

S. 2809--A

A. 4009--A

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 -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

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

AN ACT to amend 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 effective-

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

LBD12571-02-1

ness thereof; 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 amended by section one of this  
53 act, 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.]

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29 is REPEALED.

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

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

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

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

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

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

49 S 243. Pharmaceutical insurance contract. 1. The [elderly pharmaceu-  
50 tical insurance coverage panel, established pursuant to section two  
51 hundred forty-four of this title] COMMISSIONER OF HEALTH shall, subject  
52 to the approval of the director of the budget, enter into a contract  
53 with one or more contractors to assist in carrying out the provisions of  
54 this title. Such contractual arrangements shall be made subject to a  
55 competitive process pursuant to the state finance law and shall ensure  
56 that state payments for the contractor's necessary and legitimate

1 expenses for the administration of this program are limited to the  
2 amount specified in advance, and that such payments shall not exceed the  
3 amount appropriated therefor in any fiscal year. The [panel] COMMISSION-  
4 ER shall[, at each of its regularly scheduled meetings,] review the  
5 contract pricing provisions to assure that the level of contract  
6 payments are in the best interest of the state, giving consideration to  
7 the total level of participant enrollment achieved, the volume of claims  
8 processed, and such other factors as may be relevant in order to contain  
9 state expenditures. In the event that the [panel] COMMISSIONER deter-  
10 mines that the contract payment provisions do not protect the interest  
11 of the state, the [executive director] COMMISSIONER shall initiate  
12 contract negotiations for the purpose of modifying contract payments  
13 and/or scope requirements.

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

16 (a) providing for a method of determining, on an annual basis and upon  
17 their application therefor, the eligibility of persons pursuant to  
18 section two hundred forty-two of this title within a reasonable period  
19 of time, including alternative methods for such determination of eligi-  
20 bility, such as through the mail or home visits, where reasonable and/or  
21 necessary, and for notifying applicants of such eligibility determi-  
22 nations;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

36 4. IMPLEMENTING ALTERNATIVE PROGRAM IMPROVEMENTS FOR THE EFFICIENT AND  
37 EFFECTIVE OPERATION OF THE PROGRAM IN ACCORDANCE WITH THE PROVISIONS OF  
38 THIS TITLE;

39 5. ESTABLISHING OR CONTRACTING FOR A THERAPEUTIC DRUG MONITORING  
40 PROGRAM, FOR THE PURPOSE OF MONITORING THERAPEUTIC DRUG USE BY ELIGIBLE  
41 PROGRAM PARTICIPANTS IN AN EFFORT TO PREVENT THE INCORRECT OR UNNECES-  
42 SARY CONSUMPTION OF SUCH THERAPEUTIC DRUGS.

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

45 Cost-sharing responsibilities of eligible program participants [for  
46 comprehensive coverage].

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

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

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

55 (a) [Upon satisfaction of the registration fee pursuant to this  
56 section an eligible] A program participant must pay a point of sale



co-payment as set forth in paragraph (b) of this subdivision at the time of each purchase of a [covered] drug prescribed for such individual THAT IS DESCRIBED IN PARAGRAPH (C) OF SUBDIVISION THREE OF SECTION TWO HUNDRED FORTY-TWO OF THIS TITLE. [Such co-payment shall not be waived or reduced in whole or in part, subject to the limits provided by subdivision four of this section.]

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

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

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

1 OF HEALTH shall determine or cause to be determined, through a statis-  
2 tically valid survey, the quantities of each covered drug that partic-  
3 ipating provider pharmacies buy most frequently. Using the result of  
4 this survey, the contractor shall update every thirty days the list of  
5 average wholesale prices upon which such reimbursement is determined  
6 using nationally recognized and most recently revised sources. Such  
7 price revisions shall be made available to all participating provider  
8 pharmacies. The pharmacist shall be reimbursed based on the price in  
9 effect at the time the covered drug is dispensed.

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

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

26 (2) the program may reimburse for any covered drugs pursuant to subdi-  
27 visions one and two of this section, for which a rebate agreement does  
28 not exist and which are determined by the elderly pharmaceutical insur-  
29 ance coverage panel to be essential to the health of persons participat-  
30 ing in the program; and likely to provide effective therapy or diagnosis  
31 for a disease not adequately treated or diagnosed by any other covered  
32 drug; and which are recommended for reimbursement by the panel and  
33 approved by the commissioner of health.

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

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

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

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

1 4.] Notwithstanding any other provision of law, entities which offer  
2 insurance coverage for provision of and/or reimbursement for pharmaceu-  
3 tical expenses, including but not limited to, entities  
4 licensed/certified pursuant to article thirty-two, forty-two, forty-  
5 three or forty-four of the insurance law (employees welfare funds) or  
6 article forty-four of the public health law, shall participate in a  
7 benefit recovery program with the elderly pharmaceutical insurance  
8 coverage (EPIC) program which includes, but is not limited to, a semi-  
9 annual match of EPIC's file of enrollees against the entity's file of  
10 insured to identify individuals enrolled in both plans with claims paid  
11 within the twenty-four months preceding the date the entity receives the  
12 match request information from EPIC. Such entity shall indicate if phar-  
13 maceutical coverage is available from the entity for the insured  
14 persons, list the copayment or other payment obligations of the insured  
15 persons applicable to the pharmaceutical coverage, and (after receiving  
16 necessary claim information from EPIC) list the amounts which the entity  
17 would have paid for the pharmaceutical claims for those identified indi-  
18 viduals and the entity shall reimburse EPIC for pharmaceutical expenses  
19 paid by EPIC that are covered under the contract between the entity and  
20 its insured in only those instances where the entity has not already  
21 made payment of the claim. Reimbursement of the net amount payable  
22 (after rebates and discounts) that would have been paid under the cover-  
23 age issued by the entity will be made by the entity to EPIC within sixty  
24 days of receipt from EPIC of the standard data in electronic format  
25 necessary for the entity to adjudicate the claim and if the standard  
26 data is provided to the entity by EPIC in paper format payment by the  
27 entity shall be made within one hundred eighty days. After completing  
28 at least one match process with EPIC in electronic format, an entity  
29 shall be entitled to elect a monthly or bi-monthly match process rather  
30 than a semi-annual match process.

31 [5.] 4. Notwithstanding any other provision of law, the [panel]  
32 COMMISSIONER OF HEALTH shall maximize the coordination of benefits for  
33 persons enrolled under Title XVIII of the federal social security act  
34 (medicare) and enrolled under this title in order to facilitate medicare  
35 payment of claims. The [panel] COMMISSIONER OF HEALTH may select an  
36 independent contractor, through a request-for-proposal process, to  
37 implement a centralized coordination of benefits system under this  
38 subdivision for individuals qualified in both the elderly pharmaceutical  
39 insurance coverage (EPIC) program and medicare programs who receive  
40 medications or other covered products from a pharmacy provider currently  
41 enrolled in the elderly pharmaceutical insurance coverage (EPIC)  
42 program.

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

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

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

55 (b) If the provider pharmacy certifies as set forth in subparagraph  
56 (ii) of paragraph (a) of this subdivision, the EPIC program shall pay

1 for the drug as the primary payor upon a showing of compliance with the  
2 notification and appeal provisions of subparagraph two of paragraph (c)  
3 of subdivision three of section two hundred forty-two of this title.]

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

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

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

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

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

20 (a) [Providers] EXCEPT AS PROVIDED IN SUBPARAGRAPH (I) OF THIS PARA-  
21 GRAPH, PROVIDERS of early intervention services and transportation  
22 services shall in the first instance and where applicable, seek payment  
23 from all third party payors including governmental agencies prior to  
24 claiming payment from a given municipality for services rendered to  
25 eligible children, provided that, for the purpose of seeking payment  
26 from the medical assistance program or from other third party payors,  
27 the municipality shall be deemed the provider of such early intervention  
28 services to the extent that the provider has promptly furnished to the  
29 municipality adequate and complete information necessary to support the  
30 municipality billing, and provided further that the obligation to seek  
31 payment shall not apply to a payment from a third party payor who is not  
32 prohibited from applying such payment, and will apply such payment, to  
33 an annual or lifetime limit specified in the insured's policy.

34 (I) EARLY INTERVENTION PROGRAM PROVIDERS WHO RECEIVED PAYMENT OF FIVE  
35 HUNDRED THOUSAND DOLLARS OR MORE AS DETERMINED PURSUANT TO SUBPARAGRAPH  
36 (II) OF THIS PARAGRAPH FOR EARLY INTERVENTION SERVICES PROVIDED TO  
37 ELIGIBLE CHILDREN THAT WERE COVERED SERVICES UNDER THE MEDICAL ASSIST-  
38 ANCE PROGRAM, SHALL IN THE FIRST INSTANCE AND WHERE AVAILABLE, SEEK  
39 PAYMENT FROM THE MEDICAL ASSISTANCE PROGRAM OR AN INSURANCE POLICY OR  
40 HEALTH BENEFIT PLAN FOR THOSE CHILDREN COVERED UNDER BOTH THE MEDICAL  
41 ASSISTANCE PROGRAM AND AN INSURANCE POLICY OR HEALTH BENEFIT PLAN, PRIOR  
42 TO CLAIMING PAYMENT FROM A MUNICIPALITY FOR SERVICES RENDERED TO SUCH  
43 CHILDREN;

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

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

54 S 6. Intentionally omitted.

55 S 7. Intentionally omitted.

56 S 8. Intentionally omitted.

1 S 9. Intentionally omitted.

2 S 10. Intentionally omitted.

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

5 S 3235-a. Payment for early intervention services. (a) No policy of  
6 accident and health insurance, including contracts issued pursuant to  
7 article forty-three of this chapter, shall exclude coverage for other-  
8 wise covered services solely on the basis that the services constitute  
9 early intervention program services under title two-A of article twenty-  
10 ty-five of the public health law.

11 (b) Where a policy of accident and health insurance, including a  
12 contract issued pursuant to article forty-three of this chapter,  
13 provides coverage for [an] A SERVICE THAT IS PROVIDED TO AN INSURED  
14 UNDER THE early intervention program service, such coverage shall not be  
15 applied against any maximum annual or lifetime monetary limits set forth  
16 in such policy or contract. Visit limitations and other terms and condi-  
17 tions of the policy will continue to apply to COVERED SERVICES PROVIDED  
18 UNDER THE early intervention [services] PROGRAM. However, any visits  
19 used for early intervention program services shall not reduce the number  
20 of visits otherwise available under the policy or contract for such  
21 services. WHERE A SERVICE PROVIDED TO AN INSURED UNDER THE EARLY INTER-  
22 VENTION PROGRAM IS A COVERED SERVICE UNDER THE INSURER'S POLICY OR  
23 CONTRACT, THE INDIVIDUALIZED FAMILY SERVICES PLAN AS DEFINED IN SECTION  
24 TWENTY-FIVE HUNDRED FORTY-ONE OF THE PUBLIC HEALTH LAW AND CERTIFIED BY  
25 THE EARLY INTERVENTION OFFICIAL OR SUCH OFFICIAL'S DESIGNEE, SHALL BE  
26 DEEMED TO MEET ANY PRECERTIFICATION, PREAUTHORIZATION AND MEDICAL NECES-  
27 SITY REQUIREMENTS IMPOSED ON BENEFITS UNDER THE POLICY OR CONTRACT,  
28 PROVIDED, HOWEVER, THAT THE EARLY INTERVENTION OFFICIAL SHALL REMOVE OR  
29 REDACT ANY INFORMATION CONTAINED ON THE INSURED'S INDIVIDUALIZED FAMILY  
30 SERVICE PLAN THAT IS NOT REQUIRED BY THE INSURER FOR PAYMENT PURPOSES.  
31 PAYMENT FOR A SERVICE COVERED UNDER THE POLICY OR CONTRACT THAT IS  
32 PROVIDED UNDER THE EARLY INTERVENTION PROGRAM SHALL BE AT RATES ESTAB-  
33 LISHED BY THE COMMISSIONER OF HEALTH FOR SUCH SERVICE PURSUANT TO REGU-  
34 LATIONS.

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

41 (I) THE LOCATION WHERE SERVICES ARE PROVIDED;

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

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

47 (IV) THE ABSENCE OF A PRIMARY CARE REFERRAL.

48 (D) Any right of subrogation to benefits which a municipality is enti-  
49 tled in accordance with paragraph (d) of subdivision three of section  
50 twenty-five hundred fifty-nine of the public health law shall be valid  
51 and enforceable to the extent benefits are available under any accident  
52 and health insurance policy. The right of subrogation does not attach to  
53 insurance benefits paid or provided under any accident and health insur-  
54 ance policy prior to receipt by the insurer of written notice from the  
55 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, as added by section 2 of chapter 428 of the laws of 1992, are amended to read as follows:

4. If the IFSP TEAM MEMBERS, INCLUDING THE early intervention official and the parent agree on the IFSP, the IFSP shall be deemed final and the service coordinator shall be authorized to implement the plan.

5. If the IFSP TEAM MEMBERS, INCLUDING THE early intervention official and the parent do not agree on an IFSP, the service coordinator shall implement the sections of the proposed IFSP that are not in dispute, and the parent shall have the due process rights set forth in section twenty-five hundred forty-nine of this title.

S 13. Subdivision 2 of section 605 of the public health law, as amended by section 7 of part B of chapter 57 of the laws of 2006, is amended to read as follows:

2. State aid reimbursement for public health services provided by a municipality under this title, shall be made [as follows:

(a)] if the municipality is providing some or all of the basic public health services identified in paragraph (b) of subdivision three of section six hundred two of this title, pursuant to an approved plan, at a rate of no less than thirty-six per centum of the difference between the amount of moneys expended by the municipality for public health services required by paragraph (b) of subdivision three of section six hundred two of this title during the fiscal year and the base grant provided pursuant to subdivision one of this section. No such reimbursement shall be provided for services if they are not approved in a plan or if no plan is submitted for such services.

