 2000 based initially on reported 1995 reconciled data as
54 further reconciled to actual reported 2000 data, for 2001 based initial-
55 ly on reported 1995 reconciled data as further reconciled to actual
56 reported 2001 data, for 2002 based initially on reported 2000 reconciled

1 data as further reconciled to actual reported 2002 data, and for state
2 fiscal years beginning on April 1, 2005, based initially on reported
3 2000 reconciled data as further reconciled to actual reported data for
4 2005, and for state fiscal years beginning on April 1, 2006, based
5 initially on reported 2000 reconciled data as further reconciled to
6 actual reported data for 2006, for state fiscal years beginning on and
7 after April 1, 2007 through March 31, 2009, based initially on reported
8 2000 reconciled data as further reconciled to actual reported data for
9 2007 and 2008, respectively, for state fiscal years beginning on and
10 after April 1, 2009, based initially on reported 2007 reconciled data,
11 adjusted for authorized Medicaid rate changes applicable to the state
12 fiscal year, and as further reconciled to actual reported data for 2009,
13 for state fiscal years beginning on and after April 1, 2010, based
14 initially on reported reconciled data from the base year two years prior
15 to the payment year, adjusted for authorized Medicaid rate changes
16 applicable to the state fiscal year, and further reconciled to actual
17 reported data from such payment year, and to actual reported data for
18 each respective succeeding year. The payments may be added to rates of
19 payment or made as aggregate payments to an eligible public general
20 hospital.

21 S 3. Section 11 of chapter 884 of the laws of 1990, amending the
22 public health law relating to authorizing bad debt and charity care
23 allowances for certified home health agencies, as amended by section 14
24 of part B of chapter 58 of the laws of 2009, is amended to read as
25 follows:

26 S 11. This act shall take effect immediately and:

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

28 (b) sections four through ten shall expire on June 30, [2011] 2013,
29 and

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

34 S 4. Subdivision 2 of section 246 of chapter 81 of the laws of 1995,
35 amending the public health law and other laws relating to medical
36 reimbursement and welfare reform, as amended by section 15 of part B of
37 chapter 58 of the laws of 2009, is amended to read as follows:

38 2. Sections five, seven through nine, twelve through fourteen, and
39 eighteen of this act shall be deemed to have been in full force and
40 effect on and after April 1, 1995 through March 31, 1999 and on and
41 after July 1, 1999 through March 31, 2000 and on and after April 1, 2000
42 through March 31, 2003 and on and after April 1, 2003 through March 31,
43 2006 and on and after April 1, 2006 through March 31, 2007 and on and
44 after April 1, 2007 through March 31, 2009 and on and after April 1,
45 2009 through March 31, 2011 AND SECTIONS TWELVE, THIRTEEN AND FOURTEEN
46 OF THIS ACT SHALL BE DEEMED TO BE IN FULL FORCE AND EFFECT ON AND AFTER
47 APRIL 1, 2011;

48 S 5. Intentionally omitted.

49 S 6. Intentionally omitted.

50 S 7. Paragraphs (a) and (e) of subdivision 8 of section 2807-c of the
51 public health law, paragraph (a) as amended by chapter 731 of the laws
52 of 1993 and paragraph (e) as added by chapter 81 of the laws of 1995,
53 are amended to read as follows:

54 (a) Capital related inpatient expenses including but not limited to
55 straight line depreciation on buildings and non-movable equipment,
56 accelerated depreciation on major movable equipment if requested by the

1 hospital, rentals and interest on capital debt (or for hospitals
2 financed pursuant to article twenty-eight-B of this chapter, such
3 expenses, including amortization in lieu of depreciation, as determined
4 pursuant to the reimbursement regulations promulgated pursuant to such
5 article and article twenty-eight of this chapter), [and excluding costs
6 related to services provided to beneficiaries of title XVIII of the
7 federal social security act (medicare),] shall be included in rates of
8 payment determined pursuant to this section based on a budget for capi-
9 tal related inpatient expenses and subsequently reconciled to actual
10 expenses and statistics through appropriate audit procedures. General
11 hospitals shall submit to the commissioner, at least one hundred twenty
12 days prior to the commencement of each year, a schedule of capital
13 related inpatient expenses for the forthcoming year. Any capital expend-
14 iture which requires or required approval pursuant to this article must
15 have received such approval for any capital related expense generated by
16 such capital expenditure to be included in rates of payment. The basis
17 for determining capital related inpatient expenses shall be the lesser
18 of actual cost or the final amount specifically approved for the
19 construction of the capital asset. The submitted budget may include the
20 capital related inpatient expenses for all existing capital assets as
21 well as estimates of capital related inpatient expenses for capital
22 assets to be acquired or placed in use prior to the commencement of the
23 rate year or during the rate year provided all required approvals have
24 been obtained.

25 The council shall adopt, with the approval of the commissioner, regu-
26 lations to:

27 (i) identify by type the eligible capital related inpatient expenses;
28 (ii) safeguard the future financial viability of voluntary, non-profit
29 general hospitals by requiring funding of inpatient depreciation on
30 building and fixed and movable equipment;

31 (iii) provide authorization to adjust inpatient rates by advancing
32 payment of depreciation as needed, in instances of capital debt related
33 financial distress of voluntary, non-profit general hospitals; and

34 (iv) provide a methodology for the reimbursement treatment of sales.

35 (e) Notwithstanding any inconsistent provision of this subdivision,
36 commencing April first, nineteen hundred ninety-five, when a factor for
37 reconciliation of budgeted capital related inpatient expenses to actual
38 capital related inpatient expenses [excluding costs related to services
39 provided to beneficiaries of title XVIII of the federal social security
40 act (medicare)] for a prior year is included in the capital related
41 inpatient expenses component of rates of payment, such capital related
42 inpatient expenses component of rates of payment shall be reduced by the
43 commissioner by the difference between the reconciled capital related
44 inpatient expenses included in rates of payment determined in accordance
45 with paragraphs (a), (b) and (c) of this subdivision for such prior year
46 and capital related inpatient expenses for such prior year calculated
47 [based on a determination of costs related to services provided to bene-
48 ficiaries of title XVIII of the federal social security act (medicare)]
49 based on the hospital's average capital related inpatient expenses
50 computed on a per diem basis.

