

S. 6358

A. 8558

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

January 21, 2014

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

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

AN ACT to amend the public health law, in relation to state aid to counties and New York City for provision of prenatal health care services to uninsured women; to amend the public health law, in relation to simplifying consent for HIV testing; to amend the public health law, in relation to authorization for data sharing with providers for purposes of patient linkage and retention in care; to amend the public health law, in relation to the board member composition for the health research science board; to amend the public health law, in relation to the health research science board meeting requirements; to amend the state finance law, in relation to the New York state prostate cancer research, detection and education fund; to amend the public health law and the public authorities law, in relation to a capital restructuring finance program; to amend the public health law, in relation to the health care restructuring loan pool; to amend the public health law and the public authorities law, in relation to establishing a private equity pilot program; to amend the public health law, in relation to streamlining the certificate of need process for hospitals and diagnostic and treatment clinics providing primary care; to amend the public health law, in relation to the establishment and operation of limited services clinics; to amend the public health law, in relation to standardizing urgent care centers; to amend the public health law, in relation to enhanced oversight of office-based surgery; to amend the public health law, in relation to the statutory authority of updated diagnostic and treatment centers; to amend the public health law and the state finance law, in relation to the operation of the New York State donate life registry; to amend chapter 465 of the laws of 2012 amending the public health law and the vehicle and traffic law relating to establishing Lauren's law, in relation to the effectiveness thereof; to amend the social services law and the public health law, in relation to streamlining the application process for adult

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

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care facilities and assisted living residences; to amend the public health law, in relation to the long term home health care program; to amend the public health law, in relation to resident working audits; to amend 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 repeal certain provisions of the public health law relating thereto; and to repeal subdivision 9 of section 2803 of the public health law, relating to reports to the commissioner by general hospitals regarding working conditions and limits on working hours for certain members of the hospital's staff (Part A); 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 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 rates of payment for personal care service providers; to amend the public health law, in relation to the assessment on covered lives; to amend the public health law, in relation to the comprehensive diagnostic and treatment centers indigent care program; to amend the public health law, in relation to general hospital indigent pool and general hospital inpatient reimbursement rates; 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; and 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 (Part B); to amend the social services law, in relation to eliminating prescriber prevails for brand name drugs with generic equivalents; to amend the public health law, in relation to minimum supplemental rebates for pharmaceutical manufacturers; to amend the social services law, in relation to early refill of prescriptions; to amend the public health law, in relation to eliminating the financial incentive for e-prescribing; to amend the public health law, in relation to expanding prior authorization under the clinic drug review program; to amend the public health law, in relation to the expansion of prior authorization under the clinical drug review program; to amend the social services law, in relation to requiring prior authorization for non-medically acceptable indicators

for prescription drugs; to amend the social services law, in relation to the integration of behavioral and physical health clinic services; to amend part A of chapter 56 of the laws of 2013 amending chapter 59 of the laws of 2011 amending the public health law and other laws relating to general hospital reimbursement for annual rates relating to the cap on local Medicaid expenditures, in relation to establishing rate protections for behavioral health essential providers and the effectiveness thereof; to amend section 1 of part H of chapter 111 of the laws of 2010, relating to increasing Medicaid payments to providers through managed care organizations and providing equivalent fees through an ambulatory patient group methodology, in relation to transfer of funds and the effectiveness thereof; to amend the social services law, in relation to spousal support for the costs of community-based long term care; to amend the social services law, in relation to fair hearings within the Fully Integrated Duals Advantage program; to amend the public health law, in relation to the establishment of a default rate for nursing homes under managed care; to amend the public health law, in relation to rates of payment for certified home health agencies and long term home health care programs; to amend the public health law, in relation to rate setting methodologies for the ICD-10; to amend the public health law, in relation to inpatient psych base years; to amend the public health law, in relation to specialty inpatient base years; to amend the public health law, in relation to inpatient psych base years; to amend the public health law, in relation to hospital inpatient base years; to amend part H of chapter 59 of the laws of 2011, amending the public health law and other laws relating to known and projected department of health state fund medicaid expenditures, in relation to the determination of rates of payments by certain state governmental agencies; to amend the social services law and the public health law, in relation to requiring the use of an enrollment broker for counties that are mandated Medicaid managed care and managed long term care; to amend the public health law, in relation to establishing vital access pools for licensed home care service agencies; to amend the social services law, in relation to the expansion of the Medicaid managed care advisory review panel; to amend part H of chapter 59 of the laws of 2011 amending the public health law relating to general hospital inpatient reimbursement for annual rates, in relation to the across the board reduction of 2011; to amend the social services law, in relation to establishing a health homes criminal justice initiative; to amend the social services law, in relation to the transition of children in foster care to managed care; to amend the social services law and the state finance law, in relation to the establishment of a basic health plan; to amend the social services law, in relation to hospital presumptive eligibility under the affordable care act; to amend the social services law, in relation to spending down procedures under the MAGI system of eligibility determination; to amend the public health law, in relation to moving rate setting for child health plus to the department of health; to amend the public health law, in relation to eliminating the existing child health plus waiting period; 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 allowing for the permanent expansion of child health plus income and benefit provisions; to amend part C of chapter 58 of the laws of 2009, amending the public health law relating to the ADIRONDACK MEDICAL HOME MULTIPAYOR DEMONSTRATION PROGRAM, in relation to extending the adiron-

dack medical home demo through the year 2017; to amend chapter 779 of the laws of 1986, amending the social services law relating to authorizing services for non-residents in adult homes, residences for adults and enriched housing programs, in relation to extending the authorization of non-resident services within adult homes; to amend part C of 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 extending the utilization threshold exemption; 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 extending provisions related to dispensing fees; to amend the public health law, in relation to rates of payment to residential health care facilities; providing for the repeal of certain provisions relating to the availability of funds upon expiration thereof; and to repeal certain provisions of the social services law and the public health law relating thereto (Part C); to amend the education law, in relation to the exemption of the nurse practice act for direct care staff in non-certified settings funded, authorized or approved by the office for people with developmental disabilities (Part D); to amend part A of chapter 111 of the laws of 2010 amending the mental hygiene law relating to the receipt of federal and state benefits received by individuals receiving care in facilities operated by an office of the department of mental hygiene, in relation to the effectiveness thereof (Part E); to amend the mental hygiene law, in relation to the recovery of exempt income by the office of mental health for community residential programs (Part F); and 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 2014-2015 state fiscal year (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 2014-2015
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, including
7 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 (a) of subdivision 1 of section 602 of the public
14 health law, as added by section 16 of part E of chapter 56 of the laws
15 of 2013, is amended to read as follows:

16 (a) Family health, which shall include activities designed to reduce
17 perinatal, infant and maternal mortality and morbidity and to promote
18 the health of infants, children, adolescents, and people of childbearing
19 age. Such activities shall include family centered perinatal services

1 and other services appropriate to promote the birth of a healthy baby to
2 a healthy mother, and services to assure that infants, young children,
3 and school age children are enrolled in appropriate health insurance
4 programs and other health benefit programs for which they are eligible,
5 and that the parents or guardians of such children are provided with
6 information concerning health care providers in their area that are
7 willing and able to provide health services to such children. Provision
8 of primary and preventive clinical health care services shall be eligi-
9 ble for state aid for uninsured persons under the age of twenty-one,
10 provided that the municipality makes good faith efforts to assist such
11 persons with insurance enrollment and only until such time as enrollment
12 becomes effective. PROVISION OF PRENATAL CLINICAL HEALTH CARE SERVICES
13 SHALL BE ELIGIBLE FOR STATE AID FOR UNINSURED WOMEN OF ANY AGE, PROVIDED
14 THAT THE MUNICIPALITY MAKES GOOD FAITH EFFORTS TO ASSIST SUCH WOMEN WITH
15 INSURANCE ENROLLMENT AND ONLY UNTIL SUCH TIME AS ENROLLMENT BECOMES
16 EFFECTIVE.