[(b) if the municipality is providing other public health services within limits to be prescribed by regulation by the commissioner in addition to some or all of the public health services required in paragraph (b) of subdivision three of section six hundred two of this title, pursuant to an approved plan, at a rate of not less than thirty-six per centum of the moneys expended by the municipality for such other services. No such reimbursement shall be provided for services if they are not approved in a plan or if no plan is submitted for such services.]

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

1 AND EDUCATION PURPOSES. SUCH GRANTS SHALL BE AWARDED UNDER THIS SECTION  
2 ON A COMPETITIVE BASIS PURSUANT TO A REQUEST FOR APPLICATION/PROPOSAL  
3 PROCESS, IN THE NUMBER, AMOUNTS AND MANNER DETERMINED BY THE COMMISSION-  
4 ER, PURSUANT TO CRITERIA DETERMINED BY THE COMMISSIONER.

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

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

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

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

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

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

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

34 S 17. Intentionally Omitted.

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

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

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

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

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

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

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

21 S 20. Subdivision 3 and paragraphs (a), (b), (c) and (e) of subdivi-  
22 sion 4 of section 576 of the public health law, as amended by chapter  
23 436 of the laws of 1993, are amended to read as follows:

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

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



1 RATORY IMPROVEMENT AMENDMENTS OF NINETEEN HUNDRED EIGHTY-EIGHT SHALL BE  
2 DEEMED A COST OF THE REFERENCE SYSTEM.

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

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

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

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

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

42 S 22. Intentionally Omitted.

43 S 23. Intentionally Omitted.

44 S 24. Intentionally Omitted.

45 S 25. Intentionally Omitted.

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

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

1 S 26. Section 32 of part A of chapter 58 of the laws of 2008, amending  
2 the elder law and other laws relating to reimbursement to particular  
3 provider pharmacies and prescription drug coverage, as amended by  
4 section 20 of part 00 of chapter 57 of the laws of 2008, is amended to  
5 read as follows:

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

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

30 S 4. This act shall take effect immediately; provided that the  
31 provisions of section one of this act shall be deemed to have been in  
32 full force and effect on and after April 1, 2003, and shall expire March  
33 31, [2011] 2013 when upon such date the provisions of such section shall  
34 be deemed repealed.

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

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

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

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

53 S 30. Section 3 of chapter 303 of the laws of 1999, amending the New  
54 York state medical care facilities finance agency act relating to  
55 financing health facilities, as amended by chapter 607 of the laws of  
56 2007, is amended to read as follows:

1 S 3. This act shall take effect immediately[, provided, however, that  
2 subdivision 15-a of section 5 of section 1 of chapter 392 of the laws of  
3 1973, as added by section one of this act, shall expire and be deemed  
4 repealed June 30, 2011; and provided further, however, that the expira-  
5 tion and repeal of such subdivision 15-a shall not affect or impair in  
6 any manner any health facilities bonds issued, or any lease or purchase  
7 of a health facility executed, pursuant to such subdivision 15-a prior  
8 to its expiration and repeal and that, with respect to any such bonds  
9 issued and outstanding as of June 30, 2011, the provisions of such  
10 subdivision 15-a as they existed immediately prior to such expiration  
11 and repeal shall continue to apply through the latest maturity date of  
12 any such bonds, or their earlier retirement or redemption, for the sole  
13 purpose of authorizing the issuance of refunding bonds to refund bonds  
14 previously issued pursuant thereto].

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

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

18 (b) sections two through three-n of this act shall take effect January  
19 1, 2012;

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

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

25

## PART B

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

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

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

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

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

35 S 3. Subparagraph (i) of paragraph (b) of subdivision 2-b of section  
36 2808 of the public health law, as amended by section 1 of part D of  
37 chapter 58 of the laws of 2010, is amended to read as follows:

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

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

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

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

52 S 5. Notwithstanding any contrary provision of law and subject to the  
53 availability of federal financial participation, for periods on and  
54 after July 1, 2011, Medicaid rates of payments for inpatient services  
55 provided by residential health care facilities which, as of the effec-  
56 tive date of this section, operate discrete units for treatment of resi-

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

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

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

46 S 8. Subparagraph (vi) of paragraph (b) of subdivision 2 of section  
47 2807-d of the public health law, as amended by section 37 of part C of  
48 chapter 58 of the laws of 2007, is amended to read as follows:

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

1 gross receipts attributable to payments received pursuant to title XVIII  
2 of the federal social security act (medicare) shall be excluded from the  
3 assessment; provided, however, that for all such gross receipts received  
4 on or after April first, two thousand three through March thirty-first,  
5 two thousand five, such assessment shall be five percent, and further  
6 provided that for all such gross receipts received on or after April  
7 first, two thousand five through March thirty-first, two thousand nine,  
8 and on or after April first, two thousand nine through March thirty-  
9 first, two thousand eleven such assessment shall be six percent, AND  
10 FURTHER PROVIDED THAT FOR ALL SUCH GROSS RECEIPTS RECEIVED ON OR AFTER  
11 APRIL FIRST, TWO THOUSAND ELEVEN SUCH ASSESSMENT SHALL BE SIX PERCENT.

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

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

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

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

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

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

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

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

54 (d) notwithstanding any inconsistent provision of the state adminis-  
55 trative procedure act or any other provision of law, rule or regulation,  
56 the commissioner of health and the superintendent of insurance and any

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

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

9

## PART C

10 Section 1. Subdivision 5 of section 168 of chapter 639 of the laws of  
11 1996, constituting the New York Health Care Reform Act of 1996, as  
12 amended by section 1 of part B of chapter 58 of the laws of 2008, is  
13 amended to read as follows:

14 5. sections 2807-c, 2807-j, 2807-s and 2807-t of the public health  
15 law, as amended or as added by this act, shall expire on December 31,  
16 [2011] 2014, and shall be thereafter effective only in respect to any  
17 act done on or before such date or action or proceeding arising out of  
18 such act including continued collections of funds from assessments and  
19 allowances and surcharges established pursuant to sections 2807-c,  
20 2807-j, 2807-s and 2807-t of the public health law, and administration  
21 and distributions of funds from pools established pursuant to sections  
22 2807-c, 2807-j, 2807-k, 2807-l, 2807-m, 2807-s and 2807-t of the public  
23 health law related to patient services provided before December 31,  
24 [2011] 2014, and continued expenditure of funds authorized for programs  
25 and grants until the exhaustion of funds therefor;

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

30 1. sections 2807-c, 2807-j, 2807-s, and 2807-t of the public health  
31 law, as amended by this act, shall expire on December 31, [2011] 2014,  
32 and shall be thereafter effective only in respect to any act done before  
33 such date or action or proceeding arising out of such act including  
34 continued collections of funds from assessments and allowances and  
35 surcharges established pursuant to sections 2807-c, 2807-j, 2807-s and  
36 2807-t of the public health law, and administration and distributions of  
37 funds from pools established pursuant to sections 2807-c, 2807-j,  
38 2807-k, 2807-l, 2807-m, 2807-s, 2807-t, 2807-v and 2807-w of the public  
39 health law, as amended or added by this act, related to patient services  
40 provided before December 31, [2011] 2014, and continued expenditure of  
41 funds authorized for programs and grants until the exhaustion of funds  
42 therefor;

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

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



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

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

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

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

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

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

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

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

48 (3) Notwithstanding any inconsistent provision of law, rule or regu-  
49 lation and effective April 1, 2008 through March 31, [2011] 2014, the  
50 commissioner of health is authorized to transfer and the comptroller is  
51 authorized to deposit, within amounts appropriated each year, those  
52 funds authorized for distribution in accordance with the provisions of  
53 paragraph (a) of subdivision 1 of section 2807-l of the public health  
54 law for the purposes of payment for administrative costs of the depart-  
55 ment of health related to the child health insurance plan program  
56 authorized pursuant to title 1-A of article 25 of the public health law

1 into the special revenue funds - other, health care reform act (HCRA)  
2 resources fund - 061, child health insurance account, established within  
3 the department of health.

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

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

28 (6) Notwithstanding any inconsistent provision of law, rule or regu-  
29 lation and effective April 1, 2008 through March 31, [2011] 2014, the  
30 commissioner of health is authorized to transfer and the comptroller is  
31 authorized to deposit, within amounts appropriated each year, the funds  
32 authorized for distribution in accordance with the provisions of section  
33 2807-1 of the public health law for the purposes of payment for adminis-  
34 trative costs of the department of health related to the programs funded  
35 pursuant to section 2807-1 of the public health law into the special  
36 revenue funds - other, health care reform act (HCRA) resources fund -  
37 061, pilot health insurance account, established within the department  
38 of health.

39 (7) Notwithstanding any inconsistent provision of law, rule or regu-  
40 lation and effective April 1, 2008 through March 31, [2011] 2014, the  
41 commissioner of health is authorized to transfer and the comptroller is  
42 authorized to deposit, within amounts appropriated each year, those  
43 funds authorized for distribution in accordance with the provisions of  
44 subparagraph (ii) of paragraph (f) of subdivision 19 of section 2807-c  
45 of the public health law from monies accumulated and interest earned in  
46 the bad debt and charity care and capital statewide pools through an  
47 assessment charged to general hospitals pursuant to the provisions of  
48 subdivision 18 of section 2807-c of the public health law and those  
49 funds authorized for distribution in accordance with the provisions of  
50 section 2807-1 of the public health law for the purposes of payment for  
51 administrative costs of the department of health related to programs  
52 funded under section 2807-1 of the public health law into the special  
53 revenue funds - other, health care reform act (HCRA) resources fund -  
54 061, primary care initiatives account, established within the department  
55 of health.

1 (8) 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 section 2807-l of  
6 the public health law for the purposes of payment for administrative  
7 costs of the department of health related to programs funded under  
8 section 2807-l of the public health law into the special revenue funds -  
9 other, health care reform act (HCRA) resources fund - 061, health care  
10 delivery administration account, established within the department of  
11 health.

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

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

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

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

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

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

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

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

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

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

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

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

14 (xi) eleven million eight hundred thousand dollars for the period  
15 January first, two thousand eleven through March thirty-first, two thou-  
16 sand eleven;

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

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

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

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

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

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

52 (a) Funds shall be reserved and accumulated from year to year and  
53 shall be available, including income from invested funds, for purposes  
54 of distributions to programs to provide health care coverage for unin-  
55 sured or underinsured children pursuant to sections twenty-five hundred  
56 ten and twenty-five hundred eleven of this chapter from the respective

1 health care initiatives pools established for the following periods in  
2 the following amounts:

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

6 (ii) from the pool for the period January first, nineteen hundred  
7 ninety-eight through December thirty-first, nineteen hundred ninety-  
8 eight, up to one hundred sixty-four million five hundred thousand  
9 dollars;

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

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

15 (v) from the pool for the period January first, two thousand one  
16 through December thirty-first, two thousand one, two hundred thirty-five  
17 million dollars;

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

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

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

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

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

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

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

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

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

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

55 (XVI) FROM THE HEALTH CARE REFORM ACT (HCRA) RESOURCES FUND FOR THE  
56 PERIOD APRIL FIRST, TWO THOUSAND THIRTEEN, THROUGH MARCH THIRTY-FIRST,

1 TWO THOUSAND FOURTEEN, UP TO THREE HUNDRED SEVENTY MILLION SIX HUNDRED  
2 NINETY-FIVE THOUSAND DOLLARS.

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

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

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

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

1 twenty-seven of the insurance law, which are successor programs to these  
2 programs.