51 S 8. Paragraph (d) of subdivision 8 of section 2807-c of the public
52 health law is REPEALED.

53 S 9. Section 194 of chapter 474 of the laws of 1996, amending the
54 education law and other laws relating to rates for residential health
55 care facilities, as amended by section 24 of part B of chapter 58 of the
56 laws of 2009, is amended to read as follows:

1 S 194. 1. Notwithstanding any inconsistent provision of law or regu-
2 lation, the trend factors used to project reimbursable operating costs
3 to the rate period for purposes of determining rates of payment pursuant
4 to article 28 of the public health law for residential health care
5 facilities for reimbursement of inpatient services provided to patients
6 eligible for payments made by state governmental agencies on and after
7 April 1, 1996 through March 31, 1999 and for payments made on and after
8 July 1, 1999 through March 31, 2000 and on and after April 1, 2000
9 through March 31, 2003 and on and after April 1, 2003 through March 31,
10 2007 and on and after April 1, 2007 through March 31, 2009 and on and
11 after April 1, 2009 through March 31, 2011 AND ON AND AFTER APRIL 1,
12 2011 shall reflect no trend factor projections or adjustments for the
13 period April 1, 1996, through March 31, 1997.

14 2. The commissioner of health shall adjust such rates of payment to
15 reflect the exclusion pursuant to this section of such specified trend
16 factor projections or adjustments.

17 S 10. Subdivision 1 of section 89-a of part C of chapter 58 of the
18 laws of 2007, amending the social services law and other laws relating
19 to enacting the major components of legislation necessary to implement
20 the health and mental hygiene budget for the 2007-2008 state fiscal
21 year, as amended by section 25 of part B of chapter 58 of the laws of
22 2009, is amended to read as follows:

23 1. Notwithstanding paragraph (c) of subdivision 10 of section 2807-c
24 of the public health law and section 21 of chapter 1 of the laws of
25 1999, as amended, and any other inconsistent provision of law or regu-
26 lation to the contrary, in determining rates of payments by state
27 governmental agencies effective for services provided beginning April 1,
28 2006, through March 31, 2009, and on and after April 1, 2009 through
29 March 31, 2011, AND ON AND AFTER APRIL 1, 2011 for inpatient and outpa-
30 tient services provided by general hospitals and for inpatient services
31 and outpatient adult day health care services provided by residential
32 health care facilities pursuant to article 28 of the public health law,
33 the commissioner of health shall apply a trend factor projection of two
34 and twenty-five hundredths percent attributable to the period January 1,
35 2006 through December 31, 2006, and on and after January 1, 2007,
36 provided, however, that on reconciliation of such trend factor for the
37 period January 1, 2006 through December 31, 2006 pursuant to paragraph
38 (c) of subdivision 10 of section 2807-c of the public health law, such
39 trend factor shall be the final US Consumer Price Index (CPI) for all
40 urban consumers, as published by the US Department of Labor, Bureau of
41 Labor Statistics less twenty-five hundredths of a percentage point.

42 S 11. Paragraph (f) of subdivision 1 of section 64 of chapter 81 of
43 the laws of 1995, amending the public health law and other laws relating
44 to medical reimbursement and welfare reform, as amended by section 26 of
45 part B of chapter 58 of the laws of 2009, is amended to read as follows:

46 (f) Prior to February 1, 2001, February 1, 2002, February 1, 2003,
47 February 1, 2004, February 1, 2005, February 1, 2006, February 1, 2007,
48 February 1, 2008, February 1, 2009, February 1, 2010, [and] February 1,
49 2011, FEBRUARY 1, 2012, AND FEBRUARY 1, 2013 the commissioner of health
50 shall calculate the result of the statewide total of residential health
51 care facility days of care provided to beneficiaries of title XVIII of
52 the federal social security act (medicare), divided by the sum of such
53 days of care plus days of care provided to residents eligible for
54 payments pursuant to title 11 of article 5 of the social services law
55 minus the number of days provided to residents receiving hospice care,
56 expressed as a percentage, for the period commencing January 1, through

1 November 30, of the prior year respectively, based on such data for such
2 period. This value shall be called the 2000, 2001, 2002, 2003, 2004,
3 2005, 2006, 2007, 2008, 2009, 2010 [and], 2011, 2012, AND 2013 statewide
4 target percentage respectively.

5 S 12. Subparagraph (ii) of paragraph (b) of subdivision 3 of section
6 64 of chapter 81 of the laws of 1995, amending the public health law and
7 other laws relating to medical reimbursement and welfare reform, as
8 amended by section 27 of part B of chapter 58 of the laws of 2009, is
9 amended to read as follows:

10 (ii) If the 1997, 1998, 2000, 2001, 2002, 2003, 2004, 2005, 2006,
11 2007, 2008, 2009, 2010 [and], 2011, 2012, AND 2013 statewide target
12 percentages are not for each year at least three percentage points high-
13 er than the statewide base percentage, the commissioner of health shall
14 determine the percentage by which the statewide target percentage for
15 each year is not at least three percentage points higher than the state-
16 wide base percentage. The percentage calculated pursuant to this para-
17 graph shall be called the 1997, 1998, 2000, 2001, 2002, 2003, 2004,
18 2005, 2006, 2007, 2008, 2009, 2010 [and], 2011, 2012, AND 2013 statewide
19 reduction percentage respectively. If the 1997, 1998, 2000, 2001, 2002,
20 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010 [and], 2011, 2012, AND
21 2013 statewide target percentage for the respective year is at least
22 three percentage points higher than the statewide base percentage, the
23 statewide reduction percentage for the respective year shall be zero.