17 S 2. Subdivisions 1, 2, 2-a, 2-b, 2-c, 3 and 4 of section 2781 of the
18 public health law, subdivisions 1, 2, 3 and 4 as amended and subdivi-
19 sions 2-a, 2-b and 2-c as added by chapter 308 of the laws of 2010, are
20 amended to read as follows:

21 1. Except as provided in section three thousand one hundred twenty-one
22 of the civil practice law and rules, or unless otherwise specifically
23 authorized or required by a state or federal law, no person shall order
24 the performance of an HIV related test without first having received
25 [the written or, where authorized by this subdivision, oral,] informed
26 consent of the subject of the test who has capacity to consent or, when
27 the subject lacks capacity to consent, of a person authorized pursuant
28 to law to consent to health care for such individual. [When the test
29 being ordered is a rapid HIV test, such informed consent may be obtained
30 orally and shall be documented in the subject of the test's medical
31 record by the person ordering the performance of the test.] IN ORDER FOR
32 THERE TO BE INFORMED CONSENT, THE PERSON ORDERING THE TEST SHALL AT A
33 MINIMUM ADVISE THE PROTECTED INDIVIDUAL THAT AN HIV-RELATED TEST IS
34 BEING PERFORMED.

35 2. [Except where subdivision one of this section permits informed
36 consent to be obtained orally, informed consent to HIV related testing
37 shall consist of a statement consenting to HIV related testing signed by
38 the subject of the test who has capacity to consent or, when the subject
39 lacks capacity to consent, by a person authorized pursuant to law to
40 consent to health care for the subject after the subject or such other
41 person has received the information described in subdivision three of
42 this section.

43 2-a. Where a written consent to HIV related testing is included in a
44 signed general consent to medical care for the subject of the test or in
45 a signed consent to any health care service for the subject of the test,
46 the consent form shall have a clearly marked place adjacent to the
47 signature where the subject of the test, or, when the subject lacks
48 capacity to consent, a person authorized pursuant to law to consent to
49 health care for such individual, shall be given an opportunity to
50 specifically decline in writing HIV related testing on such general
51 consent.

52 2-b. A written or oral informed] INFORMED consent for HIV related
53 testing pursuant to this section shall be valid for such testing until
54 such consent is revoked [or expires by its terms]. Each time that an HIV
55 related test is ordered pursuant to informed consent in accordance with
56 this section, the physician or other person authorized pursuant to law

1 to order the performance of the HIV related test, or such person's
2 representative, shall orally notify the subject of the test or, when the
3 subject lacks capacity to consent, a person authorized pursuant to law
4 to consent to health care for such individual, that an HIV related test
5 will be conducted at such time, and shall note the notification in the
6 patient's record.

7 [2-c.] 2-A. The provisions of this section regarding [oral] informed
8 consent [for a rapid HIV test] shall not apply to tests performed in a
9 facility operated under the correction law. FOR TESTS CONDUCTED IN A
10 FACILITY UNDER THE CORRECTION LAW, INDIVIDUAL CONSENT FOR HIV RELATED
11 TESTING MUST BE IN WRITING.

12 3. [Prior to the execution of written, or obtaining and documenting
13 oral, informed consent, a] A person ordering the performance of an HIV
14 related test shall provide either directly or through a representative
15 to the subject of an HIV related test or, if the subject lacks capacity
16 to consent, to a person authorized pursuant to law to consent to health
17 care for the subject, an explanation that:

18 (a) HIV causes AIDS and can be transmitted through sexual activities
19 and needle-sharing, by pregnant women to their fetuses, and through
20 breastfeeding infants;

21 (b) there is treatment for HIV that can help an individual stay heal-
22 thy;

23 (c) individuals with HIV or AIDS can adopt safe practices to protect
24 uninfected and infected people in their lives from becoming infected or
25 multiply infected with HIV;

26 (d) testing is voluntary and can be done anonymously at a public test-
27 ing center;

28 (e) the law protects the confidentiality of HIV related test results;

29 (f) the law prohibits discrimination based on an individual's HIV
30 status and services are available to help with such consequences; and

31 (g) the law allows an individual's informed consent for HIV related
32 testing to be valid for such testing until such consent is revoked by
33 the subject of the HIV RELATED test [or expires by its terms].

34 Protocols shall be in place to ensure compliance with this section.

35 4. A person authorized pursuant to law to order the performance of an
36 HIV related test shall provide directly or through a representative to
37 the person seeking such test, an opportunity to remain anonymous [and to
38 provide written, informed consent or authorize documentation of oral
39 informed consent,] through use of a coded system with no linking of
40 individual identity to the test request or results. A health care
41 provider who is not authorized by the commissioner to provide HIV
42 related tests on an anonymous basis shall refer a person who requests an
43 anonymous test to a test site which does provide anonymous testing. The
44 provisions of this subdivision shall not apply to a health care provider
45 ordering the performance of an HIV related test on an individual
46 proposed for insurance coverage.

47 S 3. Section 2135 of the public health law, as amended by chapter 308
48 of the laws of 2010, is amended to read as follows:

49 S 2135. Confidentiality. All reports or information secured by the
50 department, municipal health commissioner or district health officer
51 under the provisions of this title shall be confidential except: (a) in
52 so far as is necessary to carry out the provisions of this title; (b)
53 when used in the aggregate, without patient specific identifying infor-
54 mation, in programs approved by the commissioner for the improvement of
55 the quality of medical care provided to persons with HIV/AIDS; [or] (c)
56 when used within the state or local health department by public health

disease programs to assess co-morbidity or completeness of reporting and to direct program needs, in which case patient specific identifying information shall not be disclosed outside the state or local health department; OR (D) WHEN USED FOR PURPOSES OF PATIENT LINKAGE AND RETENTION IN CARE, PATIENT SPECIFIC IDENTIFIED INFORMATION MAY BE SHARED BETWEEN LOCAL AND STATE HEALTH DEPARTMENTS AND HEALTH CARE PROVIDERS AS APPROVED BY THE COMMISSIONER.

S 4. Section 2410 of the public health law, as added by chapter 279 of the laws of 1996, subdivisions 1 and 2 as amended by chapter 32 of the laws of 2008, and subdivision 7 as added by chapter 621 of the laws of 2007, is amended to read as follows:

S 2410. Health research science board. 1. There is hereby established in the department the health research science board. The board shall be comprised of [seventeen] SIXTEEN voting members[, three non-voting regional members] and three non-voting ex-officio members as follows:

(a) twelve voting members shall be scientists each of whom shall have either an M.D., D.O., Ph.D., or Dr.P.H. in one of the following fields: biochemistry, biology, biostatistics, chemistry, epidemiology, genetics, immunology, medicine, microbiology, molecular biology, nutrition, oncology, reproductive endocrinology, or toxicology and must currently be engaged in treating patients or conducting health research. Such members shall be appointed in the following manner: two shall be appointed by the temporary president of the senate and one by the minority leader of the senate; two shall be appointed by the speaker of the assembly and one by the minority leader of the assembly; six shall be appointed by the governor;

(b) the governor shall appoint [six regional] FOUR ADDITIONAL members, [three] EACH of whom shall serve as full voting members [and three of whom shall serve as alternative members without voting rights]. Such [regional] members shall be persons who have or have had breast cancer, [and] OR shall be actively involved with a community-based, grass-roots breast cancer organization. [Two] ONE of such appointments shall be made upon the recommendation of the temporary president of the senate and [two] ONE shall be made upon the recommendation of the speaker of the assembly [. One regional member shall be appointed from each of the following geographic areas of the state: Long Island, New York City, the Hudson Valley, Northern New York, Central New York and Western New York. The order of appointments and recommendations for appointments and voting rights shall rotate as follows:

(i) The governor shall appoint regional members for three year terms in the following order:

- (A) Long Island, which member shall have voting rights,
- (B) Central New York, which member shall not have voting rights,
- (C) Hudson Valley, which member shall have voting rights,
- (D) Northern New York, which member shall not have voting rights,
- (E) Western New York, which member shall have voting rights, and
- (F) New York City, which member shall not have voting rights;

(ii) The governor, upon the recommendation of the temporary president of the senate, shall appoint regional members for three year terms in the following order:

- (A) Hudson Valley, which member shall not have voting rights,
- (B) Northern New York, which member shall have voting rights,
- (C) Western New York, which member shall not have voting rights,
- (D) New York City, which member shall have voting rights,
- (E) Long Island, which member shall have voting rights, and
- (F) Central New York, which member shall not have voting rights; and

(iii) The governor, upon the recommendation of the speaker of the assembly, shall appoint regional members for three year terms in the following order:

- (A) Western New York, which member shall have voting rights,
- (B) New York City, which member shall not have voting rights,
- (C) Long Island, which member shall not have voting rights,
- (D) Central New York, which member shall have voting rights,
- (E) Hudson Valley, which member shall not have voting rights, and
- (F) Northern New York, which member shall have voting rights];

(c) the governor shall appoint three non-voting ex officio members to the board, one of whom shall be the commissioner, or his or her designee, one of whom shall be the commissioner of environmental conservation, or his or her designee, and one of whom shall be the director of the Cornell University Institute for Comparative and Environmental Toxicology, or his or her designee[; and

(d) the governor shall appoint one voting member who shall be a person who has or has survived breast cancer and one voting member who shall be a person who has or has survived prostate or testicular cancer].

The governor shall designate the chair of the board. The governor, temporary president of the senate, minority leader of the senate, speaker of the assembly, and minority leader of the assembly may solicit recommendations from the Centers for Disease Control and Prevention, the National Institutes of Health, the Federal Agency For Health Care Policy and Research, and the National Academy of Sciences for appointments or recommendations for appointments to the board.

2. All members shall serve for terms of three years and may be reappointed, such terms to commence July first and expire June thirtieth; provided, however, that of the scientific members first appointed, three such members, one appointed by the governor, one appointed by the temporary president of the senate and one appointed by the speaker of the assembly, shall be appointed for terms of one year, and three such members, one appointed by the governor, one appointed by the temporary president of the senate, and one appointed by the speaker of the assembly shall be appointed for a term of two years.

The board shall convene on or before September first, nineteen hundred ninety-seven.

3. Any member, after notice and an opportunity to be heard, may be removed by the governor for neglect of duty or malfeasance in office. Any member who fails to attend three consecutive meetings of the board, unless excused by formal vote of the board, shall be deemed to have vacated his or her position.

4. Any vacancy in the board shall be filled for the unexpired term in the same manner as the original appointment.

5. A majority of the voting members of the board shall constitute a quorum for the transaction of any business or the exercise of any power or function of the board.

6. Members of the board shall not receive compensation for their services as members, but shall be allowed their actual and necessary expenses incurred in the performance of their duties.

[7. For the purposes of this section the following counties shall constitute the following geographic areas:

(a) Long Island: the counties of Nassau and Suffolk.

(b) New York City: the counties of Kings, Queens, Richmond, New York and Bronx.

(c) Hudson Valley: the counties of Westchester, Rockland, Putnam, Orange, Dutchess, Ulster, Greene, Columbia, Sullivan and Delaware.

(d) Northern New York: the counties of Albany, Clinton, Essex, Franklin, Fulton, Herkimer, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington.

(e) Central New York: the counties of Broome, Cayuga, Chemung, Chenango, Cortland, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, Seneca, Schuyler, St. Lawrence, Tioga, Tompkins and Wayne.

(f) Western New York: the counties of Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming, Livingston, Monroe, Ontario, Steuben and Yates.]

S 5. Subdivision 1 of section 2411 of the public health law, as amended by chapter 219 of the laws of 1997, paragraph (e) as amended by chapter 106 of the laws of 2013, and paragraph (h) as amended by chapter 638 of the laws of 2008, is amended to read as follows:

1. The board shall:

(a) Survey state agencies, boards, programs and other state governmental entities to assess what, if any, relevant data has been or is being collected which may be of use to researchers engaged in breast[, prostate or testicular] cancer research;

(b) Consistent with the survey conducted pursuant to paragraph (a) of this subdivision, compile a list of data collected by state agencies which may be of assistance to researchers engaged in breast[, prostate or testicular] cancer research as established in section twenty-four hundred twelve of this title;

(c) Consult with the Centers for Disease Control and Prevention, the National Institutes of Health, the Federal Agency For Health Care Policy and Research, the National Academy of Sciences and other organizations or entities which may be involved in cancer research to solicit both information regarding breast[, prostate and testicular] cancer research projects that are currently being conducted and recommendations for future research projects;

(d) Review requests made to the commissioner for access to information pursuant to paragraph b of subdivision one of section 33-1203 and paragraph c of subdivision two of section 33-1205 of the environmental conservation law for use in human health related research projects. Such data shall only be provided to researchers engaged in human health related research. The request made by such researchers shall include a copy of the research proposal or the research protocol approved by their institution and copies of their institution's Institutional Review Board (IRB) or equivalent review board approval of such proposal or protocol. In the case of research conducted outside the auspices of an institution by a researcher previously published in a peer-reviewed scientific journal, the board shall request copies of the research proposal and shall deny access to the site-specific and nine-digit zip code pesticide data if the board determines that such proposal does not follow accepted scientific practice for the design of a research project. The board shall establish guidelines to restrict the dissemination by researchers of the name, address or other information that would otherwise identify a commercial applicator or private applicator or any person who receives the services of a commercial applicator;

(e) Solicit, receive, and review applications from public and private agencies and organizations and qualified research institutions for grants from the breast cancer research and education fund, created pursuant to section ninety-seven-yy of the state finance law, to conduct research or educational programs which focus on the causes, prevention, screening, treatment and cure of breast cancer and may include, but are not limited to mapping of breast cancer, and basic, behavioral, clin-

1 ical, demographic, environmental, epidemiologic and psychosocial
2 research. The board shall make recommendations to the commissioner, and
3 the commissioner shall, in his or her discretion, grant approval of
4 applications for grants from those applications recommended by the
5 board. The board shall consult with the Centers for Disease Control and
6 Prevention, the National Institutes of Health, the Federal Agency For
7 Health Care Policy and Research, the National Academy of Sciences,
8 breast cancer advocacy groups, and other organizations or entities which
9 may be involved in breast cancer research to solicit both information
10 regarding breast cancer research projects that are currently being
11 conducted and recommendations for future research projects. As used in
12 this section, "qualified research institution" may include academic
13 medical institutions, state or local government agencies, public or
14 private organizations within this state, and any other institution
15 approved by the department, which is conducting a breast cancer research
16 project or educational program. If a board member submits an application
17 for a grant from the breast cancer research and education fund, he or
18 she shall be prohibited from reviewing and making a recommendation on
19 the application;

20 (f) Consider, based on evolving scientific evidence, whether a corre-
21 lation exists between pesticide use and pesticide exposure. As part of
22 such consideration the board shall make recommendations as to methodol-
23 ogies which may be utilized to establish such correlation;