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

49 (i) deposit by the commissioner, within amounts appropriated, and the  
50 state comptroller is hereby authorized and directed to receive for  
51 deposit to, to the credit of the department of health's special revenue  
52 fund - other, hospital based grants program account or the health care  
53 reform act (HCRA) resources fund, whichever is applicable, for purposes  
54 of services and expenses related to general hospital based grant  
55 programs, up to twenty-two million dollars annually from the nineteen  
56 hundred ninety-seven pool, nineteen hundred ninety-eight pool, nineteen

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

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

53 (iii) priority distributions by the commissioner up to thirty-two  
54 million dollars on an annualized basis for the period January first, two  
55 thousand through December thirty-first, two thousand four, up to thir-  
56 ty-eight million dollars on an annualized basis for the period January



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

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

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

53 (iv) distributions by the commissioner related to poison control  
54 centers pursuant to subdivision seven of section twenty-five hundred-d  
55 of this chapter, up to five million dollars for the period January  
56 first, nineteen hundred ninety-seven through December thirty-first,

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

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

48 (d) (i) An amount of up to twenty million dollars annually for the  
49 period January first, two thousand through December thirty-first, two  
50 thousand six, up to ten million dollars for the period January first,  
51 two thousand seven through June thirtieth, two thousand seven, up to  
52 twenty million dollars annually for the period January first, two thou-  
53 sand eight through December thirty-first, two thousand ten, [and] up to  
54 five million dollars for the period January first, two thousand eleven  
55 through March thirty-first, two thousand eleven, AND UP TO NINETEEN  
56 MILLION SIX HUNDRED THOUSAND DOLLARS EACH STATE FISCAL YEAR FOR THE

1 PERIOD APRIL FIRST, TWO THOUSAND ELEVEN THROUGH MARCH THIRTY-FIRST, TWO  
2 THOUSAND FOURTEEN, shall be transferred to the health facility restruc-  
3 turing pool established pursuant to section twenty-eight hundred fifteen  
4 of this article;

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

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

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

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

53 (ii) from the pool for the period January first, nineteen hundred  
54 ninety-eight through December thirty-first, nineteen hundred ninety-  
55 eight, eighty-two million dollars shall be transferred and deposited and

1 credited to the credit of the state general fund medical assistance  
2 local assistance account;

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

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

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

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

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

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

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

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

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

5 (i) funds shall be reserved and accumulated:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

51 (iv) from the pool for the periods January first, two thousand through  
52 December thirty-first, two thousand two, forty-eight million dollars  
53 annually, and for the period January first, two thousand three through  
54 June thirtieth, two thousand three, twenty-four million dollars;

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

1 three through December thirty-first, two thousand three, up to six  
2 million dollars, for the period January first, two thousand four through  
3 December thirty-first, two thousand six, up to twelve million dollars  
4 annually, for the period January first, two thousand seven through  
5 December thirty-first, two thousand [ten] THIRTEEN, up to forty-eight  
6 million dollars annually, and for the period January first, two thousand  
7 [eleven] FOURTEEN through March thirty-first, two thousand [eleven]  
8 FOURTEEN, up to twelve million dollars;

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

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

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

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

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

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

55 (iv) from the pool for the periods January first, two thousand through  
56 December thirty-first, two thousand two, up to twelve million dollars

1 annually, and for the period January first, two thousand three through  
2 December thirty-first, two thousand three, up to forty million dollars;  
3 and

4 (v) from the pool or the health care reform act (HCRA) resources fund,  
5 whichever is applicable, for the periods January first, two thousand  
6 four through December thirty-first, two thousand four, up to fifty-six  
7 million dollars, for the period January first, two thousand five through  
8 December thirty-first, two thousand six, up to sixty million dollars  
9 annually, for the period January first, two thousand seven through  
10 December thirty-first, two thousand ten, up to sixty million dollars  
11 annually, [and] for the period January first, two thousand eleven  
12 through March thirty-first, two thousand eleven, up to fifteen million  
13 dollars, AND EACH STATE FISCAL YEAR FOR THE PERIOD APRIL FIRST, TWO  
14 THOUSAND ELEVEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND FOURTEEN, UP TO  
15 FORTY-TWO MILLION THREE HUNDRED THOUSAND DOLLARS.

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

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

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

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

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

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

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

49 (n) Funds shall be accumulated and transferred from the health care  
50 reform act (HCRA) resources fund as follows: for the period April first,  
51 two thousand seven through March thirty-first, two thousand eight, and  
52 on an annual basis for the periods April first, two thousand eight  
53 through November thirtieth, two thousand nine, funds within amounts  
54 appropriated shall be transferred and deposited and credited to the  
55 credit of the state special revenue funds - other, HCRA transfer fund,  
56 medical assistance account, for purposes of funding the state share of



1 rate adjustments made to public and voluntary hospitals in accordance  
2 with paragraphs (i) and (j) of subdivision one of section twenty-eight  
3 hundred seven-c of this article.

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

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

35 S 8. Subdivision 1 of section 2807-v of the public health law, as  
36 amended by section 5 of part B of chapter 58 of the laws of 2008, para-  
37 graphs (g), (h), (i) and (i-1) as amended by section 5 of part I of  
38 chapter 2 of the laws of 2009, subparagraphs (xi) and (xii) of paragraph  
39 (j) as amended by section 12, paragraph (jj) as amended by section 10,  
40 subparagraph (vii) of paragraph (qq) as amended by section 11 and  
41 subparagraph (vii) of paragraph (uu) as amended by section 9 of part B  
42 of chapter 109 of the laws of 2010, paragraph (s) as amended by section  
43 8, paragraphs (x) and (y) as amended by section 6, paragraph (kk) as  
44 amended by section 124, subparagraph (vi) of paragraph (uu) as amended  
45 by section 120, paragraph (xx) as amended by section 10 and paragraphs  
46 (ggg) and (hhh) as amended by section 7 of part C of chapter 58 of the  
47 laws of 2009, is amended to read as follows:

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

54 (a) Funds shall be deposited by the commissioner, within amounts  
55 appropriated, and the state comptroller is hereby authorized and  
56 directed to receive for deposit to the credit of the state special

1 revenue funds - other, HCRA transfer fund, medicaid fraud hotline and  
2 medicaid administration account, or any successor fund or account, for  
3 purposes of services and expenses related to the toll-free medicaid  
4 fraud hotline established pursuant to section one hundred eight of chap-  
5 ter one of the laws of nineteen hundred ninety-nine from the tobacco  
6 control and insurance initiatives pool established for the following  
7 periods in the following amounts: four hundred thousand dollars annually  
8 for the periods January first, two thousand through December thirty-  
9 first, two thousand two, up to four hundred thousand dollars for the  
10 period January first, two thousand three through December thirty-first,  
11 two thousand three, up to four hundred thousand dollars for the period  
12 January first, two thousand four through December thirty-first, two  
13 thousand four, up to four hundred thousand dollars for the period Janu-  
14 ary first, two thousand five through December thirty-first, two thousand  
15 five, up to four hundred thousand dollars for the period January first,  
16 two thousand six through December thirty-first, two thousand six, up to  
17 four hundred thousand dollars for the period January first, two thousand  
18 seven through December thirty-first, two thousand seven, up to four  
19 hundred thousand dollars for the period January first, two thousand  
20 eight through December thirty-first, two thousand eight, up to four  
21 hundred thousand dollars for the period January first, two thousand nine  
22 through December thirty-first, two thousand nine, up to four hundred  
23 thousand dollars for the period January first, two thousand ten through  
24 December thirty-first, two thousand ten, [and] up to one hundred thou-  
25 sand dollars for the period January first, two thousand eleven through  
26 March thirty-first, two thousand eleven AND WITHIN AMOUNTS APPROPRIATED  
27 ON AND AFTER APRIL FIRST, TWO THOUSAND ELEVEN.

28 (b) Funds shall be reserved and accumulated from year to year and  
29 shall be available, including income from invested funds, for purposes  
30 of payment of audits or audit contracts necessary to determine payor and  
31 provider compliance with requirements set forth in sections twenty-eight  
32 hundred seven-j, twenty-eight hundred seven-s and twenty-eight hundred  
33 seven-t of this article [and hospital compliance with paragraph six of  
34 subdivision (a) of section 405.4 of title 10 of the official compilation  
35 of codes, rules and regulations of the state of New York in accordance  
36 with subdivision nine of section twenty-eight hundred three of this  
37 article] from the tobacco control and insurance initiatives pool estab-  
38 lished for the following periods in the following amounts: five million  
39 six hundred thousand dollars annually for the periods January first, two  
40 thousand through December thirty-first, two thousand two, up to five  
41 million dollars for the period January first, two thousand three through  
42 December thirty-first, two thousand three, up to five million dollars  
43 for the period January first, two thousand four through December thir-  
44 ty-first, two thousand four, up to five million dollars for the period  
45 January first, two thousand five through December thirty first, two  
46 thousand five, up to five million dollars for the period January first,  
47 two thousand six through December thirty-first, two thousand six, up to  
48 seven million eight hundred thousand dollars for the period January  
49 first, two thousand seven through December thirty-first, two thousand  
50 seven, and up to eight million three hundred twenty-five thousand  
51 dollars for the period January first, two thousand eight through Decem-  
52 ber thirty-first, two thousand eight, up to eight million five hundred  
53 thousand dollars for the period January first, two thousand nine through  
54 December thirty-first, two thousand nine, up to eight million five  
55 hundred thousand dollars for the period January first, two thousand ten  
56 through December thirty-first, two thousand ten, [and] up to two million

1 one hundred twenty-five thousand dollars for the period January first,  
2 two thousand eleven through March thirty-first, two thousand eleven, AND  
3 UP TO FOURTEEN MILLION SEVEN HUNDRED THOUSAND DOLLARS EACH STATE FISCAL  
4 YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND ELEVEN THROUGH MARCH THIR-  
5 TY-FIRST, TWO THOUSAND FOURTEEN.

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

25 (i) forty-eight million dollars to be reserved, to be retained or for  
26 distribution pursuant to a chapter of the laws of two thousand, for the  
27 period January first, two thousand through December thirty-first, two  
28 thousand;

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

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

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

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

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

53 (vii) eighty-eight million dollars, plus five hundred thousand  
54 dollars, to be reserved, to be retained or for distribution pursuant to  
55 a chapter of the laws of two thousand six, and pursuant to section twen-

ty-seven hundred ninety-nine-1 of this chapter, for the period January first, two thousand six through December thirty-first, two thousand six; (viii) eighty-six million four hundred thousand dollars, plus five hundred thousand dollars, to be reserved, to be retained or for distribution pursuant to a chapter of the laws of two thousand seven and pursuant 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

1 revenue funds - other, HCRA transfer fund, medicaid fraud hotline and  
2 medicaid administration account, or any successor fund or account, for  
3 purposes of payment of administrative expenses of the department related  
4 to the family health plus program established pursuant to section three  
5 hundred sixty-nine-ee of the social services law from the tobacco  
6 control and insurance initiatives pool established for the following  
7 periods in the following amounts: five hundred thousand dollars on an  
8 annual basis for the periods January first, two thousand through Decem-  
9 ber thirty-first, two thousand six, five hundred thousand dollars for  
10 the period January first, two thousand seven through December thirty-  
11 first, two thousand seven, and five hundred thousand dollars for the  
12 period January first, two thousand eight through December thirty-first,  
13 two thousand eight, five hundred thousand dollars for the period January  
14 first, two thousand nine through December thirty-first, two thousand  
15 nine, five hundred thousand dollars for the period January first, two  
16 thousand ten through December thirty-first, two thousand ten, [and] one  
17 hundred twenty-five thousand dollars for the period January first, two  
18 thousand eleven through March thirty-first, two thousand eleven AND  
19 WITHIN AMOUNTS APPROPRIATED ON AND AFTER APRIL FIRST, TWO THOUSAND ELEV-  
20 EN.

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

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

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

52 (v) up to forty million dollars for the period January first, two  
53 thousand four through December thirty-first, two thousand four 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

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

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

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

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

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

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

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

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

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

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

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

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

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

54 (viii) up to one hundred three million seven hundred fifty thousand  
55 dollars for the period January first, two thousand eight through Decem-  
56 ber 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 the tobacco control and insurance initiatives pool established for the following periods in the following amounts:

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(o) Funds shall be reserved and accumulated and shall be transferred 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;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

28   (x) up to thirty-two million five hundred thousand dollars for the  
29   period January first, two thousand eleven through March thirty-first,  
30   two thousand eleven[.]; AND

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

34   (w) Funds shall be deposited by the commissioner, within amounts  
35   appropriated, and the state comptroller is hereby authorized and  
36   directed to receive for deposit to the credit of the state special  
37   revenue 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 treatment of breast and cervical cancer pursuant to para-  
40   graph (v) of subdivision four of section three hundred sixty-six of the  
41   social services law, from the tobacco control and insurance initiatives  
42   pool established for the following periods in the following amounts:

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

one million persons and computed and distributed in accordance with memorandums of understanding to be entered into between the state of New York and such local social service districts for the purpose of supporting the recruitment and retention of personal care service workers or any worker with direct patient care responsibility, from the tobacco control and insurance initiatives pool established for the following periods and the following amounts:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(cc) 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 adjustments to Medicaid rates of payment for personal care services provided pursuant to paragraph (e) of subdivision two of section three hundred sixty-five-a of the social services law, for local social service districts which shall not include a city with a population of over one million persons for the purpose of supporting the personal care services worker recruitment and retention program as established pursuant to section three hundred sixty-seven-q of the social services law, from the tobacco control and insurance initiatives pool established for the following periods and the following amounts:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(ii) Funding for the family health plus program will include up to five million dollars annually for the period January first, two thousand three through December thirty-first, two thousand six, up to five million dollars for the period January first, two thousand seven through December thirty-first, two thousand seven, up to seven million two hundred thousand dollars for the period January first, two thousand eight through December thirty-first, two thousand eight, up to seven million two hundred thousand dollars for the period January first, two thousand nine through December thirty-first, two thousand nine, up to seven million two hundred thousand dollars for the period January first, two thousand ten through December thirty-first, two thousand ten, [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;

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

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

7 (F) five hundred seventy million twenty-five thousand dollars for the  
8 period January first, two thousand eight through December thirty-first,  
9 two thousand eight;

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

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

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

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

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

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

28 (nn) 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 fund - other, HCRA transfer fund, health care services account,  
32 or any successor fund or account, for purposes related to adult home  
33 initiatives for medicaid eligible residents of residential facilities  
34 licensed pursuant to section four hundred sixty-b of the social services  
35 law from the tobacco control and insurance initiatives pool established  
36 for the following periods in the following amounts:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(pp) 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 provision of tax credits for long term care insurance pursuant to subdivision one of section one hundred ninety of the tax law, paragraph (a) of subdivision twenty-five-a of section two hundred ten of such law, subsection (aa) of section six hundred six of such law, paragraph one of subsection (k) of section fourteen hundred fifty-six of such law and paragraph one of subdivision (m) of section fifteen hundred eleven of such law, in the following amounts:

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

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

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

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

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

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

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

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

49 (iv) up to five million dollars for the period January first, two  
50 thousand seven through December thirty-first, two thousand seven; of  
51 such funds one million nine hundred fifty thousand dollars shall be made  
52 available to the department for the purpose of developing, implementing  
53 and administering the long-term care insurance education and outreach  
54 program and three million fifty thousand dollars shall be made available  
55 to the office for the aging for the purpose of providing the long term

1 care insurance resource centers with the necessary resources to carry  
2 out their operations;

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

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

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

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

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

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

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

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

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

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

45 (ss) Funds shall be reserved and accumulated from the tobacco control  
46 and insurance initiatives pool and used for a health care stabilization  
47 program established by the commissioner for the purposes of stabilizing  
48 critical health care providers and health care programs whose ability to  
49 continue to provide appropriate services are threatened by financial or  
50 other challenges, in the amount of up to twenty-eight million dollars  
51 for the period July first, two thousand four through June thirtieth, two  
52 thousand five. Notwithstanding the provisions of section one hundred  
53 twelve of the state finance law or any other inconsistent provision of  
54 the state finance law or any other law, funds available for distribution  
55 pursuant to this paragraph may be allocated and distributed by the  
56 commissioner, or the state comptroller as applicable without a compet-



1 itive bid or request for proposal process. Considerations relied upon by  
2 the commissioner in determining the allocation and distribution of these  
3 funds shall include, but not be limited to, the following: (i) the  
4 importance of the provider or program in meeting critical health care  
5 needs in the community in which it operates; (ii) the provider or  
6 program provision of care to under-served populations; (iii) the quality  
7 of the care or services the provider or program delivers; (iv) the abil-  
8 ity of the provider or program to continue to deliver an appropriate  
9 level of care or services if additional funding is made available; (v)  
10 the ability of the provider or program to access, in a timely manner,  
11 alternative sources of funding, including other sources of government  
12 funding; (vi) the ability of other providers or programs in the communi-  
13 ty to meet the community health care needs; (vii) whether the provider  
14 or program has an appropriate plan to improve its financial condition;  
15 and (viii) whether additional funding would permit the provider or  
16 program to consolidate, relocate, or close programs or services where  
17 such actions would result in greater stability and efficiency in the  
18 delivery of needed health care services or programs.