24 S 13. Subparagraph (iii) of paragraph (b) of subdivision 4 of section
25 64 of chapter 81 of the laws of 1995, amending the public health law and
26 other laws relating to medical reimbursement and welfare reform, as
27 amended by section 28 of part B of chapter 58 of the laws of 2009, is
28 amended to read as follows:

29 (iii) The 1998, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008,
30 2009, 2010 [and], 2011, 2012, AND 2013 statewide reduction percentage
31 shall be multiplied by one hundred two million dollars respectively to
32 determine the 1998, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007,
33 2008, 2009, 2010 [and], 2011, 2012, AND 2013 statewide aggregate
34 reduction amount. If the 1998 and the 2000, 2001, 2002, 2003, 2004,
35 2005, 2006, 2007, 2008, 2009, 2010 [and], 2011, 2012, AND 2013 statewide
36 reduction percentage shall be zero respectively, there shall be no 1998,
37 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010 [and],
38 2011, 2012, AND 2013 reduction amount.

39 S 14. Paragraph (b) of subdivision 5 of section 64 of chapter 81 of
40 the laws of 1995, amending the public health law and other laws relating
41 to medical reimbursement and welfare reform, as amended by section 29 of
42 part B of chapter 58 of the laws of 2009, is amended to read as follows:

43 (b) The 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005,
44 2006, 2007, 2008, 2009, 2010 [and], 2011, 2012, AND 2013 statewide
45 aggregate reduction amounts shall for each year be allocated by the
46 commissioner of health among residential health care facilities that are
47 eligible to provide services to beneficiaries of title XVIII of the
48 federal social security act (medicare) and residents eligible for
49 payments pursuant to title 11 of article 5 of the social services law on
50 the basis of the extent of each facility's failure to achieve a two
51 percentage points increase in the 1996 target percentage, a three
52 percentage point increase in the 1997, 1998, 2000, 2001, 2002, 2003,
53 2004, 2005, 2006, 2007, 2008, 2009, 2010 [and], 2011, 2012, AND 2013
54 target percentage and a two and one-quarter percentage point increase in
55 the 1999 target percentage for each year, compared to the base percent-
56 age, calculated on a facility specific basis for this purpose, compared

1 to the statewide total of the extent of each facility's failure to
2 achieve a two percentage points increase in the 1996 and a three
3 percentage point increase in the 1997 and a three percentage point
4 increase in the 1998 and a two and one-quarter percentage point increase
5 in the 1999 target percentage and a three percentage point increase in
6 the 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010
7 [and], 2011, 2012, AND 2013 target percentage compared to the base
8 percentage. These amounts shall be called the 1996, 1997, 1998, 1999,
9 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010 [and],
10 2011, 2012, AND 2013 facility specific reduction amounts respectively.

11 S 14-a. Section 228 of chapter 474 of the laws of 1996, amending the
12 education law and other laws relating to rates for residential health
13 care facilities, as amended by section 30 of part B of chapter 58 of the
14 laws of 2009, is amended to read as follows:

15 S 228. 1. Definitions. (a) Regions, for purposes of this section,
16 shall mean a downstate region to consist of Kings, New York, Richmond,
17 Queens, Bronx, Nassau and Suffolk counties and an upstate region to
18 consist of all other New York state counties. A certified home health
19 agency or long term home health care program shall be located in the
20 same county utilized by the commissioner of health for the establishment
21 of rates pursuant to article 36 of the public health law.

22 (b) Certified home health agency (CHHA) shall mean such term as
23 defined in section 3602 of the public health law.

24 (c) Long term home health care program (LTHHCP) shall mean such term
25 as defined in subdivision 8 of section 3602 of the public health law.

26 (d) Regional group shall mean all those CHHAs and LTHHCPs, respective-
27 ly, located within a region.

28 (e) Medicaid revenue percentage, for purposes of this section, shall
29 mean CHHA and LTHHCP revenues attributable to services provided to
30 persons eligible for payments pursuant to title 11 of article 5 of the
31 social services law divided by such revenues plus CHHA and LTHHCP reven-
32 ues attributable to services provided to beneficiaries of Title XVIII of
33 the federal social security act (medicare).

34 (f) Base period, for purposes of this section, shall mean calendar
35 year 1995.

36 (g) Target period. For purposes of this section, the 1996 target peri-
37 od shall mean August 1, 1996 through March 31, 1997, the 1997 target
38 period shall mean January 1, 1997 through November 30, 1997, the 1998
39 target period shall mean January 1, 1998 through November 30, 1998, the
40 1999 target period shall mean January 1, 1999 through November 30, 1999,
41 the 2000 target period shall mean January 1, 2000 through November 30,
42 2000, the 2001 target period shall mean January 1, 2001 through November
43 30, 2001, the 2002 target period shall mean January 1, 2002 through
44 November 30, 2002, the 2003 target period shall mean January 1, 2003
45 through November 30, 2003, the 2004 target period shall mean January 1,
46 2004 through November 30, 2004, and the 2005 target period shall mean
47 January 1, 2005 through November 30, 2005, the 2006 target period shall
48 mean January 1, 2006 through November 30, 2006, and the 2007 target
49 period shall mean January 1, 2007 through November 30, 2007 and the 2008
50 target period shall mean January 1, 2008 through November 30, 2008, and
51 the 2009 target period shall mean January 1, 2009 through November 30,
52 2009 and the 2010 target period shall mean January 1, 2010 through
53 November 30, 2010 and the 2011 target period shall mean January 1, 2011
54 through November 30, 2011 AND THE 2012 TARGET PERIOD SHALL MEAN JANUARY
55 1, 2012 THROUGH NOVEMBER 30, 2012 AND THE 2013 TARGET PERIOD SHALL MEAN
56 JANUARY 1, 2013 THROUGH NOVEMBER 30, 2013.

1 2. (a) Prior to February 1, 1997, for each regional group the commis-
2 sioner of health shall calculate the 1996 medicaid revenue percentages
3 for the period commencing August 1, 1996 to the last date for which such
4 data is available and reasonably accurate.