24 (g) After two years of implementation of pesticide reporting pursuant
25 to section 33-1205 of the environmental conservation law, the board
26 shall compare the percentage of agricultural crop production general use
27 pesticides being reported to the total amount of such pesticides being
28 used in this state as estimated by Cornell University, Cornell Cooper-
29 ative Extension, the department of environmental conservation, and the
30 Environmental Protection Agency;

31 (h) Meet at least six times in the first year, at the request of the
32 chair and at any other time as the chair deems necessary. The board
33 shall meet [at least four times a year] AS NEEDED thereafter. Provided,
34 however, that at least one such meeting a year shall be a public hear-
35 ing, at which the general public may question and present information
36 and comments to the board with respect to the operation of the health
37 research science board, the breast cancer research and education fund[,
38 the prostate and testicular cancer research and education fund] and
39 pesticide reporting established pursuant to sections 33-1205 and 33-1207
40 of the environmental conservation law. At such hearing, the commissioner
41 of the department of environmental conservation or his or her designee
42 shall make a report to the board with respect to the efficiency and
43 utility of pesticide reporting established pursuant to sections 33-1205
44 and 33-1207 of the environmental conservation law. SHOULD THE EXISTING
45 BYLAWS BE AMENDED BY THE BOARD, ANY SUCH AMENDMENTS SHALL BE CONSISTENT
46 WITH THE REVISIONS OF THIS PARAGRAPH;

47 S 6. Section 2409-a of the public health law, as added by section 73
48 of part D of chapter 60 of the laws of 2012, is amended to read as
49 follows:

50 S 2409-a. Advisory council. 1. There is hereby established in the
51 department the [breast, cervical and ovarian] cancer detection and
52 education program advisory council, for the purpose of advising the
53 commissioner with regards to providing information to consumers,
54 patients, and health care providers relating, but not limited to,
55 breast, cervical, PROSTATE, TESTICULAR and ovarian cancer, including
56 signs and symptoms, risk factors, the benefits of prevention and early

1 detection, guideline concordant cancer screening and disease management,
2 options for diagnostic testing and treatment, new technologies, and
3 survivorship.

4 2. The advisory council shall make recommendations to the department
5 regarding the promotion and implementation of programs under sections
6 twenty-four hundred six and twenty-four hundred nine of this title.

7 3. The commissioner shall appoint twenty-one voting members, which
8 shall include representation of health care professionals, consumers,
9 patients, ONE VOTING MEMBER WHO SHALL BE A PERSON WHO HAS OR HAS HAD
10 PROSTATE OR TESTICULAR CANCER and other appropriate interest reflective
11 of the diversity of the state, with expertise in breast, cervical,
12 PROSTATE, TESTICULAR and/or ovarian cancer. The commissioner shall
13 appoint one member as a chairperson. The members of the council shall
14 receive no compensation for their services, but shall be allowed their
15 actual and necessary expenses incurred in performance of their duties.

16 4. A majority of the appointed voting membership of the board shall
17 constitute quorum.

18 5. The advisory council shall meet at least twice a year, at the
19 request of the department.

20 S 7. Section 95-e of the state finance law, as added by chapter 273 of
21 the laws of 2004, subdivision 2 as amended by section 1 of part A of
22 chapter 58 of the laws of 2004, is amended to read as follows:

23 S 95-e. New York state prostate cancer research, detection and educa-
24 tion fund. 1. There is hereby established in the joint custody of the
25 commissioner of taxation and finance and the comptroller, a special fund
26 to be known as the "New York [state] STATE prostate cancer research,
27 detection and education fund".

28 2. Such fund shall consist of all revenues received pursuant to the
29 provisions of sections two hundred nine-E and six hundred thirty of the
30 tax law, all revenues received pursuant to appropriations by the legis-
31 lature, and all moneys appropriated, credited, or transferred thereto
32 from any other fund or source pursuant to law. For each state fiscal
33 year, there shall be appropriated to the fund by the state, in addition
34 to all other moneys required to be deposited into such fund, an amount
35 equal to the amounts of monies collected and deposited into the fund
36 pursuant to sections two hundred [nine-e] NINE-E and six hundred thirty
37 of the tax law during the preceding calendar year, as certified by the
38 comptroller. Nothing contained herein shall prevent the state from
39 receiving grants, gifts or bequests for the purposes of the fund as
40 defined in this section and depositing them into the fund according to
41 law. Any interest received by the comptroller on moneys on deposit in
42 such fund shall be retained in and become part of such fund.

43 3. Moneys of the fund [shall be expended only to provide grants to the
44 New York State Coalition to Cure Prostate Cancer, a not-for-profit
45 corporation established in this state which is incorporated], FOLLOWING
46 APPROPRIATION BY THE LEGISLATURE AND ALLOCATION BY THE DIRECTOR OF THE
47 BUDGET, SHALL BE MADE AVAILABLE TO THE COMMISSIONER OF HEALTH TO PROVIDE
48 GRANTS for the purpose of advancing and financing prostate cancer
49 research, detection AND SUPPORT PROGRAMS and education projects. [To the
50 extent practicable, the New York State Coalition to Cure Prostate Cancer
51 shall cooperate and coordinate its efforts with the prostate and testi-
52 cular cancer detection and education advisory council established pursu-
53 ant to section twenty-four hundred sixteen of the public health law]
54 FUNDS MAY BE DISTRIBUTED BY THE COMMISSIONER WITHOUT A COMPETITIVE BID
55 OR REQUEST FOR PROPOSAL PROCESS.

1 4. On or before the first day of February each year, the comptroller
2 shall certify to the governor, temporary president of the senate, speak-
3 er of the assembly, chair of the senate finance committee and chair of
4 the assembly ways and means committee, the amount of money deposited by
5 source in the New York [state] STATE prostate cancer research, detection
6 and education fund during the preceding calendar year as the result of
7 revenue derived pursuant to sections two hundred nine-E and six hundred
8 thirty of the tax law and from all other sources.

9 5. [As a condition of receiving grants from the fund, the New York
10 State Coalition To Cure Prostate Cancer shall agree to issue and shall
11 issue, on or before the first day of February each year, a report
12 including, but not limited to, financial statements, financial reports
13 and reports on the issuance of grants. Such reports shall be delivered
14 to the governor and the chairs of the senate finance committee and the
15 assembly ways and means committee and shall also be made available to
16 the public. Such financial statements and reports shall be audited by a
17 nationally recognized accounting firm.

18 6.] Moneys shall be payable from the fund [to the New York State
19 Coalition to Cure Prostate Cancer] on the audit and warrant of the comp-
20 troller on vouchers approved by the comptroller.

21 S 8. The public health law is amended by adding a new section 2825 to
22 read as follows:

23 S 2825. CAPITAL RESTRUCTURING FINANCING PROGRAM. 1. A CAPITAL RESTRUC-
24 TURING FINANCING PROGRAM IS HEREBY ESTABLISHED UNDER THE JOINT ADMINIS-
25 TRATION OF THE COMMISSIONER AND THE PRESIDENT OF THE DORMITORY AUTHORITY
26 OF THE STATE OF NEW YORK FOR THE PURPOSE OF ENHANCING THE QUALITY,
27 FINANCIAL VIABILITY AND EFFICIENCY OF NEW YORK'S HEALTH CARE DELIVERY
28 SYSTEM BY TRANSFORMING THE SYSTEM INTO A MORE RATIONAL PATIENT-CENTERED
29 CARE SYSTEM THAT PROMOTES POPULATION HEALTH AND IMPROVED WELL-BEING FOR
30 ALL NEW YORKERS.