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

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

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

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

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

33 (v) up to two hundred fifty thousand dollars for the period January  
34 first, two thousand eight through March thirty-first, two thousand  
35 eight.

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

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

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

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

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

(vi) seven million eight hundred thirty-three thousand three hundred thirty-three dollars for the period January first, two thousand nine through December thirty-first, two thousand nine, of which seven million five hundred thousand dollars shall be available for disease management demonstration programs and three hundred thirty-three thousand three hundred thirty-three dollars shall be available for telemedicine demonstration programs for the period January first, two thousand nine through March first, two thousand nine;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

42 (iv) one hundred seventy-one million five hundred thousand dollars for  
43 the period January first, two thousand eight through December thirty-  
44 first, two thousand eight;

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

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

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

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

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

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

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

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

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

workers pursuant to subdivisions nine and ten of section thirty-six hundred fourteen of this chapter from the tobacco control and insurance initiatives pool established for the following periods in the following amounts:

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

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

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

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

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

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

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

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

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

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

(ggg) Funds shall be deposited by the commissioner, within amounts appropriated, and the state comptroller is hereby authorized and directed to receive for deposit to the credit of the state special revenue fund - other, HCRA transfer fund, medical assistance account, or any successor fund or account, for the purpose of supporting the state share of Medicaid expenditures for hospital translation services as

1 authorized pursuant to paragraph (k) of subdivision one of section twen-  
2 ty-eight hundred seven-c of this article from the tobacco control and  
3 initiatives pool established for the following periods in the following  
4 amounts:

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

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

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

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

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

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

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

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

51 (a) For the purpose of regulating cash flow for general hospitals, the  
52 department shall develop and implement a payment methodology to provide  
53 for timely payments for inpatient hospital services eligible for case  
54 based payments per discharge based on diagnosis-related groups provided  
55 during the period January first, nineteen hundred eighty-eight through

1 March thirty-first two thousand [eleven] FOURTEEN, by such hospitals  
2 which elect to participate in the system.

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

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

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

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

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

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

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

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

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

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

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



1 30, 1998, between July 1, 1998 and June 30, 1999, between July 1, 1999  
2 and June 30, 2000, between July 1, 2000 and June 30, 2001, between July  
3 1, 2001 and June 30, 2002, between July 1, 2002 and June 30, 2003,  
4 between July 1, 2003 and June 30, 2004, between July 1, 2004 and June  
5 30, 2005, between July 1, 2005 and June 30, 2006, between July 1, 2006  
6 and June 30, 2007, between July 1, 2007 and June 30, 2008, between July  
7 1, 2008 and June 30, 2009, between July 1, 2009 and June 30, 2010, [and]  
8 between July 1, 2010 and June 30, 2011, BETWEEN JULY 1, 2011 AND JUNE  
9 30, 2012, BETWEEN JULY 1, 2012 AND JUNE 30, 2013 AND BETWEEN JULY 1,  
10 2013 AND JUNE 30, 2014 for physicians or dentists certified as eligible  
11 for each such period or periods pursuant to subdivision [(2)] 2 of this  
12 section by a general hospital licensed pursuant to article 28 of the  
13 public health law; provided that no single insurer shall write more than  
14 fifty percent of the total excess premium for a given policy year; and  
15 provided, however, that such eligible physicians or dentists must have  
16 in force an individual policy, from an insurer licensed in this state of  
17 primary malpractice insurance coverage in amounts of no less than one  
18 million three hundred thousand dollars for each claimant and three  
19 million nine hundred thousand dollars for all claimants under that poli-  
20 cy during the period of such excess coverage for such occurrences or be  
21 endorsed as additional insureds under a hospital professional liability  
22 policy which is offered through a voluntary attending physician ("chan-  
23 neling") program previously permitted by the superintendent of insurance  
24 during the period of such excess coverage for such occurrences. During  
25 such period, such policy for excess coverage or such equivalent excess  
26 coverage shall, when combined with the physician's or dentist's primary  
27 malpractice insurance coverage or coverage provided through a voluntary  
28 attending physician ("channeling") program, total an aggregate level of  
29 two million three hundred thousand dollars for each claimant and six  
30 million nine hundred thousand dollars for all claimants from all such  
31 policies with respect to occurrences in each of such years provided,  
32 however, if the cost of primary malpractice insurance coverage in excess  
33 of one million dollars, but below the excess medical malpractice insur-  
34 ance coverage provided pursuant to this act, exceeds the rate of nine  
35 percent per annum, then the required level of primary malpractice insur-  
36 ance coverage in excess of one million dollars for each claimant shall  
37 be in an amount of not less than the dollar amount of such coverage  
38 available at nine percent per annum; the required level of such coverage  
39 for all claimants under that policy shall be in an amount not less than  
40 three times the dollar amount of coverage for each claimant; and excess  
41 coverage, when combined with such primary malpractice insurance cover-  
42 age, shall increase the aggregate level for each claimant by one million  
43 dollars and three million dollars for all claimants; and provided  
44 further, that, with respect to policies of primary medical malpractice  
45 coverage that include occurrences between April 1, 2002 and June 30,  
46 2002, such requirement that coverage be in amounts no less than one  
47 million three hundred thousand dollars for each claimant and three  
48 million nine hundred thousand dollars for all claimants for such occur-  
49 rences shall be effective April 1, 2002.

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

55 (3)(a) The superintendent of insurance shall determine and certify to  
56 each general hospital and to the commissioner of health the cost of

1 excess malpractice insurance for medical or dental malpractice occur-  
2 rences between July 1, 1986 and June 30, 1987, between July 1, 1988 and  
3 June 30, 1989, between July 1, 1989 and June 30, 1990, between July 1,  
4 1990 and June 30, 1991, between July 1, 1991 and June 30, 1992, between  
5 July 1, 1992 and June 30, 1993, between July 1, 1993 and June 30, 1994,  
6 between July 1, 1994 and June 30, 1995, between July 1, 1995 and June  
7 30, 1996, between July 1, 1996 and June 30, 1997, between July 1, 1997  
8 and June 30, 1998, between July 1, 1998 and June 30, 1999, between July  
9 1, 1999 and June 30, 2000, between July 1, 2000 and June 30, 2001,  
10 between July 1, 2001 and June 30, 2002, between July 1, 2002 and June  
11 30, 2003, between July 1, 2003 and June 30, 2004, between July 1, 2004  
12 and June 30, 2005, between July 1, 2005 and June 30, 2006, between July  
13 1, 2006 and June 30, 2007, between July 1, 2007 and June 30, 2008,  
14 between July 1, 2008 and June 30, 2009, between July 1, 2009 and June  
15 30, 2010, [and] between July 1, 2010 and June 30, 2011, BETWEEN JULY 1,  
16 2011 AND JUNE 30, 2012, BETWEEN JULY 1, 2012 AND JUNE 30, 2013, AND  
17 BETWEEN JULY 1, 2013 AND JUNE 30, 2014 allocable to each general hospi-  
18 tal for physicians or dentists certified as eligible for purchase of a  
19 policy for excess insurance coverage by such general hospital in accord-  
20 ance with subdivision [(2)] 2 of this section, and may amend such deter-  
21 mination and certification as necessary.

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

1 30, 1994, to the period July 1, 1994 to December 31, 1994, to the period  
2 January 1, 1995 to June 30, 1995, to the period July 1, 1995 to December  
3 31, 1995, to the period January 1, 1996 to June 30, 1996, to the period  
4 July 1, 1996 to December 31, 1996, to the period January 1, 1997 to June  
5 30, 1997, to the period July 1, 1997 to December 31, 1997, to the period  
6 January 1, 1998 to June 30, 1998, to the period July 1, 1998 to December  
7 31, 1998, to the period January 1, 1999 to June 30, 1999, to the period  
8 July 1, 1999 to December 31, 1999, to the period January 1, 2000 to June  
9 30, 2000, to the period July 1, 2000 to December 31, 2000, to the period  
10 January 1, 2001 to June 30, 2001, to the period July 1, 2001 to June 30,  
11 2002, to the period July 1, 2002 to June 30, 2003, to the period July 1,  
12 2003 to June 30, 2004, to the period July 1, 2004 to June 30, 2005, to  
13 the period July 1, 2005 and June 30, 2006, to the period July 1, 2006  
14 and June 30, 2007, to the period July 1, 2007 and June 30, 2008, to the  
15 period July 1, 2008 and June 30, 2009, to the period July 1, 2009 and  
16 June 30, 2010, [and] to the period July 1, 2010 and June 30, 2011, TO  
17 THE PERIOD JULY 1, 2011 AND JUNE 30, 2012, TO THE PERIOD JULY 1, 2012  
18 AND JUNE 30, 2013, AND TO THE PERIOD JULY 1, 2013 AND JUNE 30, 2014.

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

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

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

1 the period July 1, 1993 to June 30, 1994, or covering the period July 1,  
2 1994 to June 30, 1995, or covering the period July 1, 1995 to June 30,  
3 1996, or covering the period July 1, 1996 to June 30, 1997, or covering  
4 the period July 1, 1997 to June 30, 1998, or covering the period July 1,  
5 1998 to June 30, 1999, or covering the period July 1, 1999 to June 30,  
6 2000, or covering the period July 1, 2000 to June 30, 2001, or covering  
7 the period July 1, 2001 to October 29, 2001, or covering the period  
8 April 1, 2002 to June 30, 2002, or covering the period July 1, 2002 to  
9 June 30, 2003, or covering the period July 1, 2003 to June 30, 2004, or  
10 covering the period July 1, 2004 to June 30, 2005, or covering the peri-  
11 od July 1, 2005 to June 30, 2006, or covering the period July 1, 2006 to  
12 June 30, 2007, or covering the period July 1, 2007 to June 30, 2008, or  
13 covering the period July 1, 2008 to June 30, 2009, or covering the peri-  
14 od July 1, 2009 to June 30, 2010, or covering the period July 1, 2010 to  
15 June 30, 2011, OR COVERING THE PERIOD JULY 1, 2011 TO JUNE 30, 2012, OR  
16 COVERING THE PERIOD JULY 1, 2012 TO JUNE 30, 2013, OR COVERING THE PERI-  
17 OD JULY 1, 2013 TO JUNE 30, 2014 shall notify a covered physician or  
18 dentist by mail, mailed to the address shown on the last application for  
19 excess insurance coverage or equivalent excess coverage, of the amount  
20 due to such provider from such physician or dentist for such coverage  
21 period determined in accordance with paragraph (a) of this subdivision.  
22 Such amount shall be due from such physician or dentist to such provider  
23 of excess insurance coverage or equivalent excess coverage in a time and  
24 manner determined by the superintendent of insurance.

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

54 (d) Each provider of excess insurance coverage or equivalent excess  
55 coverage shall notify the superintendent of insurance and the commis-  
56 sioner of health or their designee of each physician and dentist eligi-

1 ble for purchase of a policy for excess insurance coverage or equivalent  
2 excess coverage covering the period July 1, 1992 to June 30, 1993, or  
3 covering the period July 1, 1993 to June 30, 1994, or covering the peri-  
4 od July 1, 1994 to June 30, 1995, or covering the period July 1, 1995 to  
5 June 30, 1996, or covering the period July 1, 1996 to June 30, 1997, or  
6 covering the period July 1, 1997 to June 30, 1998, or covering the peri-  
7 od July 1, 1998 to June 30, 1999, or covering the period July 1, 1999 to  
8 June 30, 2000, or covering the period July 1, 2000 to June 30, 2001, or  
9 covering the period July 1, 2001 to October 29, 2001, or covering the  
10 period April 1, 2002 to June 30, 2002, or covering the period July 1,  
11 2002 to June 30, 2003, or covering the period July 1, 2003 to June 30,  
12 2004, or covering the period July 1, 2004 to June 30, 2005, or covering  
13 the period July 1, 2005 to June 30, 2006, or covering the period July 1,  
14 2006 to June 30, 2007, or covering the period July 1, 2007 to June 30,  
15 2008, or covering the period July 1, 2008 to June 30, 2009, or covering  
16 the period July 1, 2009 to June 30, 2010, or covering the period July 1,  
17 2010 to June 30, 2011, OR COVERING THE PERIOD JULY 1, 2011 TO JUNE 30,  
18 2012, OR COVERING THE PERIOD JULY 1, 2012 TO JUNE 30, 2013, OR COVERING  
19 THE PERIOD JULY 1, 2013 TO JUNE 30, 2014 that has made payment to such  
20 provider of excess insurance coverage or equivalent excess coverage in  
21 accordance with paragraph (b) of this subdivision and of each physician  
22 and dentist who has failed, refused or neglected to make such payment.