5 (b) Prior to February 1, 1998, prior to February 1, 1999, prior to
6 February 1, 2000, prior to February 1, 2001, prior to February 1, 2002,
7 prior to February 1, 2003, prior to February 1, 2004, prior to February
8 1, 2005, prior to February 1, 2006, prior to February 1, 2007, prior to
9 February 1, 2008, prior to February 1, 2009, prior to February 1, 2010
10 [and], prior to February 1, 2011, PRIOR TO FEBRUARY 1, 2012 AND PRIOR TO
11 FEBRUARY 1, 2013 for each regional group the commissioner of health
12 shall calculate the prior year's medicaid revenue percentages for the
13 period commencing January 1 through November 30 of such prior year.

14 3. By September 15, 1996, for each regional group the commissioner of
15 health shall calculate the base period medicaid revenue percentage.

16 4. (a) For each regional group, the 1996 target medicaid revenue
17 percentage shall be calculated by subtracting the 1996 medicaid revenue
18 reduction percentages from the base period medicaid revenue percentages.
19 The 1996 medicaid revenue reduction percentage, taking into account
20 regional and program differences in utilization of medicaid and medicare
21 services, for the following regional groups shall be equal to:

22 (i) one and one-tenth percentage points for CHHAs located within the
23 downstate region;

24 (ii) six-tenths of one percentage point for CHHAs located within the
25 upstate region;

26 (iii) one and eight-tenths percentage points for LTHHCPS located with-
27 in the downstate region; and

28 (iv) one and seven-tenths percentage points for LTHHCPS located within
29 the upstate region.

30 (b) For 1997, 1998, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007,
31 2008, 2009, 2010 [and], 2011, 2012, AND 2013 for each regional group,
32 the target medicaid revenue percentage for the respective year shall be
33 calculated by subtracting the respective year's medicaid revenue
34 reduction percentage from the base period medicaid revenue percentage.
35 The medicaid revenue reduction percentages for 1997, 1998, 2000, 2001,
36 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010 [and], 2011, 2012,
37 AND 2013 taking into account regional and program differences in utili-
38 zation of medicaid and medicare services, for the following regional
39 groups shall be equal to for each such year:

40 (i) one and one-tenth percentage points for CHHAs located within the
41 downstate region;

42 (ii) six-tenths of one percentage point for CHHAs located within the
43 upstate region;

44 (iii) one and eight-tenths percentage points for LTHHCPS located with-
45 in the downstate region; and

46 (iv) one and seven-tenths percentage points for LTHHCPS located within
47 the upstate region.

48 (c) For each regional group, the 1999 target medicaid revenue percent-
49 age shall be calculated by subtracting the 1999 medicaid revenue
50 reduction percentage from the base period medicaid revenue percentage.
51 The 1999 medicaid revenue reduction percentages, taking into account
52 regional and program differences in utilization of medicaid and medicare
53 services, for the following regional groups shall be equal to:

54 (i) eight hundred twenty-five thousandths (.825) of one percentage
55 point for CHHAs located within the downstate region;

(ii) forty-five hundredths (.45) of one percentage point for CHHAs located within the upstate region;

(iii) one and thirty-five hundredths percentage points (1.35) for LTHHCPS located within the downstate region; and

(iv) one and two hundred seventy-five thousandths percentage points (1.275) for LTHHCPS located within the upstate region.

5. (a) For each regional group, if the 1996 medicaid revenue percentage is not equal to or less than the 1996 target medicaid revenue percentage, the commissioner of health shall compare the 1996 medicaid revenue percentage to the 1996 target medicaid revenue percentage to determine the amount of the shortfall which, when divided by the 1996 medicaid revenue reduction percentage, shall be called the 1996 reduction factor. These amounts, expressed as a percentage, shall not exceed one hundred percent. If the 1996 medicaid revenue percentage is equal to or less than the 1996 target medicaid revenue percentage, the 1996 reduction factor shall be zero.

(b) For 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010 [and], 2011, 2012, AND 2013 for each regional group, if the medicaid revenue percentage for the respective year is not equal to or less than the target medicaid revenue percentage for such respective year, the commissioner of health shall compare such respective year's medicaid revenue percentage to such respective year's target medicaid revenue percentage to determine the amount of the shortfall which, when divided by the respective year's medicaid revenue reduction percentage, shall be called the reduction factor for such respective year. These amounts, expressed as a percentage, shall not exceed one hundred percent. If the medicaid revenue percentage for a particular year is equal to or less than the target medicaid revenue percentage for that year, the reduction factor for that year shall be zero.

6. (a) For each regional group, the 1996 reduction factor shall be multiplied by the following amounts to determine each regional group's applicable 1996 state share reduction amount:

(i) two million three hundred ninety thousand dollars (\$2,390,000) for CHHAs located within the downstate region;

(ii) seven hundred fifty thousand dollars (\$750,000) for CHHAs located within the upstate region;

(iii) one million two hundred seventy thousand dollars (\$1,270,000) for LTHHCPS located within the downstate region; and

(iv) five hundred ninety thousand dollars (\$590,000) for LTHHCPS located within the upstate region.

For each regional group reduction, if the 1996 reduction factor shall be zero, there shall be no 1996 state share reduction amount.

(b) For 1997, 1998, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010 [and], 2011, 2012, AND 2013 for each regional group, the reduction factor for the respective year shall be multiplied by the following amounts to determine each regional group's applicable state share reduction amount for such respective year:

(i) two million three hundred ninety thousand dollars (\$2,390,000) for CHHAs located within the downstate region;

(ii) seven hundred fifty thousand dollars (\$750,000) for CHHAs located within the upstate region;

(iii) one million two hundred seventy thousand dollars (\$1,270,000) for LTHHCPS located within the downstate region; and

(iv) five hundred ninety thousand dollars (\$590,000) for LTHHCPS located within the upstate region.

1 For each regional group reduction, if the reduction factor for a
2 particular year shall be zero, there shall be no state share reduction
3 amount for such year.