31 2. FOR THE PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN THROUGH MARCH
32 THIRTY-FIRST, TWO THOUSAND TWENTY-ONE, FUNDS MADE AVAILABLE FOR EXPENDI-
33 TURE PURSUANT TO THIS SECTION MAY BE DISTRIBUTED BY THE COMMISSIONER AND
34 THE PRESIDENT OF THE AUTHORITY, WITHOUT A COMPETITIVE BID OR REQUEST FOR
35 PROPOSAL PROCESS, FOR CAPITAL GRANTS TO GENERAL HOSPITALS, RESIDENTIAL
36 HEALTH CARE FACILITIES, DIAGNOSTIC AND TREATMENT CENTERS, AND CLINICS
37 LICENSED PURSUANT TO THE PUBLIC HEALTH LAW OR THE MENTAL HYGIENE LAW
38 (COLLECTIVELY, "GRANTEES"), FOR CAPITAL WORKS OR PURPOSES THAT SUPPORT
39 THE PURPOSES SET FORTH IN THIS SECTION. SUCH CAPITAL WORKS OR PURPOSES
40 MAY INCLUDE BUT ARE NOT LIMITED TO CLOSURES, MERGERS, RESTRUCTURING,
41 IMPROVEMENTS TO INFRASTRUCTURE, DEVELOPMENT OF PRIMARY CARE SERVICE
42 CAPACITY, AND PROMOTION OF INTEGRATED DELIVERY SYSTEMS THAT STRENGTHEN
43 AND PROTECT CONTINUED ACCESS TO ESSENTIAL HEALTH CARE SERVICES.

44 3. THE COMMISSIONER AND THE PRESIDENT OF THE AUTHORITY SHALL ENTER
45 INTO AN AGREEMENT, SUBJECT TO APPROVAL BY THE DIRECTOR OF THE BUDGET,
46 FOR THE PURPOSES OF AWARDING, DISTRIBUTING, AND ADMINISTERING THE FUNDS
47 MADE AVAILABLE PURSUANT TO THIS SECTION. SUCH AGREEMENT SHALL INCLUDE
48 CRITERIA PERTAINING TO THE EVALUATION OF APPLICATIONS AND DETERMINATION
49 OF AWARDS FOR FUNDS MADE AVAILABLE FOR THE PURPOSES OF THIS SECTION,
50 INCLUDING, BUT NOT LIMITED TO:

- 51 (A) ELIGIBILITY REQUIREMENTS FOR APPLICANTS;
- 52 (B) STATEWIDE GEOGRAPHIC DISTRIBUTION OF FUNDS;
- 53 (C) MINIMUM AND MAXIMUM AMOUNTS OF FUNDING TO BE AWARDED UNDER THE
54 PROGRAM;
- 55 (D) THE RELATIONSHIP BETWEEN THE PROJECT PROPOSED BY AN APPLICANT AND
56 IDENTIFIED COMMUNITY NEED;

(E) THE EXTENT TO WHICH THE APPLICANT HAS ACCESS TO ALTERNATIVE FINANCING; AND

(F) THE EXTENT TO WHICH THE PROPOSED PROJECT FURTHERS THE PURPOSES SET FORTH IN THIS SECTION.

IN EVALUATING SUCH APPLICATIONS AND MAKING AWARD DETERMINATIONS, PREFERENCE WILL BE GIVEN TO: (I) THOSE APPLICANTS THAT HAVE BEEN DEEMED ELIGIBLE FOR NEW YORK'S MEDICAID REDESIGN TEAM WAIVER DELIVERY SYSTEM REFORM INCENTIVE PAYMENT PROGRAM (DSRIP), IN WHICH CASE SUCH APPLICATION SHALL BE COORDINATED WITH THE APPLICANT'S DSRIP APPLICATION, AND (II) OTHER TRANSFORMATIONAL PROGRAMS AS DETERMINED BY THE COMMISSIONER.

S 9. Intentionally omitted.

S 10. Paragraph (c) of subdivision 1 of section 2815 of the public health law, as added by chapter 639 of the laws of 1996, is amended to read as follows:

(c) "Participating [general hospital] BORROWER" shall mean a not-for-profit general hospital, A NOT-FOR-PROFIT DIAGNOSTIC CENTER, A NOT-FOR-PROFIT TREATMENT CENTER, A NOT-FOR-PROFIT RESIDENTIAL HEALTH CARE FACILITY OR ANY OTHER NOT-FOR-PROFIT ENTITY IN POSSESSION OF A VALID OPERATING CERTIFICATE ISSUED PURSUANT TO THIS ARTICLE, EACH organized under the laws of this state, which has been approved for participation in this program by the commissioner.

S 11. Paragraphs (b), (c), and (d) of subdivision 3 and subdivisions 3-a, 4, 5, and 6 of section 2815 of the public health law, as added by chapter 639 of the laws of 1996, subdivision 3-a as added by chapter 1 of the laws of 1999, are amended to read as follows:

(b) for the development and implementation of business plans for participating [general hospitals] BORROWERS, addressing the development of service delivery strategies, including strategies for the formation or strengthening of networks, affiliations or other business combinations, designed to provide long-term financial stability within and among participating [general hospitals] BORROWERS;

(c) for the expenditure or loan of funds by the authority from the restructuring pool to reimburse the authority or the agency, where appropriate, for the costs of engaging management, legal or accounting consultants to identify, develop and implement improved strategies for one or more participating [general hospitals] BORROWERS for implementing the recommendations of such consultants, where appropriate, and for the payment of debt service on bonds, notes or other obligations issued or incurred by the authority or the agency to fund loans to one or more participating [general hospitals] BORROWERS;

(d) for assurances that participating [general hospitals] BORROWERS will address the recommendations of such consultants and furnish the commissioner, the authority, and where applicable, the agency, with such additional financial, management, legal and operational information as each may deem necessary to monitor the performance of a participating [general hospital] BORROWER; and

3-a. Any participating [general hospital] BORROWER may apply for restructuring pool funds to the extent such funds are derived from deposits made pursuant to paragraph (d) of subdivision one of section twenty-eight hundred seven-1 of this article, provided, however, that, in reviewing such applications, the commissioner and the authority shall consider the extent to which the applicant hospital has alternative available sources of funds, including, but not limited to, funds available through affiliation agreements with other hospitals OR ENTITIES.

4. To the extent funds are available from a participating [general hospital] BORROWER therefor, expenditures from the restructuring pool

1 shall be repaid to the restructuring pool from repayments received by
2 the authority, or the agency where applicable, from a participating
3 [general hospital] BORROWER pursuant to the terms of any financing
4 agreement, mortgage or loan document permitting the recovery from the
5 participating [general hospital] BORROWER of such expenditures. The
6 authority shall record and account for all such payments, which shall be
7 deposited in the restructuring pool.

8 5. Loans from the restructuring pool shall be made pursuant to an
9 agreement with the participating [general hospital] BORROWER specifying
10 the terms thereof, including repayment terms. The authority shall record
11 and account for all such repayments, which shall be deposited in the
12 restructuring pool. The authority shall notify the chair of the senate
13 finance committee, the director of the division of budget, the chair of
14 the assembly ways and means committee, five days prior to the making of
15 a loan from the restructuring pool. The authority shall also report
16 quarterly to such chairpersons on the transactions in the pool, includ-
17 ing but not limited to deposits to the pool, loans made from the pool,
18 investment income, and the balance on hand as of the end of the month
19 for each such quarter.

20 6. The commissioner is authorized, with the assistance and cooperation
21 of the authority, to provide a program of technical assistance to
22 participating [general hospitals] BORROWERS.