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

1 July 1, 2009 to June 30, 2010, and covering the period July 1, 2010 to  
2 June 30, 2011, AND COVERING THE PERIOD JULY 1, 2011 TO JUNE 30, 2012,  
3 AND COVERING THE PERIOD JULY 1, 2012 TO JUNE 30, 2013, AND COVERING THE  
4 PERIOD JULY 1, 2013 TO JUNE 30, 2014 for a physician or dentist where  
5 such excess insurance coverage or equivalent excess coverage is  
6 cancelled in accordance with paragraph (c) of this subdivision.

7 S 18. Section 40 of chapter 266 of the laws of 1986, amending the  
8 civil practice law and rules and other laws relating to malpractice and  
9 professional medical conduct, as amended by chapter 216 of the laws of  
10 2009, is amended to read as follows:

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

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

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

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

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

32 S 5. The superintendent of insurance and the commissioner of health  
33 shall determine, no later than June 15, 2002, June 15, 2003, June 15,  
34 2004, June 15, 2005, June 15, 2006, June 15, 2007, June 15, 2008, June  
35 15, 2009, June 15, 2010, [and] June 15, 2011, JUNE 15, 2012, JUNE 15,  
36 2013, AND JUNE 15, 2014, the amount of funds available in the hospital  
37 excess liability pool, created pursuant to section 18 of chapter 266 of  
38 the laws of 1986, and whether such funds are sufficient for purposes of  
39 purchasing excess insurance coverage for eligible participating physi-  
40 cians and dentists during the period July 1, 2001 to June 30, 2002, or  
41 July 1, 2002 to June 30, 2003, or July 1, 2003 to June 30, 2004, or July  
42 1, 2004 to June 30, 2005, or July 1, 2005 to June 30, 2006, or July 1,  
43 2006 to June 30, 2007, or July 1, 2007 to June 30, 2008, or July 1, 2008  
44 to June 30, 2009, or July 1, 2009 to June 30, 2010, or July 1, 2010 to  
45 June 30, 2011, OR JULY 1, 2011 TO JUNE 30, 2012, OR JULY 1, 2012 TO JUNE  
46 30, 2013, OR JULY 1, 2013 TO JUNE 30, 2014, as applicable.

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

30, 2004, or July 1, 2004 to June 30, 2005, or July 1, 2005 to June 30, 2006, or July 1, 2006 to June 30, 2007, or July 1, 2007 to June 30, 2008, or July 1, 2008 to June 30, 2009, or July 1, 2009 to June 30, 2010, or July 1, 2010 to June 30, 2011, OR JULY 1, 2011 TO JUNE 30, 2012, OR JULY 1, 2012 TO JUNE 30, 2013, OR JULY 1, 2013 TO JUNE 30, 2014, as applicable.

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

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

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

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

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

(j) for the period April first, two thousand ten through March thirty-first, two thousand eleven, twenty-eight million five hundred thousand dollars[.];

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

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

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

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



(f) for the period April first, two thousand ten through March thirty-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

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

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

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

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

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

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

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

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

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

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

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

(g) Diversity in medicine/post-baccalaureate program. Notwithstanding any inconsistent provision of section one hundred twelve or one hundred sixty-three of the state finance law or any other law, one million nine hundred sixty thousand dollars annually for the period January first, two thousand eight through December thirty-first, two thousand ten, [and] four hundred ninety thousand dollars for the period January first, two thousand eleven through March thirty-first, two thousand eleven, AND ONE MILLION SEVEN HUNDRED THOUSAND DOLLARS EACH STATE FISCAL YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND ELEVEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND FOURTEEN, shall be set aside and reserved by the commissioner from the regional pools established pursuant to subdivision two of this section and shall be available for distributions to the Associated Medical Schools of New York to fund its diversity program including existing and new post-baccalaureate programs for minority and econom-

1 ically disadvantaged students and encourage participation from all  
2 medical schools in New York. The associated medical schools of New York  
3 shall report to the commissioner on an annual basis regarding the use of  
4 funds for such purpose in such form and manner as specified by the  
5 commissioner.

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

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

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

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

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

35 S 28. Subdivision 3 and paragraph (a) of subdivision 4 of section  
36 2807-k of the public health law, as amended by section 15 of part C of  
37 chapter 58 of the laws of 2010, are amended to read as follows:

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

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

54 S 29. The opening paragraph, paragraph (a) of subdivision 1 and subdi-  
55 vision 2 of section 2807-w of the public health law, as amended by

1 section 14 of part C of chapter 58 of the laws of 2010, are amended to  
2 read as follows:

3 Funds allocated pursuant to paragraph (p) of subdivision one of  
4 section twenty-eight hundred seven-v of this article, shall be deposited  
5 as authorized and used for the purpose of making medicaid dispropor-  
6 tionate share payments of up to eighty-two million dollars on an annual-  
7 ized basis pursuant to subdivision twenty-one of section twenty-eight  
8 hundred seven-c of this article, for the period January first, two thou-  
9 sand through March thirty-first, two thousand [eleven] FOURTEEN, in  
10 accordance with the following:

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

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

33 S 30. Subparagraph (v) of paragraph (a) of subdivision 3 of section  
34 2807-j of the public health law, as added by chapter 639 of the laws of  
35 1996, is amended to read as follows:

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

38 S 31. Clause (D) of subparagraph (ii) of paragraph (b) of subdivision  
39 3 of section 2807-j of the public health law, as added by chapter 639 of  
40 the laws of 1996, is amended to read as follows:

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

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

49 S 33. Notwithstanding any inconsistent provision of law, rule or regu-  
50 lation, the effectiveness of the provisions of sections 2807 and 3614 of  
51 the public health law, section 18 of chapter 2 of the laws of 1988, and  
52 18 NYCRR 505.14(h), as they relate to time frames for notice, approval  
53 or certification of rates of payment, are hereby suspended and without  
54 force or effect for purposes of implementing the provisions of this act.

55 S 34. Severability clause. If any clause, sentence, paragraph, subdi-  
56 vision, 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 judgement 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

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

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

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



ly on reported 1995 reconciled data as further reconciled to actual reported 2001 data, for 2002 based initially on reported 2000 reconciled data as further reconciled to actual reported 2002 data, and for state fiscal years beginning on April 1, 2005, based initially on reported 2000 reconciled data as further reconciled to actual reported data for 2005, and for state fiscal years beginning on April 1, 2006, based initially on reported 2000 reconciled data as further reconciled to actual reported data for 2006, for state fiscal years beginning on and after April 1, 2007 through March 31, 2009, based initially on reported 2000 reconciled data as further reconciled to actual reported data for 2007 and 2008, respectively, for state fiscal years beginning on and after April 1, 2009, based initially on reported 2007 reconciled data, adjusted for authorized Medicaid rate changes applicable to the state fiscal year, and as further reconciled to actual reported data for 2009, for state fiscal years beginning on and after April 1, 2010, based initially on reported reconciled data from the base year two years prior to the payment year, adjusted for authorized Medicaid rate changes applicable to the state fiscal year, and further reconciled to actual reported data from such payment year, and to actual reported data for each respective succeeding year. The payments may be added to rates of payment or made as aggregate payments to an eligible public general hospital.

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

S 11. This act shall take effect immediately and:

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

(b) sections four through ten shall expire on June 30, [2011] 2013, and

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

S 4. Subdivision 2 of section 246 of chapter 81 of the laws of 1995, amending the public health law and other laws relating to medical reimbursement and welfare reform, as amended by section 15 of part B of chapter 58 of the laws of 2009, is amended to read as follows:

2. Sections five, seven through nine, twelve through fourteen, and eighteen of this act shall be deemed to have been in full force and effect on and after April 1, 1995 through March 31, 1999 and on and after July 1, 1999 through March 31, 2000 and on and after April 1, 2000 through March 31, 2003 and on and after April 1, 2003 through March 31, 2006 and on and after April 1, 2006 through March 31, 2007 and on and after April 1, 2007 through March 31, 2009 and on and after April 1, 2009 through March 31, 2011 AND SECTIONS TWELVE, THIRTEEN AND FOURTEEN OF THIS ACT SHALL BE DEEMED TO BE IN FULL FORCE AND EFFECT ON AND AFTER APRIL 1, 2011;

S 5. Intentionally omitted.

S 6. Intentionally omitted.

S 7. Paragraphs (a) and (e) of subdivision 8 of section 2807-c of the public health law, paragraph (a) as amended by chapter 731 of the laws of 1993 and paragraph (e) as added by chapter 81 of the laws of 1995, are amended to read as follows:

1 (a) Capital related inpatient expenses including but not limited to  
2 straight line depreciation on buildings and non-movable equipment,  
3 accelerated depreciation on major movable equipment if requested by the  
4 hospital, rentals and interest on capital debt (or for hospitals  
5 financed pursuant to article twenty-eight-B of this chapter, such  
6 expenses, including amortization in lieu of depreciation, as determined  
7 pursuant to the reimbursement regulations promulgated pursuant to such  
8 article and article twenty-eight of this chapter), [and excluding costs  
9 related to services provided to beneficiaries of title XVIII of the  
10 federal social security act (medicare),] shall be included in rates of  
11 payment determined pursuant to this section based on a budget for capi-  
12 tal related inpatient expenses and subsequently reconciled to actual  
13 expenses and statistics through appropriate audit procedures. General  
14 hospitals shall submit to the commissioner, at least one hundred twenty  
15 days prior to the commencement of each year, a schedule of capital  
16 related inpatient expenses for the forthcoming year. Any capital expend-  
17 iture which requires or required approval pursuant to this article must  
18 have received such approval for any capital related expense generated by  
19 such capital expenditure to be included in rates of payment. The basis  
20 for determining capital related inpatient expenses shall be the lesser  
21 of actual cost or the final amount specifically approved for the  
22 construction of the capital asset. The submitted budget may include the  
23 capital related inpatient expenses for all existing capital assets as  
24 well as estimates of capital related inpatient expenses for capital  
25 assets to be acquired or placed in use prior to the commencement of the  
26 rate year or during the rate year provided all required approvals have  
27 been obtained.

28 The council shall adopt, with the approval of the commissioner, regu-  
29 lations to:

- 30 (i) identify by type the eligible capital related inpatient expenses;  
31 (ii) safeguard the future financial viability of voluntary, non-profit  
32 general hospitals by requiring funding of inpatient depreciation on  
33 building and fixed and movable equipment;  
34 (iii) provide authorization to adjust inpatient rates by advancing  
35 payment of depreciation as needed, in instances of capital debt related  
36 financial distress of voluntary, non-profit general hospitals; and  
37 (iv) provide a methodology for the reimbursement treatment of sales.  
38 (e) Notwithstanding any inconsistent provision of this subdivision,  
39 commencing April first, nineteen hundred ninety-five, when a factor for  
40 reconciliation of budgeted capital related inpatient expenses to actual  
41 capital related inpatient expenses [excluding costs related to services  
42 provided to beneficiaries of title XVIII of the federal social security  
43 act (medicare)] for a prior year is included in the capital related  
44 inpatient expenses component of rates of payment, such capital related  
45 inpatient expenses component of rates of payment shall be reduced by the  
46 commissioner by the difference between the reconciled capital related  
47 inpatient expenses included in rates of payment determined in accordance  
48 with paragraphs (a), (b) and (c) of this subdivision for such prior year  
49 and capital related inpatient expenses for such prior year calculated  
50 [based on a determination of costs related to services provided to bene-  
51 ficiaries of title XVIII of the federal social security act (medicare)]  
52 based on the hospital's average capital related inpatient expenses  
53 computed on a per diem basis.

54 S 8. Paragraph (d) of subdivision 8 of section 2807-c of the public  
55 health law is REPEALED.

1 S 9. Section 194 of chapter 474 of the laws of 1996, amending the  
2 education law and other laws relating to rates for residential health  
3 care facilities, as amended by section 24 of part B of chapter 58 of the  
4 laws of 2009, is amended to read as follows:

5 S 194. 1. Notwithstanding any inconsistent provision of law or regu-  
6 lation, the trend factors used to project reimbursable operating costs  
7 to the rate period for purposes of determining rates of payment pursuant  
8 to article 28 of the public health law for residential health care  
9 facilities for reimbursement of inpatient services provided to patients  
10 eligible for payments made by state governmental agencies on and after  
11 April 1, 1996 through March 31, 1999 and for payments made on and after  
12 July 1, 1999 through March 31, 2000 and on and after April 1, 2000  
13 through March 31, 2003 and on and after April 1, 2003 through March 31,  
14 2007 and on and after April 1, 2007 through March 31, 2009 and on and  
15 after April 1, 2009 through March 31, 2011 AND ON AND AFTER APRIL 1,  
16 2011 shall reflect no trend factor projections or adjustments for the  
17 period April 1, 1996, through March 31, 1997.

18 2. The commissioner of health shall adjust such rates of payment to  
19 reflect the exclusion pursuant to this section of such specified trend  
20 factor projections or adjustments.