4 (c) For each regional group, the 1999 reduction factor shall be multi-
5 plied by the following amounts to determine each regional group's appli-
6 cable 1999 state share reduction amount:

7 (i) one million seven hundred ninety-two thousand five hundred dollars
8 (\$1,792,500) for CHHAs located within the downstate region;

9 (ii) five hundred sixty-two thousand five hundred dollars (\$562,500)
10 for CHHAs located within the upstate region;

11 (iii) nine hundred fifty-two thousand five hundred dollars (\$952,500)
12 for LTHHCPS located within the downstate region; and

13 (iv) four hundred forty-two thousand five hundred dollars (\$442,500)
14 for LTHHCPS located within the upstate region.

15 For each regional group reduction, if the 1999 reduction factor shall
16 be zero, there shall be no 1999 state share reduction amount.

17 7. (a) For each regional group, the 1996 state share reduction amount
18 shall be allocated by the commissioner of health among CHHAs and LTHHCPS
19 on the basis of the extent of each CHHA's and LTHHCP's failure to
20 achieve the 1996 target medicaid revenue percentage, calculated on a
21 provider specific basis utilizing revenues for this purpose, expressed
22 as a proportion of the total of each CHHA's and LTHHCP's failure to
23 achieve the 1996 target medicaid revenue percentage within the applica-
24 ble regional group. This proportion shall be multiplied by the applica-
25 ble 1996 state share reduction amount calculation pursuant to paragraph
26 (a) of subdivision 6 of this section. This amount shall be called the
27 1996 provider specific state share reduction amount.

28 (b) For 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006,
29 2007, 2008, 2009, 2010 [and], 2011, 2012, AND 2013 for each regional
30 group, the state share reduction amount for the respective year shall be
31 allocated by the commissioner of health among CHHAs and LTHHCPS on the
32 basis of the extent of each CHHA's and LTHHCP's failure to achieve the
33 target medicaid revenue percentage for the applicable year, calculated
34 on a provider specific basis utilizing revenues for this purpose,
35 expressed as a proportion of the total of each CHHA's and LTHHCP's fail-
36 ure to achieve the target medicaid revenue percentage for the applicable
37 year within the applicable regional group. This proportion shall be
38 multiplied by the applicable year's state share reduction amount calcu-
39 lation pursuant to paragraph (b) or (c) of subdivision 6 of this
40 section. This amount shall be called the provider specific state share
41 reduction amount for the applicable year.

42 8. (a) The 1996 provider specific state share reduction amount shall
43 be due to the state from each CHHA and LTHHCP and may be recouped by the
44 state by March 31, 1997 in a lump sum amount or amounts from payments
45 due to the CHHA and LTHHCP pursuant to title 11 of article 5 of the
46 social services law.

47 (b) The provider specific state share reduction amount for 1997, 1998,
48 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010
49 [and], 2011, 2012, AND 2013 respectively, shall be due to the state from
50 each CHHA and LTHHCP and each year the amount due for such year may be
51 recouped by the state by March 31 of the following year in a lump sum
52 amount or amounts from payments due to the CHHA and LTHHCP pursuant to
53 title 11 of article 5 of the social services law.

54 9. CHHAs and LTHHCPS shall submit such data and information at such
55 times as the commissioner of health may require for purposes of this

1 section. The commissioner of health may use data available from third-
2 party payors.

3 10. On or about June 1, 1997, for each regional group the commissioner
4 of health shall calculate for the period August 1, 1996 through March
5 31, 1997 a medicaid revenue percentage, a reduction factor, a state
6 share reduction amount, and a provider specific state share reduction
7 amount in accordance with the methodology provided in paragraph (a) of
8 subdivision 2, paragraph (a) of subdivision 5, paragraph (a) of subdivi-
9 sion 6 and paragraph (a) of subdivision 7 of this section. The provider
10 specific state share reduction amount calculated in accordance with this
11 subdivision shall be compared to the 1996 provider specific state share
12 reduction amount calculated in accordance with paragraph (a) of subdivi-
13 sion 7 of this section. Any amount in excess of the amount determined in
14 accordance with paragraph (a) of subdivision 7 of this section shall be
15 due to the state from each CHHA and LTHHCP and may be recouped in
16 accordance with paragraph (a) of subdivision 8 of this section. If the
17 amount is less than the amount determined in accordance with paragraph
18 (a) of subdivision 7 of this section, the difference shall be refunded
19 to the CHHA and LTHHCP by the state no later than July 15, 1997. CHHAs
20 and LTHHCPs shall submit data for the period August 1, 1996 through
21 March 31, 1997 to the commissioner of health by April 15, 1997.

22 11. If a CHHA or LTHHCP fails to submit data and information as
23 required for purposes of this section:

24 (a) such CHHA or LTHHCP shall be presumed to have no decrease in medi-
25 caid revenue percentage between the applicable base period and the
26 applicable target period for purposes of the calculations pursuant to
27 this section; and

28 (b) the commissioner of health shall reduce the current rate paid to
29 such CHHA and such LTHHCP by state governmental agencies pursuant to
30 article 36 of the public health law by one percent for a period begin-
31 ning on the first day of the calendar month following the applicable due
32 date as established by the commissioner of health and continuing until
33 the last day of the calendar month in which the required data and infor-
34 mation are submitted.

35 12. The commissioner of health shall inform in writing the director of
36 the budget and the chair of the senate finance committee and the chair
37 of the assembly ways and means committee of the results of the calcu-
38 lations pursuant to this section.

39 S 15. Subdivision 5-a of section 246 of chapter 81 of the laws of
40 1995, amending the public health law and other laws relating to medical
41 reimbursement and welfare reform, as amended by section 32 of part B of
42 chapter 58 of the laws of 2009, is amended to read as follows:

43 5-a. Section sixty-four-a of this act shall be deemed to have been in
44 full force and effect on and after April 1, 1995 through March 31, 1999
45 and on and after July 1, 1999 through March 31, 2000 and on and after
46 April 1, 2000 through March 31, 2003 and on and after April 1, 2003
47 through March 31, 2007, and on and after April 1, 2007 through March 31,
48 2009, and on and after April 1, 2009 through March 31, 2011, AND ON AND
49 AFTER APRIL 1, 2011;

50 S 16. Section 64-b of chapter 81 of the laws of 1995, amending the
51 public health law and other laws relating to medical reimbursement and
52 welfare reform, as amended by section 33 of part B of chapter 58 of the
53 laws of 2009, is amended to read as follows:

54 S 64-b. Notwithstanding any inconsistent provision of law, the
55 provisions of subdivision 7 of section 3614 of the public health law, as
56 amended, shall remain and be in full force and effect on April 1, 1995

1 through March 31, 1999 and on July 1, 1999 through March 31, 2000 and on
2 and after April 1, 2000 through March 31, 2003 and on and after April 1,
3 2003 through March 31, 2007, and on and after April 1, 2007 through
4 March 31, 2009, and on and after April 1, 2009 through March 31, 2011,
5 AND ON AND AFTER APRIL 1, 2011.