23 S 12. Section 2801-a of the public health law is amended by adding a
24 new subdivision 17 to read as follows:

25 17. (A) THE COMMISSIONER IS AUTHORIZED TO ESTABLISH A PILOT PROGRAM TO
26 ASSIST IN RESTRUCTURING HEALTH CARE DELIVERY SYSTEMS BY ALLOWING FOR
27 INCREASED CAPITAL INVESTMENT IN HEALTH CARE FACILITIES. PURSUANT TO THE
28 PILOT PROGRAM, THE PUBLIC HEALTH AND HEALTH PLANNING COUNCIL SHALL
29 APPROVE THE ESTABLISHMENT, IN ACCORDANCE WITH THE PROVISIONS OF SUBDIVI-
30 SION THREE OF THIS SECTION, OF NO MORE THAN FIVE BUSINESS CORPORATIONS
31 FORMED UNDER THE BUSINESS CORPORATION LAW. SUCH BUSINESS CORPORATIONS
32 SHALL AFFILIATE, THE EXTENT OF THE AFFILIATION TO BE DETERMINED BY THE
33 COMMISSIONER, WITH AT LEAST ONE ACADEMIC MEDICAL INSTITUTION OR TEACHING
34 HOSPITAL APPROVED BY THE COMMISSIONER. A BUSINESS CORPORATION SHALL NOT
35 BE ELIGIBLE TO PARTICIPATE IN THIS PROGRAM IF THE NUMBER OF ITS STOCK
36 HOLDERS EXCEEDS THIRTY-FIVE, OR IF ANY OF ITS STOCK, OR THAT OF ANY OF
37 ITS DIRECT OR INDIRECT OWNERS, IS OR WILL BE TRADED ON A PUBLIC STOCK
38 EXCHANGE OR ON AN OVER-THE-COUNTER MARKET.

39 (B) NOTWITHSTANDING ANY PROVISION OF LAW TO THE CONTRARY, BUSINESS
40 CORPORATIONS ESTABLISHED PURSUANT TO THIS SUBDIVISION SHALL BE DEEMED
41 ELIGIBLE TO PARTICIPATE IN DEBT FINANCING PROVIDED BY THE DORMITORY
42 AUTHORITY OF THE STATE OF NEW YORK, LOCAL DEVELOPMENT CORPORATIONS AND
43 ECONOMIC DEVELOPMENT CORPORATIONS.

44 (C) THE FOLLOWING PROVISIONS OF THIS CHAPTER SHALL NOT APPLY TO BUSI-
45 NESS CORPORATIONS ESTABLISHED PURSUANT TO THIS SUBDIVISION: (I) PARA-
46 GRAPH (B) OF SUBDIVISION THREE OF THIS SECTION, RELATING TO STOCKHOLD-
47 ERS, OTHER THAN PRINCIPAL STOCKHOLDERS; (II) PARAGRAPH (C) OF
48 SUBDIVISION FOUR OF THIS SECTION, RELATING TO THE DISPOSITION OF STOCK
49 OR VOTING RIGHTS; (III) PARAGRAPHS (D) AND (E) OF SUBDIVISION FOUR OF
50 THIS SECTION, RELATING TO THE OWNERSHIP OF STOCK; AND (IV) PARAGRAPH (A)
51 OF SUBDIVISION THREE OF SECTION FOUR THOUSAND FOUR OF THIS CHAPTER,
52 RELATING TO THE OWNERSHIP OF STOCK. NOTWITHSTANDING THE FOREGOING, THE
53 PUBLIC HEALTH AND HEALTH PLANNING COUNCIL MAY REQUIRE THE DISCLOSURE OF
54 THE IDENTITY OF STOCKHOLDERS.

55 (D) THE CORPORATE POWERS AND PURPOSES OF A BUSINESS CORPORATION ESTAB-
56 LISHED AS AN OPERATOR PURSUANT TO THIS SUBDIVISION SHALL BE LIMITED TO

1 THE OWNERSHIP AND OPERATION, OR OPERATION, OF A HOSPITAL OR HOSPITALS
2 SPECIFICALLY NAMED AND THE LOCATION OR LOCATIONS OF WHICH ARE SPECIF-
3 ICALLY DESIGNATED BY STREET ADDRESS, CITY, TOWN, VILLAGE OR LOCALITY AND
4 COUNTY; PROVIDED, HOWEVER, THAT THE CORPORATE POWERS AND PURPOSES MAY
5 ALSO INCLUDE THE OWNERSHIP AND OPERATION, OR OPERATION, OF A CERTIFIED
6 HOME HEALTH AGENCY OR LICENSED HOME CARE SERVICES AGENCY OR AGENCIES AS
7 DEFINED IN ARTICLE THIRTY-SIX OF THIS CHAPTER OR A HOSPICE OR HOSPICES
8 AS DEFINED IN ARTICLE FORTY OF THIS CHAPTER, IF THE CORPORATION HAS
9 RECEIVED ALL APPROVALS REQUIRED UNDER SUCH LAW TO OWN AND OPERATE, OR
10 OPERATE, SUCH HOME CARE SERVICES AGENCY OR AGENCIES OR HOSPICE OR
11 HOSPICES. SUCH CORPORATE POWERS AND PURPOSES SHALL NOT BE MODIFIED,
12 AMENDED OR DELETED WITHOUT THE PRIOR APPROVAL OF THE COMMISSIONER.

13 (E) (1) IN DISCHARGING THE DUTIES OF THEIR RESPECTIVE POSITIONS, THE
14 BOARD OF DIRECTORS, COMMITTEES OF THE BOARD AND INDIVIDUAL DIRECTORS AND
15 OFFICERS OF A BUSINESS CORPORATION ESTABLISHED PURSUANT TO THIS SUBDIVI-
16 SION SHALL CONSIDER THE EFFECTS OF ANY ACTION UPON:

17 (A) THE ABILITY OF THE BUSINESS CORPORATION TO ACCOMPLISH ITS PURPOSE;
18 (B) THE SHAREHOLDERS OF THE BUSINESS CORPORATION;
19 (C) THE EMPLOYEES AND WORKFORCE OF THE BUSINESS;
20 (D) THE INTERESTS OF PATIENTS OF THE HOSPITAL OR HOSPITALS;
21 (E) COMMUNITY AND SOCIETAL CONSIDERATIONS, INCLUDING THOSE OF ANY
22 COMMUNITY IN WHICH FACILITIES OF THE CORPORATION ARE LOCATED;
23 (F) THE LOCAL AND GLOBAL ENVIRONMENT; AND
24 (G) THE SHORT-TERM AND LONG-TERM INTERESTS OF THE CORPORATION, INCLUD-
25 ING BENEFITS THAT MAY ACCRUE TO THE CORPORATION FROM ITS LONG-TERM
26 PLANS.

27 (2) THE CONSIDERATION OF INTERESTS AND FACTORS IN THE MANNER REQUIRED
28 BY PARAGRAPH ONE OF THIS PARAGRAPH:

29 (A) SHALL NOT CONSTITUTE A VIOLATION OF THE PROVISIONS OF SECTION
30 SEVEN HUNDRED FIFTEEN OR SEVEN HUNDRED SEVENTEEN OF THE BUSINESS CORPO-
31 RATION LAW; AND

32 (B) IS IN ADDITION TO THE ABILITY OF DIRECTORS TO CONSIDER INTERESTS
33 AND FACTORS AS PROVIDED IN SECTION SEVEN HUNDRED SEVENTEEN OF THE BUSI-
34 NESS CORPORATION LAW.

35 (F) A SALE, LEASE, CONVEYANCE, EXCHANGE, TRANSFER, OR OTHER DISPOSI-
36 TION OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION SHALL
37 NOT BE EFFECTIVE UNLESS THE TRANSACTION IS APPROVED BY THE COMMISSIONER.