21 S 10. Subdivision 1 of section 89-a of part C of chapter 58 of the  
22 laws of 2007, amending the social services law and other laws relating  
23 to enacting the major components of legislation necessary to implement  
24 the health and mental hygiene budget for the 2007-2008 state fiscal  
25 year, as amended by section 25 of part B of chapter 58 of the laws of  
26 2009, is amended to read as follows:

27 1. Notwithstanding paragraph (c) of subdivision 10 of section 2807-c  
28 of the public health law and section 21 of chapter 1 of the laws of  
29 1999, as amended, and any other inconsistent provision of law or regu-  
30 lation to the contrary, in determining rates of payments by state  
31 governmental agencies effective for services provided beginning April 1,  
32 2006, through March 31, 2009, and on and after April 1, 2009 through  
33 March 31, 2011, AND ON AND AFTER APRIL 1, 2011 for inpatient and outpa-  
34 tient services provided by general hospitals and for inpatient services  
35 and outpatient adult day health care services provided by residential  
36 health care facilities pursuant to article 28 of the public health law,  
37 the commissioner of health shall apply a trend factor projection of two  
38 and twenty-five hundredths percent attributable to the period January 1,  
39 2006 through December 31, 2006, and on and after January 1, 2007,  
40 provided, however, that on reconciliation of such trend factor for the  
41 period January 1, 2006 through December 31, 2006 pursuant to paragraph  
42 (c) of subdivision 10 of section 2807-c of the public health law, such  
43 trend factor shall be the final US Consumer Price Index (CPI) for all  
44 urban consumers, as published by the US Department of Labor, Bureau of  
45 Labor Statistics less twenty-five hundredths of a percentage point.

46 S 11. Paragraph (f) of subdivision 1 of section 64 of chapter 81 of  
47 the laws of 1995, amending the public health law and other laws relating  
48 to medical reimbursement and welfare reform, as amended by section 26 of  
49 part B of chapter 58 of the laws of 2009, is amended to read as follows:

50 (f) Prior to February 1, 2001, February 1, 2002, February 1, 2003,  
51 February 1, 2004, February 1, 2005, February 1, 2006, February 1, 2007,  
52 February 1, 2008, February 1, 2009, February 1, 2010, [and] February 1,  
53 2011, FEBRUARY 1, 2012, AND FEBRUARY 1, 2013 the commissioner of health  
54 shall calculate the result of the statewide total of residential health  
55 care facility days of care provided to beneficiaries of title XVIII of  
56 the federal social security act (medicare), divided by the sum of such

1 days of care plus days of care provided to residents eligible for  
2 payments pursuant to title 11 of article 5 of the social services law  
3 minus the number of days provided to residents receiving hospice care,  
4 expressed as a percentage, for the period commencing January 1, through  
5 November 30, of the prior year respectively, based on such data for such  
6 period. This value shall be called the 2000, 2001, 2002, 2003, 2004,  
7 2005, 2006, 2007, 2008, 2009, 2010 [and], 2011, 2012, AND 2013 statewide  
8 target percentage respectively.

9 S 12. Subparagraph (ii) of paragraph (b) of subdivision 3 of section  
10 64 of chapter 81 of the laws of 1995, amending the public health law and  
11 other laws relating to medical reimbursement and welfare reform, as  
12 amended by section 27 of part B of chapter 58 of the laws of 2009, is  
13 amended to read as follows:

14 (ii) If the 1997, 1998, 2000, 2001, 2002, 2003, 2004, 2005, 2006,  
15 2007, 2008, 2009, 2010 [and], 2011, 2012, AND 2013 statewide target  
16 percentages are not for each year at least three percentage points high-  
17 er than the statewide base percentage, the commissioner of health shall  
18 determine the percentage by which the statewide target percentage for  
19 each year is not at least three percentage points higher than the state-  
20 wide base percentage. The percentage calculated pursuant to this para-  
21 graph shall be called the 1997, 1998, 2000, 2001, 2002, 2003, 2004,  
22 2005, 2006, 2007, 2008, 2009, 2010 [and], 2011, 2012, AND 2013 statewide  
23 reduction percentage respectively. If the 1997, 1998, 2000, 2001, 2002,  
24 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010 [and], 2011, 2012, AND  
25 2013 statewide target percentage for the respective year is at least  
26 three percentage points higher than the statewide base percentage, the  
27 statewide reduction percentage for the respective year shall be zero.

28 S 13. Subparagraph (iii) of paragraph (b) of subdivision 4 of section  
29 64 of chapter 81 of the laws of 1995, amending the public health law and  
30 other laws relating to medical reimbursement and welfare reform, as  
31 amended by section 28 of part B of chapter 58 of the laws of 2009, is  
32 amended to read as follows:

33 (iii) The 1998, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008,  
34 2009, 2010 [and], 2011, 2012, AND 2013 statewide reduction percentage  
35 shall be multiplied by one hundred two million dollars respectively to  
36 determine the 1998, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007,  
37 2008, 2009, 2010 [and], 2011, 2012, AND 2013 statewide aggregate  
38 reduction amount. If the 1998 and the 2000, 2001, 2002, 2003, 2004,  
39 2005, 2006, 2007, 2008, 2009, 2010 [and], 2011, 2012, AND 2013 statewide  
40 reduction percentage shall be zero respectively, there shall be no 1998,  
41 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010 [and],  
42 2011, 2012, AND 2013 reduction amount.

43 S 14. Paragraph (b) of subdivision 5 of section 64 of chapter 81 of  
44 the laws of 1995, amending the public health law and other laws relating  
45 to medical reimbursement and welfare reform, as amended by section 29 of  
46 part B of chapter 58 of the laws of 2009, is amended to read as follows:

47 (b) The 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005,  
48 2006, 2007, 2008, 2009, 2010 [and], 2011, 2012, AND 2013 statewide  
49 aggregate reduction amounts shall for each year be allocated by the  
50 commissioner of health among residential health care facilities that are  
51 eligible to provide services to beneficiaries of title XVIII of the  
52 federal social security act (medicare) and residents eligible for  
53 payments pursuant to title 11 of article 5 of the social services law on  
54 the basis of the extent of each facility's failure to achieve a two  
55 percentage points increase in the 1996 target percentage, a three  
56 percentage point increase in the 1997, 1998, 2000, 2001, 2002, 2003,

1 2004, 2005, 2006, 2007, 2008, 2009, 2010 [and], 2011, 2012, AND 2013  
2 target percentage and a two and one-quarter percentage point increase in  
3 the 1999 target percentage for each year, compared to the base percent-  
4 age, calculated on a facility specific basis for this purpose, compared  
5 to the statewide total of the extent of each facility's failure to  
6 achieve a two percentage points increase in the 1996 and a three  
7 percentage point increase in the 1997 and a three percentage point  
8 increase in the 1998 and a two and one-quarter percentage point increase  
9 in the 1999 target percentage and a three percentage point increase in  
10 the 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010  
11 [and], 2011, 2012, AND 2013 target percentage compared to the base  
12 percentage. These amounts shall be called the 1996, 1997, 1998, 1999,  
13 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010 [and],  
14 2011, 2012, AND 2013 facility specific reduction amounts respectively.

15 S 14-a. Section 228 of chapter 474 of the laws of 1996, amending the  
16 education law and other laws relating to rates for residential health  
17 care facilities, as amended by section 30 of part B of chapter 58 of the  
18 laws of 2009, is amended to read as follows:

19 S 228. 1. Definitions. (a) Regions, for purposes of this section,  
20 shall mean a downstate region to consist of Kings, New York, Richmond,  
21 Queens, Bronx, Nassau and Suffolk counties and an upstate region to  
22 consist of all other New York state counties. A certified home health  
23 agency or long term home health care program shall be located in the  
24 same county utilized by the commissioner of health for the establishment  
25 of rates pursuant to article 36 of the public health law.

26 (b) Certified home health agency (CHHA) shall mean such term as  
27 defined in section 3602 of the public health law.

28 (c) Long term home health care program (LTHHCP) shall mean such term  
29 as defined in subdivision 8 of section 3602 of the public health law.

30 (d) Regional group shall mean all those CHHAs and LTHHCPs, respective-  
31 ly, located within a region.

32 (e) Medicaid revenue percentage, for purposes of this section, shall  
33 mean CHHA and LTHHCP revenues attributable to services provided to  
34 persons eligible for payments pursuant to title 11 of article 5 of the  
35 social services law divided by such revenues plus CHHA and LTHHCP reven-  
36 ues attributable to services provided to beneficiaries of Title XVIII of  
37 the federal social security act (medicare).

38 (f) Base period, for purposes of this section, shall mean calendar  
39 year 1995.

40 (g) Target period. For purposes of this section, the 1996 target peri-  
41 od shall mean August 1, 1996 through March 31, 1997, the 1997 target  
42 period shall mean January 1, 1997 through November 30, 1997, the 1998  
43 target period shall mean January 1, 1998 through November 30, 1998, the  
44 1999 target period shall mean January 1, 1999 through November 30, 1999,  
45 the 2000 target period shall mean January 1, 2000 through November 30,  
46 2000, the 2001 target period shall mean January 1, 2001 through November  
47 30, 2001, the 2002 target period shall mean January 1, 2002 through  
48 November 30, 2002, the 2003 target period shall mean January 1, 2003  
49 through November 30, 2003, the 2004 target period shall mean January 1,  
50 2004 through November 30, 2004, and the 2005 target period shall mean  
51 January 1, 2005 through November 30, 2005, the 2006 target period shall  
52 mean January 1, 2006 through November 30, 2006, and the 2007 target  
53 period shall mean January 1, 2007 through November 30, 2007 and the 2008  
54 target period shall mean January 1, 2008 through November 30, 2008, and  
55 the 2009 target period shall mean January 1, 2009 through November 30,  
56 2009 and the 2010 target period shall mean January 1, 2010 through

November 30, 2010 and the 2011 target period shall mean January 1, 2011 through November 30, 2011 AND THE 2012 TARGET PERIOD SHALL MEAN JANUARY 1, 2012 THROUGH NOVEMBER 30, 2012 AND THE 2013 TARGET PERIOD SHALL MEAN JANUARY 1, 2013 THROUGH NOVEMBER 30, 2013.

2. (a) Prior to February 1, 1997, for each regional group the commissioner of health shall calculate the 1996 medicaid revenue percentages for the period commencing August 1, 1996 to the last date for which such data is available and reasonably accurate.

(b) Prior to February 1, 1998, prior to February 1, 1999, prior to February 1, 2000, prior to February 1, 2001, prior to February 1, 2002, prior to February 1, 2003, prior to February 1, 2004, prior to February 1, 2005, prior to February 1, 2006, prior to February 1, 2007, prior to February 1, 2008, prior to February 1, 2009, prior to February 1, 2010 [and], prior to February 1, 2011, PRIOR TO FEBRUARY 1, 2012 AND PRIOR TO FEBRUARY 1, 2013 for each regional group the commissioner of health shall calculate the prior year's medicaid revenue percentages for the period commencing January 1 through November 30 of such prior year.

3. By September 15, 1996, for each regional group the commissioner of health shall calculate the base period medicaid revenue percentage.

4. (a) For each regional group, the 1996 target medicaid revenue percentage shall be calculated by subtracting the 1996 medicaid revenue reduction percentages from the base period medicaid revenue percentages. The 1996 medicaid revenue reduction percentage, taking into account regional and program differences in utilization of medicaid and medicare services, for the following regional groups shall be equal to:

(i) one and one-tenth percentage points for CHHAs located within the downstate region;

(ii) six-tenths of one percentage point for CHHAs located within the upstate region;

(iii) one and eight-tenths percentage points for LTHHCPS located within the downstate region; and

(iv) one and seven-tenths percentage points for LTHHCPS located within the upstate region.

(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 target medicaid revenue percentage for the respective year shall be calculated by subtracting the respective year's medicaid revenue reduction percentage from the base period medicaid revenue percentage. The medicaid revenue reduction percentages for 1997, 1998, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010 [and], 2011, 2012, AND 2013 taking into account regional and program differences in utilization of medicaid and medicare services, for the following regional groups shall be equal to for each such year:

(i) one and one-tenth percentage points for CHHAs located within the downstate region;

(ii) six-tenths of one percentage point for CHHAs located within the upstate region;

(iii) one and eight-tenths percentage points for LTHHCPS located within the downstate region; and

(iv) one and seven-tenths percentage points for LTHHCPS located within the upstate region.

(c) For each regional group, the 1999 target medicaid revenue percentage shall be calculated by subtracting the 1999 medicaid revenue reduction percentage from the base period medicaid revenue percentage. The 1999 medicaid revenue reduction percentages, taking into account

1 regional and program differences in utilization of medicaid and medicare  
2 services, for the following regional groups shall be equal to:

3 (i) eight hundred twenty-five thousandths (.825) of one percentage  
4 point for CHHAs located within the downstate region;

5 (ii) forty-five hundredths (.45) of one percentage point for CHHAs  
6 located within the upstate region;

7 (iii) one and thirty-five hundredths percentage points (1.35) for  
8 LTHHCPs located within the downstate region; and

9 (iv) one and two hundred seventy-five thousandths percentage points  
10 (1.275) for LTHHCPs located within the upstate region.

11 5. (a) For each regional group, if the 1996 medicaid revenue percent-  
12 age is not equal to or less than the 1996 target medicaid revenue  
13 percentage, the commissioner of health shall compare the 1996 medicaid  
14 revenue percentage to the 1996 target medicaid revenue percentage to  
15 determine the amount of the shortfall which, when divided by the 1996  
16 medicaid revenue reduction percentage, shall be called the 1996  
17 reduction factor. These amounts, expressed as a percentage, shall not  
18 exceed one hundred percent. If the 1996 medicaid revenue percentage is  
19 equal to or less than the 1996 target medicaid revenue percentage, the  
20 1996 reduction factor shall be zero.