6 S 17. Subdivision 1 of section 20 of chapter 451 of the laws of 2007,
7 amending the public health law, the social services law and the insur-
8 ance law, relating to providing enhanced consumer and provider
9 protections, as amended by section 38 of part B of chapter 58 of the
10 laws of 2009, is amended to read as follows:

11 1. sections four, eleven and thirteen of this act shall take effect
12 immediately and shall expire and be deemed repealed June 30, [2011]
13 2013;

14 S 18. The opening paragraph of subdivision 7-a of section 3614 of the
15 public health law, as amended by section 46 of part B of chapter 58 of
16 the laws of 2009, is amended to read as follows:

17 Notwithstanding any inconsistent provision of law or regulation, for
18 the purposes of establishing rates of payment by governmental agencies
19 for long term home health care programs for the period April first, two
20 thousand five, through December thirty-first, two thousand five, and for
21 the period January first, two thousand six through March thirty-first,
22 two thousand seven, and on and after April first, two thousand seven
23 through March thirty-first, two thousand nine, and on and after April
24 first, two thousand nine through March thirty-first, two thousand elev-
25 en, AND ON AND AFTER APRIL FIRST, TWO THOUSAND ELEVEN, the reimbursable
26 base year administrative and general costs of a provider of services
27 shall not exceed the statewide average of total reimbursable base year
28 administrative and general costs of such providers of services.

29 S 19. Subdivisions 3, 4 and 5 of section 47 of chapter 2 of the laws
30 of 1998, amending the public health law and other laws relating to
31 expanding the child health insurance plan, as amended by section 24 of
32 part A of chapter 58 of the laws of 2007, are amended to read as
33 follows:

34 3. section six of this act shall take effect January 1, 1999;
35 [provided, however, that subparagraph (iii) of paragraph (c) of subdivi-
36 sion 9 of section 2510 of the public health law, as added by this act,
37 shall expire on July 1, 2011;]

38 4. sections two, three, four, seven, eight, nine, fourteen, fifteen,
39 sixteen, eighteen, eighteen-a, twenty-three, twenty-four, and twenty-
40 nine of this act shall take effect January 1, 1999 [and shall expire on
41 July 1, 2011]; section twenty-five of this act shall take effect on
42 January 1, 1999 and shall expire on April 1, 2005;

43 5. section twelve of this act shall take effect January 1, 1999;
44 [provided, however, paragraphs (g) and (h) of subdivision 2 of section
45 2511 of the public health law, as added by such section, shall expire on
46 July 1, 2011;]

47 S 20. Section 10 of chapter 649 of the laws of 1996, amending the
48 public health law, the mental hygiene law and the social services law
49 relating to authorizing the establishment of special needs plans, as
50 amended by section 63 of part C of chapter 58 of the laws of 2008, is
51 amended to read as follows:

52 S 10. This act shall take effect immediately and shall be deemed to
53 have been in full force and effect on and after July 1, 1996; [provided,
54 however, that sections one, two and three of this act shall expire and
55 be deemed repealed on March 31, 2012] provided, however that the amend-
56 ments to section 364-j of the social services law made by section four

1 of this act shall not affect the expiration of such section and shall be
2 deemed to expire therewith and provided, further, that the provisions of
3 subdivisions 8, 9 and 10 of section 4401 of the public health law, as
4 added by section one of this act; section 4403-d of the public health
5 law as added by section two of this act and the provisions of section
6 seven of this act, except for the provisions relating to the establish-
7 ment of no more than twelve comprehensive HIV special needs plans, shall
8 expire and be deemed repealed on July 1, 2000.

9 S 21. Subdivision (i-1) of section 79 of part C of chapter 58 of the
10 laws of 2008, amending the social services law and the public health law
11 relating to adjustments of rates, is amended to read as follows:

12 (i-1) section thirty-one-a of this act shall be deemed repealed July
13 1, [2011] 2014;

14 S 22. Section 2 of chapter 535 of the laws of 1983, amending the
15 social services law relating to eligibility of certain enrollees for
16 medical assistance, as amended by section 69 of part C of chapter 58 of
17 the laws of 2008, is amended to read as follows:

18 S 2. This act shall take effect immediately [and shall remain in full
19 force and effect through March 31, 2012].

20 S 23. Subdivision 12 of section 246 of chapter 81 of the laws of 1995,
21 amending the public health law and other laws relating to medical
22 reimbursement and welfare reform, as amended by section 56 of part C of
23 chapter 58 of the laws of 2008, is amended to read as follows:

24 12. Sections one hundred five-b through one hundred five-f of this act
25 shall expire March 31, [2011] 2013.

26 S 24. Section 4 of chapter 19 of the laws of 1998, amending the social
27 services law relating to limiting the method of payment for prescription
28 drugs under the medical assistance program, as amended by section 68 of
29 part C of chapter 58 of the laws of 2008, is amended to read as follows:

30 S 4. This act shall take effect 120 days after it shall have become a
31 law and shall expire and be deemed repealed March 31, [2012] 2014.