38 (G) NO LATER THAN TWO YEARS AFTER THE ESTABLISHMENT OF A BUSINESS
39 CORPORATION UNDER THIS SUBDIVISION, THE COMMISSIONER SHALL PROVIDE THE
40 GOVERNOR, THE MAJORITY LEADER OF THE SENATE AND THE SPEAKER OF THE
41 ASSEMBLY WITH A WRITTEN EVALUATION OF THE PILOT PROGRAM. SUCH EVALUATION
42 SHALL ADDRESS THE OVERALL EFFECTIVENESS OF THE PROGRAM IN ALLOWING FOR
43 ACCESS TO CAPITAL INVESTMENT IN HEALTH CARE FACILITIES AND THE IMPACT
44 SUCH ACCESS MAY HAVE ON THE QUALITY OF CARE PROVIDED BY HOSPITALS OPER-
45 ATED BY BUSINESS CORPORATIONS ESTABLISHED UNDER THIS SUBDIVISION.

46 S 13. Paragraph (b) of subdivision 2 of section 1676 of the public
47 authorities law is amended by adding a new undesignated paragraph to
48 read as follows:

49 SUCH BUSINESS CORPORATIONS AS ARE ESTABLISHED PURSUANT TO SUBDIVISION
50 SEVENTEEN OF SECTION TWENTY-EIGHT HUNDRED ONE-A OF THE PUBLIC HEALTH LAW
51 FOR THE ACQUISITION, CONSTRUCTION, RECONSTRUCTION, REHABILITATION AND
52 IMPROVEMENT, OR OTHERWISE PROVIDING, FURNISHING AND EQUIPPING OF A
53 HOSPITAL OR HOSPITALS.

54 S 14. Subdivision 1 of section 1680 of the public authorities law is
55 amended by adding a new undesignated paragraph to read as follows:

1 SUCH BUSINESS CORPORATIONS AS ARE ESTABLISHED PURSUANT TO SUBDIVISION
2 SEVENTEEN OF SECTION TWENTY-EIGHT HUNDRED ONE-A OF THE PUBLIC HEALTH LAW
3 FOR THE ACQUISITION, CONSTRUCTION, RECONSTRUCTION, REHABILITATION AND
4 IMPROVEMENT, OR OTHERWISE PROVIDING, FURNISHING AND EQUIPPING OF A
5 HOSPITAL OR HOSPITALS.

6 S 15. Subdivisions 1, 2 and 3 of section 2802 of the public health
7 law, subdivisions 1 and 2 as amended by section 58 of part A of chapter
8 58 of the laws of 2010, subdivision 3 as amended by chapter 609 of the
9 laws of 1982 and paragraph (e) of subdivision 3 as amended by chapter
10 731 of the laws of 1993, are amended to read as follows:

11 1. An application for such construction shall be filed with the
12 department, together with such other forms and information as shall be
13 prescribed by, or acceptable to, the department. Thereafter the depart-
14 ment shall forward a copy of the application and accompanying documents
15 to the public health and health planning council, and the health systems
16 agency, if any, having geographical jurisdiction of the area where the
17 hospital is located.

18 2. The commissioner shall not act upon an application for construction
19 of a hospital until the public health and health planning council and
20 the health systems agency have had a reasonable time to submit their
21 recommendations, and unless (a) the applicant has obtained all approvals
22 and consents required by law for its incorporation or establishment
23 (including the approval of the public health and health planning council
24 pursuant to the provisions of this article) provided, however, that the
25 commissioner may act upon an application for construction by an appli-
26 cant possessing a valid operating certificate when the application qual-
27 ifies for review without the recommendation of the council pursuant to
28 regulations adopted by the council and approved by the commissioner; and
29 (b) the commissioner is satisfied as to the public need for the
30 construction, at the time and place and under the circumstances
31 proposed, provided however that[,] in the case of an application by a
32 hospital established or operated by an organization defined in subdivi-
33 sion one of section four hundred eighty-two-b of the social services
34 law, the needs of the members of the religious denomination concerned,
35 for care or treatment in accordance with their religious or ethical
36 convictions, shall be deemed to be public need[.]; AND FURTHER PROVIDED
37 THAT: (I) AN APPLICATION BY A GENERAL HOSPITAL OR DIAGNOSTIC AND TREAT-
38 MENT CENTER, ESTABLISHED UNDER THIS ARTICLE, TO CONSTRUCT A FACILITY TO
39 PROVIDE PRIMARY CARE SERVICES, AS DEFINED IN REGULATION, MAY BE APPROVED
40 WITHOUT REGARD FOR PUBLIC NEED; OR (II) AN APPLICATION BY A GENERAL
41 HOSPITAL OR A DIAGNOSTIC AND TREATMENT CENTER, ESTABLISHED UNDER THIS
42 ARTICLE, TO UNDERTAKE CONSTRUCTION THAT DOES NOT INVOLVE A CHANGE IN
43 CAPACITY, THE TYPES OF SERVICES PROVIDED, MAJOR MEDICAL EQUIPMENT,
44 FACILITY REPLACEMENT, OR THE GEOGRAPHIC LOCATION OF SERVICES, MAY BE
45 APPROVED WITHOUT REGARD FOR PUBLIC NEED.

46 3. Subject to the provisions of paragraph (b) of subdivision two OF
47 THIS SECTION, the commissioner in approving the construction of a hospi-
48 tal shall take into consideration and be empowered to request informa-
49 tion and advice as to (a) the availability of facilities or services
50 such as preadmission, ambulatory or home care services which may serve
51 as alternatives or substitutes for the whole or any part of the proposed
52 hospital construction;

53 (b) the need for special equipment in view of existing utilization of
54 comparable equipment at the time and place and under the circumstances
55 proposed;

(c) the possible economies and improvements in service to be anticipated from the operation of joint central services including, but not limited to laboratory, research, radiology, pharmacy, laundry and purchasing;

(d) the adequacy of financial resources and sources of future revenue, PROVIDED THAT THE COMMISSIONER MAY, BUT IS NOT REQUIRED TO, CONSIDER THE ADEQUACY OF FINANCIAL RESOURCES AND SOURCES OF FUTURE REVENUE IN RELATION TO APPLICATIONS UNDER SUBPARAGRAPHS (I) AND (II) OF PARAGRAPH (B) OF SUBDIVISION TWO OF THIS SECTION; and

(e) whether the facility is currently in substantial compliance with all applicable codes, rules and regulations, provided, however, that the commissioner shall not disapprove an application solely on the basis that the facility is not currently in substantial compliance, if the application is specifically:

(i) to correct life safety code or patient care deficiencies;

(ii) to correct deficiencies which are necessary to protect the life, health, safety and welfare of facility patients, residents or staff;

(iii) for replacement of equipment that no longer meets the generally accepted operational standards existing for such equipment at the time it was acquired; and

(iv) for decertification of beds and services.

S 16. Subdivisions 1, 2 and 3 of section 2807-z of the public health law, as amended by chapter 400 of the laws of 2012, are amended to read as follows:

1. Notwithstanding any provision of this chapter or regulations or any other state law or regulation, for any eligible capital project as defined in subdivision six of this section, the department shall have thirty days [of] AFTER receipt of the certificate of need OR CONSTRUCTION application, PURSUANT TO SECTION TWENTY-EIGHT HUNDRED TWO OF THIS ARTICLE, for a limited or administrative review to deem such application complete. If the department determines the application is incomplete or that more information is required, the department shall notify the applicant in writing within thirty days of the date of the application's submission, and the applicant shall have twenty business days to provide additional information or otherwise correct the deficiency in the application.