21 (b) For 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006,  
22 2007, 2008, 2009, 2010 [and], 2011, 2012, AND 2013 for each regional  
23 group, if the medicaid revenue percentage for the respective year is not  
24 equal to or less than the target medicaid revenue percentage for such  
25 respective year, the commissioner of health shall compare such respec-  
26 tive year's medicaid revenue percentage to such respective year's target  
27 medicaid revenue percentage to determine the amount of the shortfall  
28 which, when divided by the respective year's medicaid revenue reduction  
29 percentage, shall be called the reduction factor for such respective  
30 year. These amounts, expressed as a percentage, shall not exceed one  
31 hundred percent. If the medicaid revenue percentage for a particular  
32 year is equal to or less than the target medicaid revenue percentage for  
33 that year, the reduction factor for that year shall be zero.

34 6. (a) For each regional group, the 1996 reduction factor shall be  
35 multiplied by the following amounts to determine each regional group's  
36 applicable 1996 state share reduction amount:

37 (i) two million three hundred ninety thousand dollars (\$2,390,000) for  
38 CHHAs located within the downstate region;

39 (ii) seven hundred fifty thousand dollars (\$750,000) for CHHAs located  
40 within the upstate region;

41 (iii) one million two hundred seventy thousand dollars (\$1,270,000)  
42 for LTHHCPs located within the downstate region; and

43 (iv) five hundred ninety thousand dollars (\$590,000) for LTHHCPs  
44 located within the upstate region.

45 For each regional group reduction, if the 1996 reduction factor shall  
46 be zero, there shall be no 1996 state share reduction amount.

47 (b) For 1997, 1998, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007,  
48 2008, 2009, 2010 [and], 2011, 2012, AND 2013 for each regional group,  
49 the reduction factor for the respective year shall be multiplied by the  
50 following amounts to determine each regional group's applicable state  
51 share reduction amount for such respective year:

52 (i) two million three hundred ninety thousand dollars (\$2,390,000) for  
53 CHHAs located within the downstate region;

54 (ii) seven hundred fifty thousand dollars (\$750,000) for CHHAs located  
55 within the upstate region;

1 (iii) one million two hundred seventy thousand dollars (\$1,270,000)  
2 for LTHHCPS located within the downstate region; and

3 (iv) five hundred ninety thousand dollars (\$590,000) for LTHHCPS  
4 located within the upstate region.

5 For each regional group reduction, if the reduction factor for a  
6 particular year shall be zero, there shall be no state share reduction  
7 amount for such year.

8 (c) For each regional group, the 1999 reduction factor shall be multi-  
9 plied by the following amounts to determine each regional group's appli-  
10 cable 1999 state share reduction amount:

11 (i) one million seven hundred ninety-two thousand five hundred dollars  
12 (\$1,792,500) for CHHAs located within the downstate region;

13 (ii) five hundred sixty-two thousand five hundred dollars (\$562,500)  
14 for CHHAs located within the upstate region;

15 (iii) nine hundred fifty-two thousand five hundred dollars (\$952,500)  
16 for LTHHCPS located within the downstate region; and

17 (iv) four hundred forty-two thousand five hundred dollars (\$442,500)  
18 for LTHHCPS located within the upstate region.

19 For each regional group reduction, if the 1999 reduction factor shall  
20 be zero, there shall be no 1999 state share reduction amount.

21 7. (a) For each regional group, the 1996 state share reduction amount  
22 shall be allocated by the commissioner of health among CHHAs and LTHHCPS  
23 on the basis of the extent of each CHHA's and LTHHCP's failure to  
24 achieve the 1996 target medicaid revenue percentage, calculated on a  
25 provider specific basis utilizing revenues for this purpose, expressed  
26 as a proportion of the total of each CHHA's and LTHHCP's failure to  
27 achieve the 1996 target medicaid revenue percentage within the applica-  
28 ble regional group. This proportion shall be multiplied by the applica-  
29 ble 1996 state share reduction amount calculation pursuant to paragraph  
30 (a) of subdivision 6 of this section. This amount shall be called the  
31 1996 provider specific state share reduction amount.

32 (b) For 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006,  
33 2007, 2008, 2009, 2010 [and], 2011, 2012, AND 2013 for each regional  
34 group, the state share reduction amount for the respective year shall be  
35 allocated by the commissioner of health among CHHAs and LTHHCPS on the  
36 basis of the extent of each CHHA's and LTHHCP's failure to achieve the  
37 target medicaid revenue percentage for the applicable year, calculated  
38 on a provider specific basis utilizing revenues for this purpose,  
39 expressed as a proportion of the total of each CHHA's and LTHHCP's fail-  
40 ure to achieve the target medicaid revenue percentage for the applicable  
41 year within the applicable regional group. This proportion shall be  
42 multiplied by the applicable year's state share reduction amount calcu-  
43 lation pursuant to paragraph (b) or (c) of subdivision 6 of this  
44 section. This amount shall be called the provider specific state share  
45 reduction amount for the applicable year.

46 8. (a) The 1996 provider specific state share reduction amount shall  
47 be due to the state from each CHHA and LTHHCP and may be recouped by the  
48 state by March 31, 1997 in a lump sum amount or amounts from payments  
49 due to the CHHA and LTHHCP pursuant to title 11 of article 5 of the  
50 social services law.

51 (b) The provider specific state share reduction amount for 1997, 1998,  
52 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010  
53 [and], 2011, 2012, AND 2013 respectively, shall be due to the state from  
54 each CHHA and LTHHCP and each year the amount due for such year may be  
55 recouped by the state by March 31 of the following year in a lump sum



1 amount or amounts from payments due to the CHHA and LTHHCP pursuant to  
2 title 11 of article 5 of the social services law.

3 9. CHHAs and LTHHCPs shall submit such data and information at such  
4 times as the commissioner of health may require for purposes of this  
5 section. The commissioner of health may use data available from third-  
6 party payors.

7 10. On or about June 1, 1997, for each regional group the commissioner  
8 of health shall calculate for the period August 1, 1996 through March  
9 31, 1997 a medicaid revenue percentage, a reduction factor, a state  
10 share reduction amount, and a provider specific state share reduction  
11 amount in accordance with the methodology provided in paragraph (a) of  
12 subdivision 2, paragraph (a) of subdivision 5, paragraph (a) of subdivi-  
13 sion 6 and paragraph (a) of subdivision 7 of this section. The provider  
14 specific state share reduction amount calculated in accordance with this  
15 subdivision shall be compared to the 1996 provider specific state share  
16 reduction amount calculated in accordance with paragraph (a) of subdivi-  
17 sion 7 of this section. Any amount in excess of the amount determined in  
18 accordance with paragraph (a) of subdivision 7 of this section shall be  
19 due to the state from each CHHA and LTHHCP and may be recouped in  
20 accordance with paragraph (a) of subdivision 8 of this section. If the  
21 amount is less than the amount determined in accordance with paragraph  
22 (a) of subdivision 7 of this section, the difference shall be refunded  
23 to the CHHA and LTHHCP by the state no later than July 15, 1997. CHHAs  
24 and LTHHCPs shall submit data for the period August 1, 1996 through  
25 March 31, 1997 to the commissioner of health by April 15, 1997.

26 11. If a CHHA or LTHHCP fails to submit data and information as  
27 required for purposes of this section:

28 (a) such CHHA or LTHHCP shall be presumed to have no decrease in medi-  
29 caid revenue percentage between the applicable base period and the  
30 applicable target period for purposes of the calculations pursuant to  
31 this section; and

32 (b) the commissioner of health shall reduce the current rate paid to  
33 such CHHA and such LTHHCP by state governmental agencies pursuant to  
34 article 36 of the public health law by one percent for a period begin-  
35 ning on the first day of the calendar month following the applicable due  
36 date as established by the commissioner of health and continuing until  
37 the last day of the calendar month in which the required data and infor-  
38 mation are submitted.

39 12. The commissioner of health shall inform in writing the director of  
40 the budget and the chair of the senate finance committee and the chair  
41 of the assembly ways and means committee of the results of the calcu-  
42 lations pursuant to this section.

43 S 15. Subdivision 5-a of section 246 of chapter 81 of the laws of  
44 1995, amending the public health law and other laws relating to medical  
45 reimbursement and welfare reform, as amended by section 32 of part B of  
46 chapter 58 of the laws of 2009, is amended to read as follows:

47 5-a. Section sixty-four-a of this act shall be deemed to have been in  
48 full force and effect on and after April 1, 1995 through March 31, 1999  
49 and on and after July 1, 1999 through March 31, 2000 and on and after  
50 April 1, 2000 through March 31, 2003 and on and after April 1, 2003  
51 through March 31, 2007, and on and after April 1, 2007 through March 31,  
52 2009, and on and after April 1, 2009 through March 31, 2011, AND ON AND  
53 AFTER APRIL 1, 2011;

54 S 16. Section 64-b of chapter 81 of the laws of 1995, amending the  
55 public health law and other laws relating to medical reimbursement and

1 welfare reform, as amended by section 33 of part B of chapter 58 of the  
2 laws of 2009, is amended to read as follows:

3 S 64-b. Notwithstanding any inconsistent provision of law, the  
4 provisions of subdivision 7 of section 3614 of the public health law, as  
5 amended, shall remain and be in full force and effect on April 1, 1995  
6 through March 31, 1999 and on July 1, 1999 through March 31, 2000 and on  
7 and after April 1, 2000 through March 31, 2003 and on and after April 1,  
8 2003 through March 31, 2007, and on and after April 1, 2007 through  
9 March 31, 2009, and on and after April 1, 2009 through March 31, 2011,  
10 AND ON AND AFTER APRIL 1, 2011.

11 S 17. Subdivision 1 of section 20 of chapter 451 of the laws of 2007,  
12 amending the public health law, the social services law and the insur-  
13 ance law, relating to providing enhanced consumer and provider  
14 protections, as amended by section 38 of part B of chapter 58 of the  
15 laws of 2009, is amended to read as follows:

16 1. sections four, eleven and thirteen of this act shall take effect  
17 immediately and shall expire and be deemed repealed June 30, [2011]  
18 2013;

19 S 18. The opening paragraph of subdivision 7-a of section 3614 of the  
20 public health law, as amended by section 46 of part B of chapter 58 of  
21 the laws of 2009, is amended to read as follows:

22 Notwithstanding any inconsistent provision of law or regulation, for  
23 the purposes of establishing rates of payment by governmental agencies  
24 for long term home health care programs for the period April first, two  
25 thousand five, through December thirty-first, two thousand five, and for  
26 the period January first, two thousand six through March thirty-first,  
27 two thousand seven, and on and after April first, two thousand seven  
28 through March thirty-first, two thousand nine, and on and after April  
29 first, two thousand nine through March thirty-first, two thousand elev-  
30 en, AND ON AND AFTER APRIL FIRST, TWO THOUSAND ELEVEN, the reimbursable  
31 base year administrative and general costs of a provider of services  
32 shall not exceed the statewide average of total reimbursable base year  
33 administrative and general costs of such providers of services.

34 S 19. Subdivisions 3, 4 and 5 of section 47 of chapter 2 of the laws  
35 of 1998, amending the public health law and other laws relating to  
36 expanding the child health insurance plan, as amended by section 24 of  
37 part A of chapter 58 of the laws of 2007, are amended to read as  
38 follows:

39 3. section six of this act shall take effect January 1, 1999;  
40 [provided, however, that subparagraph (iii) of paragraph (c) of subdivi-  
41 sion 9 of section 2510 of the public health law, as added by this act,  
42 shall expire on July 1, 2011;]

43 4. sections two, three, four, seven, eight, nine, fourteen, fifteen,  
44 sixteen, eighteen, eighteen-a, twenty-three, twenty-four, and twenty-  
45 nine of this act shall take effect January 1, 1999 [and shall expire on  
46 July 1, 2011]; section twenty-five of this act shall take effect on  
47 January 1, 1999 and shall expire on April 1, 2005;

48 5. section twelve of this act shall take effect January 1, 1999;  
49 [provided, however, paragraphs (g) and (h) of subdivision 2 of section  
50 2511 of the public health law, as added by such section, shall expire on  
51 July 1, 2011;]

52 S 20. Section 10 of chapter 649 of the laws of 1996, amending the  
53 public health law, the mental hygiene law and the social services law  
54 relating to authorizing the establishment of special needs plans, as  
55 amended by section 63 of part C of chapter 58 of the laws of 2008, is  
56 amended to read as follows:

1 S 10. This act shall take effect immediately and shall be deemed to  
2 have been in full force and effect on and after July 1, 1996; [provided,  
3 however, that sections one, two and three of this act shall expire and  
4 be deemed repealed on March 31, 2012] provided, however that the amend-  
5 ments to section 364-j of the social services law made by section four  
6 of this act shall not affect the expiration of such section and shall be  
7 deemed to expire therewith and provided, further, that the provisions of  
8 subdivisions 8, 9 and 10 of section 4401 of the public health law, as  
9 added by section one of this act; section 4403-d of the public health  
10 law as added by section two of this act and the provisions of section  
11 seven of this act, except for the provisions relating to the establish-  
12 ment of no more than twelve comprehensive HIV special needs plans, shall  
13 expire and be deemed repealed on July 1, 2000.