32 S 25. Section 11 of chapter 710 of the laws of 1988, amending the
33 social services law and the education law relating to medical assistance
34 eligibility of certain persons and providing for managed medical care
35 demonstration programs, as amended by section 66 of part C of chapter 58
36 of the laws of 2008, is amended to read as follows:

37 S 11. This act shall take effect immediately; except that the
38 provisions of sections one, two, three, four, eight and ten of this act
39 shall take effect on the ninetieth day after it shall have become a law;
40 and except that the provisions of sections five, six and seven of this
41 act shall take effect January 1, 1989; and except that effective imme-
42 diately, the addition, amendment and/or repeal of any rule or regulation
43 necessary for the implementation of this act on its effective date are
44 authorized and directed to be made and completed on or before such
45 effective date; provided, however, that [the provisions of section 364-j
46 of the social services law, as added by section one of this act shall
47 expire and be deemed repealed on and after March 31, 2012,] the
48 provisions of section 364-k of the social services law, as added by
49 section two of this act, except subdivision 10 of such section, shall
50 expire and be deemed repealed on and after January 1, 1994, and the
51 provisions of subdivision 10 of section 364-k of the social services
52 law, as added by section two of this act, shall expire and be deemed
53 repealed on January 1, 1995.

54 S 26. Subdivision (c) of section 62 of chapter 165 of the laws of
55 1991, amending the public health law and other laws relating to estab-

lishing payments for medical assistance, as amended by section 67 of part C of chapter 58 of the laws of 2008, is amended to read as follows:

(c) [section 364-j of the social services law, as amended by section eight of this act and subdivision 6 of section 367-a of the social services law as added by section twelve of this act shall expire and be deemed repealed on March 31, 2012 and provided further, that] the amendments to the provisions of section 364-j of the social services law MADE BY SECTION EIGHT OF THIS ACT shall only apply to managed care programs approved on or after the effective date of this act;

S 26-a. Subdivision (x) of section 165 of chapter 41 of the laws of 1992, amending the public health law and other laws relating to health care providers, is REPEALED.

S 27. Notwithstanding any inconsistent provision of law, rule or regulation, for purposes of implementing the provisions of the public health law and the social services law, references to titles XIX and XXI of the federal social security act in the public health law and the social services law shall be deemed to include and also to mean any successor titles thereto under the federal social security act.

S 28. Notwithstanding any inconsistent provision of law, rule or regulation, the effectiveness of the provisions of sections 2807 and 3614 of the public health law, section 18 of chapter 2 of the laws of 1988, and 18 NYCRR 505.14(h), as they relate to time frames for notice, approval or certification of rates of payment, are hereby suspended and without force or effect for purposes of implementing the provisions of this act.

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

S 30. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2011.

PART E

Section 1. Section 366 of the social services law is amended by adding a new subdivision 1-b to read as follows:

1-B. NOTWITHSTANDING ANY OTHER PROVISION OF LAW, IN THE EVENT THAT A PERSON WHO IS AN INPATIENT IN AN INSTITUTION FOR MENTAL DISEASES, AS DEFINED BY FEDERAL LAW AND REGULATIONS, AND WHO WAS IN RECEIPT OF MEDICAL ASSISTANCE PURSUANT TO THIS TITLE IMMEDIATELY PRIOR TO BEING ADMITTED TO SUCH FACILITY, OR WHO WAS DIRECTLY ADMITTED TO SUCH FACILITY AFTER BEING AN INPATIENT IN ANOTHER INSTITUTION FOR MENTAL DISEASES AND WHO WAS IN RECEIPT OF MEDICAL ASSISTANCE PRIOR TO ADMISSION TO SUCH TRANSFERRING INSTITUTION, SUCH PERSON SHALL REMAIN ELIGIBLE FOR MEDICAL ASSISTANCE WHILE AN INPATIENT IN SUCH FACILITY; PROVIDED, HOWEVER, THAT NO MEDICAL ASSISTANCE SHALL BE FURNISHED PURSUANT TO THIS TITLE FOR ANY CARE, SERVICES, OR SUPPLIES PROVIDED DURING THE TIME THAT SUCH PERSON IS AN INPATIENT, EXCEPT TO THE EXTENT THAT FEDERAL FINANCIAL PARTICIPATION IS AVAILABLE FOR THE COSTS OF SUCH CARE, SERVICES, OR SUPPLIES. UPON RELEASE FROM SUCH FACILITY, SUCH PERSON SHALL CONTINUE TO BE ELIGIBLE FOR RECEIPT OF MEDICAL ASSISTANCE FURNISHED PURSUANT TO THIS TITLE UNTIL SUCH TIME AS THE PERSON IS DETERMINED TO NO LONGER BE ELIGIBLE FOR

1 RECEIPT OF SUCH ASSISTANCE. TO THE EXTENT PERMITTED BY FEDERAL LAW, THE
2 TIME DURING WHICH SUCH PERSON IS AN INPATIENT IN AN INSTITUTION FOR
3 MENTAL DISEASES SHALL NOT BE INCLUDED IN ANY CALCULATION OF WHEN THE
4 PERSON MUST RECERTIFY HIS OR HER ELIGIBILITY FOR MEDICAL ASSISTANCE IN
5 ACCORDANCE WITH THIS ARTICLE.

6 S 2. Paragraph (c) of subdivision 1 of section 366 of the social
7 services law, as amended by chapter 355 of the laws of 2007, is amended
8 to read as follows:

9 (c) except as provided in subparagraph six of paragraph (a) of this
10 subdivision or subdivision one-a OR SUBDIVISION ONE-B of this section,
11 is not an inmate or patient in an institution or facility wherein
12 medical assistance for needy persons may not be provided in accordance
13 with applicable federal or state requirements; and

14 S 3. This act shall take effect April 1, 2011; provided that all
15 actions necessary for the timely implementation of this act, including
16 revisions to information, eligibility and benefit computer systems
17 utilized by social services districts and administered by the department
18 of health of the state of New York, shall be taken prior to such effec-
19 tive date so that the provisions of this act may be implemented on such
20 date.

