AN ACT to amend chapter 56 of the laws of 2013, providing medical assistance to certain retirees of the New York city off-track betting corporation, in relation to prohibiting cost recovery of such assistance; and to expand the provision of such medical assistance

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

Section 1. Section 1 of part P of chapter 56 of the laws of 2013, providing medical assistance to certain retirees of the New York city off-track betting corporation, is amended to read as follows:

Section 1. Notwithstanding any other provision of law, for state fiscal year 2013-14, and for each state fiscal year thereafter, up to five million dollars shall be available annually to provide medical assistance for individuals who reside in New York state and are retirees of the New York city off-track betting corporation or were active employees of such corporation with vested pension time or credit as of December 7, 2010, and for the dependents of such individuals, in accordance with the provisions of this section. Such individuals who are Medicare beneficiaries under title XVIII of the federal social security act shall be eligible for assistance under title 11 of article 5 of the social services law with the cost of Medicare premiums and/or cost sharing obligations, as determined in accordance with guidelines established by the commissioner of health. For the period from April 1, 2013 to December 31, 2013, such individuals who are not Medicare beneficiaries under title XVIII of the federal social security act shall be eligible for standard fee-for-service coverage under title 11 of article 5 of the social services law, as determined in accordance with guidelines estab-

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

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lished by the commissioner of health. Prior to October 1, 2013, the
state enrollment center shall provide a written notice of program
discontinuance that will become effective as of December 31, 2013, to
each individual eligible by a Medicaid fee-for-service plan established
pursuant to this section. The notice shall be in such form and contain
such information as the commissioner of health may require. In addition
to any other information required by such commissioner, the written
notice shall include a conspicuous explanation, in plain language,
informing such individual of available health insurance options, includ-
ing coverage through the health benefit exchange established pursuant to
section 1311 of the federal affordable care act, (42 USC § 18031) and
information on the process by which application therefore may be made
through the state enrollment center in order to effectuate health cover-
age under the health benefit exchange for such individuals beginning on
January 1, 2014. Such commissioner shall direct the state enrollment
center to facilitate the enrollment of such individuals into the health
benefit exchange established in accordance with the requirements of the
federal patient protection and affordable care act (P.L. 111-148), as
amended by the federal health care and education act of 2010 (P.L. 111-
152). PROVIDED, HOWEVER, THAT NONE OF THE COST RECOVERY PROVISIONS OF
SECTION 369 OF THE SOCIAL SERVICES LAW, WITH THE EXCEPTION OF SUBPARA-
GRAPH (I) OF PARAGRAPH (A) OF SUBDIVISION 2 OF SUCH SECTION, SHALL APPLY
TO RETIREES OF THE NEW YORK CITY OFF-TRACK BETTING CORPORATION, TO
PERSONS WHO WERE ACTIVE EMPLOYEES OF SUCH CORPORATION WITH VESTED
PENSION TIME OR CREDIT AS OF DECEMBER 7, 2010 OR TO THE DEPENDENTS OF
SUCH RETIREES OR PERSONS. Upon notice to participating individuals, the
size and scope of program benefits in a given fiscal year may be reduced
by the commissioner of health to remain within program funding levels.

S 2. On and after April 1, 2014, retirees of the New York city off-
track betting corporation, individuals who were active employees of such
corporation with vested pension time or credit as of December 7, 2010,
and the dependents of such retirees and individuals, who are not Medi-
care beneficiaries under title XVIII of the federal social security act,
may enroll in the standard fee-for-service coverage under title 11 of
article 5 of the social services law, in accordance with section 1 of
part P of chapter 56 of the laws of 2013, as amended, and the guidelines
of the commissioner of health adopted pursuant thereto.

S 3. This act shall take effect immediately, except that:
(a) section one of this act shall be deemed to have been in full force
and effect on and after March 28, 2013; and
(b) section two of this act shall be deemed to have been in full force
and effect on and after April 1, 2014.