14 S 21. Subdivision (i-1) of section 79 of part C of chapter 58 of the  
15 laws of 2008, amending the social services law and the public health law  
16 relating to adjustments of rates, is amended to read as follows:

17 (i-1) section thirty-one-a of this act shall be deemed repealed July  
18 1, [2011] 2014;

19 S 22. Section 2 of chapter 535 of the laws of 1983, amending the  
20 social services law relating to eligibility of certain enrollees for  
21 medical assistance, as amended by section 69 of part C of chapter 58 of  
22 the laws of 2008, is amended to read as follows:

23 S 2. This act shall take effect immediately [and shall remain in full  
24 force and effect through March 31, 2012].

25 S 23. Subdivision 12 of section 246 of chapter 81 of the laws of 1995,  
26 amending the public health law and other laws relating to medical  
27 reimbursement and welfare reform, as amended by section 56 of part C of  
28 chapter 58 of the laws of 2008, is amended to read as follows:

29 12. Sections one hundred five-b through one hundred five-f of this act  
30 shall expire March 31, [2011] 2013.

31 S 24. Section 4 of chapter 19 of the laws of 1998, amending the social  
32 services law relating to limiting the method of payment for prescription  
33 drugs under the medical assistance program, as amended by section 68 of  
34 part C of chapter 58 of the laws of 2008, is amended to read as follows:

35 S 4. This act shall take effect 120 days after it shall have become a  
36 law and shall expire and be deemed repealed March 31, [2012] 2014.

37 S 25. Section 11 of chapter 710 of the laws of 1988, amending the  
38 social services law and the education law relating to medical assistance  
39 eligibility of certain persons and providing for managed medical care  
40 demonstration programs, as amended by section 66 of part C of chapter 58  
41 of the laws of 2008, is amended to read as follows:

42 S 11. This act shall take effect immediately; except that the  
43 provisions of sections one, two, three, four, eight and ten of this act  
44 shall take effect on the ninetieth day after it shall have become a law;  
45 and except that the provisions of sections five, six and seven of this  
46 act shall take effect January 1, 1989; and except that effective imme-  
47 diately, the addition, amendment and/or repeal of any rule or regulation  
48 necessary for the implementation of this act on its effective date are  
49 authorized and directed to be made and completed on or before such  
50 effective date; provided, however, that [the provisions of section 364-j  
51 of the social services law, as added by section one of this act shall  
52 expire and be deemed repealed on and after March 31, 2012,] the  
53 provisions of section 364-k of the social services law, as added by  
54 section two of this act, except subdivision 10 of such section, shall  
55 expire and be deemed repealed on and after January 1, 1994, and the  
56 provisions of subdivision 10 of section 364-k of the social services

1 law, as added by section two of this act, shall expire and be deemed  
2 repealed on January 1, 1995.

3 S 26. Subdivision (c) of section 62 of chapter 165 of the laws of  
4 1991, amending the public health law and other laws relating to estab-  
5 lishing payments for medical assistance, as amended by section 67 of  
6 part C of chapter 58 of the laws of 2008, is amended to read as follows:

7 (c) [section 364-j of the social services law, as amended by section  
8 eight of this act and subdivision 6 of section 367-a of the social  
9 services law as added by section twelve of this act shall expire and be  
10 deemed repealed on March 31, 2012 and provided further, that] the amend-  
11 ments to the provisions of section 364-j of the social services law MADE  
12 BY SECTION EIGHT OF THIS ACT shall only apply to managed care programs  
13 approved on or after the effective date of this act;

14 S 26-a. Subdivision (x) of section 165 of chapter 41 of the laws of  
15 1992, amending the public health law and other laws relating to health  
16 care providers, is REPEALED.

17 S 27. Notwithstanding any inconsistent provision of law, rule or regu-  
18 lation, for purposes of implementing the provisions of the public health  
19 law and the social services law, references to titles XIX and XXI of the  
20 federal social security act in the public health law and the social  
21 services law shall be deemed to include and also to mean any successor  
22 titles thereto under the federal social security act.

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

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

38 S 30. This act shall take effect immediately and shall be deemed to  
39 have been in full force and effect on and after April 1, 2011.

40 PART E

41 Section 1. Section 366 of the social services law is amended by adding  
42 a new subdivision 1-b to read as follows:

43 1-B. NOTWITHSTANDING ANY OTHER PROVISION OF LAW, IN THE EVENT THAT A  
44 PERSON WHO IS AN INPATIENT IN AN INSTITUTION FOR MENTAL DISEASES, AS  
45 DEFINED BY FEDERAL LAW AND REGULATIONS, AND WHO WAS IN RECEIPT OF  
46 MEDICAL ASSISTANCE PURSUANT TO THIS TITLE IMMEDIATELY PRIOR TO BEING  
47 ADMITTED TO SUCH FACILITY, OR WHO WAS DIRECTLY ADMITTED TO SUCH FACILITY  
48 AFTER BEING AN INPATIENT IN ANOTHER INSTITUTION FOR MENTAL DISEASES AND  
49 WHO WAS IN RECEIPT OF MEDICAL ASSISTANCE PRIOR TO ADMISSION TO SUCH  
50 TRANSFERRING INSTITUTION, SUCH PERSON SHALL REMAIN ELIGIBLE FOR MEDICAL  
51 ASSISTANCE WHILE AN INPATIENT IN SUCH FACILITY; PROVIDED, HOWEVER, THAT  
52 NO MEDICAL ASSISTANCE SHALL BE FURNISHED PURSUANT TO THIS TITLE FOR ANY  
53 CARE, SERVICES, OR SUPPLIES PROVIDED DURING THE TIME THAT SUCH PERSON IS  
54 AN INPATIENT, EXCEPT TO THE EXTENT THAT FEDERAL FINANCIAL PARTICIPATION

1 IS AVAILABLE FOR THE COSTS OF SUCH CARE, SERVICES, OR SUPPLIES. UPON  
2 RELEASE FROM SUCH FACILITY, SUCH PERSON SHALL CONTINUE TO BE ELIGIBLE  
3 FOR RECEIPT OF MEDICAL ASSISTANCE FURNISHED PURSUANT TO THIS TITLE UNTIL  
4 SUCH TIME AS THE PERSON IS DETERMINED TO NO LONGER BE ELIGIBLE FOR  
5 RECEIPT OF SUCH ASSISTANCE. TO THE EXTENT PERMITTED BY FEDERAL LAW, THE  
6 TIME DURING WHICH SUCH PERSON IS AN INPATIENT IN AN INSTITUTION FOR  
7 MENTAL DISEASES SHALL NOT BE INCLUDED IN ANY CALCULATION OF WHEN THE  
8 PERSON MUST RECERTIFY HIS OR HER ELIGIBILITY FOR MEDICAL ASSISTANCE IN  
9 ACCORDANCE WITH THIS ARTICLE.

10 S 2. Paragraph (c) of subdivision 1 of section 366 of the social  
11 services law, as amended by chapter 355 of the laws of 2007, is amended  
12 to read as follows:

13 (c) except as provided in subparagraph six of paragraph (a) of this  
14 subdivision or subdivision one-a OR SUBDIVISION ONE-B of this section,  
15 is not an inmate or patient in an institution or facility wherein  
16 medical assistance for needy persons may not be provided in accordance  
17 with applicable federal or state requirements; and

18 S 3. This act shall take effect April 1, 2011; provided that all  
19 actions necessary for the timely implementation of this act, including  
20 revisions to information, eligibility and benefit computer systems  
21 utilized by social services districts and administered by the department  
22 of health of the state of New York, shall be taken prior to such effec-  
23 tive date so that the provisions of this act may be implemented on such  
24 date.

25 PART F

26 Section 1. Subdivisions 3-b and 3-c of section 1 of part C of chapter  
27 57 of the laws of 2006, relating to establishing a cost of living  
28 adjustment for designated human services programs, as amended by section  
29 1 of part F of chapter 111 of the laws of 2010, are amended to read as  
30 follows:

31 3-b. Notwithstanding any inconsistent provision of law, beginning  
32 April 1, 2009 and ending March 31, [2011] 2012, the commissioners shall  
33 not include a COLA for the purpose of establishing rates of payments,  
34 contracts or any other form of reimbursement.

35 3-c. Notwithstanding any inconsistent provision of law, beginning  
36 April 1, [2011] 2012 and ending March 31, [2014] 2015, the commissioners  
37 shall develop the COLA under this section using the actual U.S. consumer  
38 price index for all urban consumers (CPI-U) published by the United  
39 States department of labor, bureau of labor statistics for the twelve  
40 month period ending in July of the budget year prior to such state  
41 fiscal year, for the purpose of establishing rates of payments,  
42 contracts or any other form of reimbursement.

43 S 2. Section 4 of part C of chapter 57 of the laws of 2006, relating  
44 to establishing a cost of living adjustment for designated human  
45 services programs, as amended by section 2 of part F of chapter 111 of  
46 the laws of 2010, is amended to read as follows:

47 S 4. This act shall take effect immediately and shall be deemed to  
48 have been in full force and effect on and after April 1, 2006; provided  
49 section one of this act shall expire and be deemed repealed April 1,  
50 [2014] 2015; provided, further, that sections two and three of this act  
51 shall expire and be deemed repealed December 31, 2009.

52 S 3. This act shall take effect immediately and shall be deemed to  
53 have been in full force and effect on and after April 1, 2011; provided,  
54 however, that the amendments to section 1 of part C of chapter 57 of the

laws of 2006 made by section one of this act shall not affect the repeal of such section and shall be deemed repealed therewith.

## PART G

Section 1. Subdivision (b) of section 7.17 of the mental hygiene law, as amended by section 1 of part J of chapter 58 of the laws of 2005, is amended to read as follows:

(b) There shall be in the office the hospitals named below for the care, treatment and rehabilitation of [the mentally disabled] PERSONS WITH MENTAL ILLNESS and for research and teaching in the science and skills required for the care, treatment and rehabilitation of such [mentally disabled] PERSONS WITH MENTAL ILLNESS.

Greater Binghamton Health Center  
Bronx Psychiatric Center  
Buffalo Psychiatric Center  
Capital District Psychiatric Center  
Central New York Psychiatric Center  
Creedmoor Psychiatric Center  
Elmira Psychiatric Center  
Hudson River Psychiatric Center  
Kingsboro Psychiatric Center  
Kirby Forensic Psychiatric Center  
Manhattan Psychiatric Center  
Mid-Hudson Forensic Psychiatric Center  
Mohawk Valley Psychiatric Center  
Nathan S. Kline Institute for Psychiatric Research  
New York State Psychiatric Institute  
Pilgrim Psychiatric Center  
Richard H. Hutchings Psychiatric Center  
Rochester Psychiatric Center  
Rockland Psychiatric Center  
St. Lawrence Psychiatric Center  
South Beach Psychiatric Center  
Bronx Children's Psychiatric Center  
Brooklyn Children's [Psychiatric] Center  
Queens Children's Psychiatric Center  
Rockland Children's Psychiatric Center  
Sagamore Children's Psychiatric Center  
Western New York Children's Psychiatric Center

The New York State Psychiatric Institute and The Nathan S. Kline Institute for Psychiatric Research are designated as institutes for the conduct of medical research and other scientific investigation directed towards furthering knowledge of the etiology, diagnosis, treatment and prevention of mental illness. THE BROOKLYN CHILDREN'S CENTER IS A FACILITY OPERATED BY THE OFFICE TO PROVIDE COMMUNITY-BASED MENTAL HEALTH SERVICES FOR CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCES.

S 2. Subdivision (e) of section 7.17 of the mental hygiene law is REPEALED and subdivision (f) is relettered subdivision (e).

S 3. (a) Notwithstanding the provisions of subdivision (b) of section 7.17 of the mental hygiene law, section 41.55 of the mental hygiene law, or any other law to the contrary, the office of mental health is authorized in state fiscal year 2011-12 to close, consolidate, reduce, transfer or otherwise redesign services of hospitals, other facilities and programs operated by the office of mental health, and to implement significant service reductions and reconfigurations as shall be deter-

1 mined by the commissioner of mental health to be necessary for the cost-  
2 effective and efficient operation of such hospitals, other facilities  
3 and programs.

4 (b) The office of mental health shall provide notice upon its public  
5 website and to the legislature as soon as possible, but no later than  
6 two weeks prior to the anticipated closure, consolidation, or transfer  
7 of inpatient wards.

8 (c) Any transfers of inpatient capacity or any resulting transfer of  
9 functions shall be authorized to be made by the commissioner of mental  
10 health and any transfer of personnel upon such transfer of capacity or  
11 transfer of functions shall be accomplished in accordance with the  
12 provisions of section 70 of the civil service law.

13 S 4. Severability clause. If any clause, sentence, paragraph, subdivi-  
14 sion, section or part of this act shall be adjudged by any court of  
15 competent jurisdiction to be invalid, such judgment shall not affect,  
16 impair, or invalidate the remainder thereof, but shall be confined in  
17 its operation to the clause, sentence, paragraph, subdivision, section  
18 or part thereof directly involved in the controversy in which such judg-  
19 ment shall have been rendered. It is hereby declared to be the intent of  
20 the legislature that this act would have been enacted even if such  
21 invalid provisions had not been included herein.

22 S 5. This act shall take effect April 1, 2011; provided that the  
23 amendments to subdivision (f) of section 7.17 of the mental hygiene law  
24 made by section two of this act shall not affect the repeal of such  
25 subdivision and shall be deemed repealed therewith.

26 S 2. Severability clause. If any clause, sentence, paragraph, subdivi-  
27 sion, section or part of this act shall be adjudged by any court of  
28 competent jurisdiction to be invalid, such judgment shall not affect,  
29 impair, or invalidate the remainder thereof, but shall be confined in  
30 its operation to the clause, sentence, paragraph, subdivision, section  
31 or part thereof directly involved in the controversy in which such judg-  
32 ment shall have been rendered. It is hereby declared to be the intent of  
33 the legislature that this act would have been enacted even if such  
34 invalid provisions had not been included herein.

35 S 3. This act shall take effect immediately provided, however, that  
36 the applicable effective date of Parts A through G of this act shall be  
37 as specifically set forth in the last section of such Parts.