21 PART F

22 Section 1. Subdivisions 3-b and 3-c of section 1 of part C of chapter
23 57 of the laws of 2006, relating to establishing a cost of living
24 adjustment for designated human services programs, as amended by section
25 1 of part F of chapter 111 of the laws of 2010, are amended to read as
26 follows:

27 3-b. Notwithstanding any inconsistent provision of law, beginning
28 April 1, 2009 and ending March 31, [2011] 2012, the commissioners shall
29 not include a COLA for the purpose of establishing rates of payments,
30 contracts or any other form of reimbursement.

31 3-c. Notwithstanding any inconsistent provision of law, beginning
32 April 1, [2011] 2012 and ending March 31, [2014] 2015, the commissioners
33 shall develop the COLA under this section using the actual U.S. consumer
34 price index for all urban consumers (CPI-U) published by the United
35 States department of labor, bureau of labor statistics for the twelve
36 month period ending in July of the budget year prior to such state
37 fiscal year, for the purpose of establishing rates of payments,
38 contracts or any other form of reimbursement.

39 S 2. Section 4 of part C of chapter 57 of the laws of 2006, relating
40 to establishing a cost of living adjustment for designated human
41 services programs, as amended by section 2 of part F of chapter 111 of
42 the laws of 2010, is amended to read as follows:

43 S 4. This act shall take effect immediately and shall be deemed to
44 have been in full force and effect on and after April 1, 2006; provided
45 section one of this act shall expire and be deemed repealed April 1,
46 [2014] 2015; provided, further, that sections two and three of this act
47 shall expire and be deemed repealed December 31, 2009.

48 S 3. This act shall take effect immediately and shall be deemed to
49 have been in full force and effect on and after April 1, 2011; provided,
50 however, that the amendments to section 1 of part C of chapter 57 of the
51 laws of 2006 made by section one of this act shall not affect the repeal
52 of such section and shall be deemed repealed therewith.

53 PART G

1 Section 1. Subdivision (b) of section 7.17 of the mental hygiene law,
2 as amended by section 1 of part J of chapter 58 of the laws of 2005, is
3 amended to read as follows:

4 (b) There shall be in the office the hospitals named below for the
5 care, treatment and rehabilitation of [the mentally disabled] PERSONS
6 WITH MENTAL ILLNESS and for research and teaching in the science and
7 skills required for the care, treatment and rehabilitation of such
8 [mentally disabled] PERSONS WITH MENTAL ILLNESS.

9 Greater Binghamton Health Center
10 Bronx Psychiatric Center
11 Buffalo Psychiatric Center
12 Capital District Psychiatric Center
13 Central New York Psychiatric Center
14 Creedmoor Psychiatric Center
15 Elmira Psychiatric Center
16 Hudson River Psychiatric Center
17 Kingsboro Psychiatric Center
18 Kirby Forensic Psychiatric Center
19 Manhattan Psychiatric Center
20 Mid-Hudson Forensic Psychiatric Center
21 Mohawk Valley Psychiatric Center
22 Nathan S. Kline Institute for Psychiatric Research
23 New York State Psychiatric Institute
24 Pilgrim Psychiatric Center
25 Richard H. Hutchings Psychiatric Center
26 Rochester Psychiatric Center
27 Rockland Psychiatric Center
28 St. Lawrence Psychiatric Center
29 South Beach Psychiatric Center
30 Bronx Children's Psychiatric Center
31 Brooklyn Children's [Psychiatric] Center
32 Queens Children's Psychiatric Center
33 Rockland Children's Psychiatric Center
34 Sagamore Children's Psychiatric Center
35 Western New York Children's Psychiatric Center

36 The New York State Psychiatric Institute and The Nathan S. Kline
37 Institute for Psychiatric Research are designated as institutes for the
38 conduct of medical research and other scientific investigation directed
39 towards furthering knowledge of the etiology, diagnosis, treatment and
40 prevention of mental illness. THE BROOKLYN CHILDREN'S CENTER IS A
41 FACILITY OPERATED BY THE OFFICE TO PROVIDE COMMUNITY-BASED MENTAL HEALTH
42 SERVICES FOR CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCES.

43 S 2. Subdivision (e) of section 7.17 of the mental hygiene law is
44 REPEALED and subdivision (f) is relettered subdivision (e).

45 S 3. (a) Notwithstanding the provisions of subdivision (b) of section
46 7.17 of the mental hygiene law, section 41.55 of the mental hygiene law,
47 or any other law to the contrary, the office of mental health is author-
48 ized in state fiscal year 2011-12 to close, consolidate, reduce, trans-
49 fer or otherwise redesign services of hospitals, other facilities and
50 programs operated by the office of mental health, and to implement
51 significant service reductions and reconfigurations as shall be deter-
52 mined by the commissioner of mental health to be necessary for the cost-
53 effective and efficient operation of such hospitals, other facilities
54 and programs.

55 (b) The office of mental health shall provide notice upon its public
56 website and to the legislature as soon as possible, but no later than

1 two weeks prior to the anticipated closure, consolidation, or transfer
2 of inpatient wards.

3 (c) Any transfers of inpatient capacity or any resulting transfer of
4 functions shall be authorized to be made by the commissioner of mental
5 health and any transfer of personnel upon such transfer of capacity or
6 transfer of functions shall be accomplished in accordance with the
7 provisions of section 70 of the civil service law.

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

17 S 5. This act shall take effect April 1, 2011; provided that the
18 amendments to subdivision (f) of section 7.17 of the mental hygiene law
19 made by section two of this act shall not affect the repeal of such
20 subdivision and shall be deemed repealed therewith.

21 S 2. Severability clause. If any clause, sentence, paragraph, subdivi-
22 sion, section or part of this act shall be adjudged by any court of
23 competent jurisdiction to be invalid, such judgment shall not affect,
24 impair, or invalidate the remainder thereof, but shall be confined in
25 its operation to the clause, sentence, paragraph, subdivision, section
26 or part thereof directly involved in the controversy in which such judg-
27 ment shall have been rendered. It is hereby declared to be the intent of
28 the legislature that this act would have been enacted even if such
29 invalid provisions had not been included herein.

30 S 3. This act shall take effect immediately provided, however, that
31 the applicable effective date of Parts A through G of this act shall be
32 as specifically set forth in the last section of such Parts.