2. For an eligible capital project requiring a limited or administrative review, within ninety days of the department deeming the application complete, the department shall make a decision to approve or disapprove the certificate of need OR CONSTRUCTION application for such project. If the department determines to disapprove the project, the basis for such disapproval shall be provided in writing; however, disapproval shall not be based on the incompleteness of the application. If the department fails to take action to approve or disapprove the application within ninety days of the certificate of need application being deemed complete, the application will be deemed approved.

3. For an eligible capital project requiring full review by the council, the certificate of need OR CONSTRUCTION application shall be placed on the next council agenda following the department deeming the application complete.

S 17. Section 2801-a of the public health law is amended by adding a new subdivision 3-b to read as follows:

3-B. NOTWITHSTANDING ANY OTHER PROVISIONS OF THIS CHAPTER TO THE CONTRARY, THE PUBLIC HEALTH AND HEALTH PLANNING COUNCIL MAY APPROVE THE ESTABLISHMENT OF DIAGNOSTIC OR TREATMENT CENTERS TO BE ISSUED OPERATING CERTIFICATES FOR THE PURPOSE OF PROVIDING PRIMARY CARE, AS DEFINED BY

1 THE COMMISSIONER IN REGULATIONS, WITHOUT REGARD TO THE REQUIREMENTS OF
2 PUBLIC NEED AND FINANCIAL RESOURCES AS SET FORTH IN SUBDIVISION THREE OF
3 THIS SECTION.

4 S 18. Subdivision 3 of section 2801-a of the public health law, as
5 amended by section 57 of part A of chapter 58 of the laws of 2010, is
6 amended to read as follows:

7 3. The public health and health planning council shall not approve a
8 certificate of incorporation, articles of organization or application
9 for establishment unless it is satisfied, insofar as applicable, as to
10 (a) the public need for the existence of the institution at the time and
11 place and under the circumstances proposed, provided, however, that in
12 the case of an institution proposed to be established or operated by an
13 organization defined in subdivision one of section one hundred seventy-
14 two-a of the executive law, the needs of the members of the religious
15 denomination concerned, for care or treatment in accordance with their
16 religious or ethical convictions, shall be deemed to be public need; (b)
17 the character, competence, and standing in the community, of the
18 proposed incorporators, directors, sponsors, MEMBERS, PRINCIPAL MEMBERS,
19 stockholders, [members] PRINCIPAL STOCKHOLDERS or operators; with
20 respect to any proposed incorporator, director, sponsor, MEMBER, PRINCI-
21 PAL MEMBER, stockholder, [member] PRINCIPAL STOCKHOLDER or operator who
22 is already or within the past [ten] SEVEN years has been an incorpora-
23 tor, director, sponsor, member, principal stockholder, principal member,
24 or operator of any hospital, private proprietary home for adults, resi-
25 dence for adults, or non-profit home for the aged or blind which has
26 been issued an operating certificate by the state department of social
27 services, or a halfway house, hostel or other residential facility or
28 institution for the care, custody or treatment of the mentally disabled
29 which is subject to approval by the department of mental hygiene, no
30 approval shall be granted unless the public health and health planning
31 council, having afforded an adequate opportunity to members of health
32 systems agencies, if any, having geographical jurisdiction of the area
33 where the institution is to be located to be heard, shall affirmatively
34 find by substantial evidence as to each such incorporator, director,
35 sponsor, MEMBER, PRINCIPAL MEMBER, principal stockholder or operator
36 that a substantially consistent high level of care is being or was being
37 rendered in each such hospital, home, residence, halfway house, hostel,
38 or other residential facility or institution with which such person is
39 or was affiliated; for the purposes of this paragraph, the public health
40 and health planning council shall adopt rules and regulations, subject
41 to the approval of the commissioner, to establish the criteria to be
42 used to determine whether a substantially consistent high level of care
43 has been rendered, provided, however, that there shall not be a finding
44 that a substantially consistent high level of care has been rendered
45 where there have been violations of the state hospital code, or other
46 applicable rules and regulations, that (i) threatened to directly affect
47 the health, safety or welfare of any patient or resident, and (ii) were
48 recurrent or were not promptly corrected, UNLESS THE PROPOSED INCORPORA-
49 TOR, DIRECTOR, SPONSOR, MEMBER, PRINCIPAL MEMBER, STOCKHOLDER, PRINCIPAL
50 STOCKHOLDER, OR OPERATOR DEMONSTRATES, AND THE PUBLIC HEALTH AND HEALTH
51 PLANNING COUNCIL FINDS, THAT THE VIOLATIONS CANNOT BE ATTRIBUTED TO THE
52 ACTION OR INACTION OF SUCH PROPOSED INCORPORATOR, DIRECTOR, SPONSOR,
53 MEMBER, PRINCIPAL MEMBER, STOCKHOLDER, PRINCIPAL STOCKHOLDER, OR OPERA-
54 TOR DUE TO THE TIMING, EXTENT OR MANNER OF THE AFFILIATION; (c) the
55 financial resources of the proposed institution and its sources of
56 future revenues; and (d) such other matters as it shall deem pertinent.

1 S 19. Paragraphs (b) and (c) of subdivision 4 of section 2801-a of the
2 public health law, as amended by section 57 of part A of chapter 58 of
3 the laws of 2010, are amended to read as follows:

4 (b) [(i)] Any transfer, assignment or other disposition of ten percent
5 or more of [an] DIRECT OR INDIRECT interest or voting rights in [a part-
6 nership or limited liability company, which is the] AN operator of a
7 hospital to a new STOCKHOLDER, partner or member, OR ANY TRANSFER,
8 ASSIGNMENT OR OTHER DISPOSITION OF A DIRECT OR INDIRECT INTEREST OR
9 VOTING RIGHTS OF SUCH AN OPERATOR WHICH RESULTS IN THE OWNERSHIP OR
10 CONTROL OF MORE THAN TEN PERCENT OF THE INTEREST OR VOTING RIGHTS OF
11 SUCH OPERATOR BY ANY PERSON NOT PREVIOUSLY APPROVED BY THE PUBLIC HEALTH
12 AND HEALTH PLANNING COUNCIL, OR ITS PREDECESSOR, FOR THAT OPERATOR shall
13 be approved by the public health and health planning council, in accord-
14 ance with the provisions of subdivisions two and three of this section,
15 except that: (A) any such change shall be subject to the approval by the
16 public health and health planning council in accordance with paragraph
17 (b) of subdivision three of this section only with respect to the new
18 STOCKHOLDER, partner or member, and any remaining STOCKHOLDERS, partners
19 or members who have not been previously approved for that facility in
20 accordance with such paragraph, and (B) such change shall not be subject
21 to paragraph (a) of subdivision three of this section. IN THE ABSENCE OF
22 SUCH APPROVAL, THE OPERATING CERTIFICATE OF SUCH HOSPITAL SHALL BE
23 SUBJECT TO REVOCATION OR SUSPENSION.

24 [(ii)] (C) (I) With respect to a transfer, assignment or disposition
25 involving less than ten percent of [an] A DIRECT OR INDIRECT interest or
26 voting rights in [such partnership or limited liability company] AN
27 OPERATOR OF A HOSPITAL to a new STOCKHOLDER, partner or member, no prior
28 approval of the public health and health planning council shall be
29 required. However, no such transaction shall be effective unless at
30 least ninety days prior to the intended effective date thereof, the
31 [partnership or limited liability company] OPERATOR fully completes and
32 files with the public health and health planning council notice on a
33 form, to be developed by the public health and health planning council,
34 which shall disclose such information as may reasonably be necessary for
35 the public health and health planning council to determine whether it
36 should bar the transaction for any of the reasons set forth in item (A),
37 (B), (C) or (D) below. Within ninety days from the date of receipt of
38 such notice, the public health and health planning council may bar any
39 transaction under this subparagraph: (A) if the equity position of the
40 [partnership or limited liability company,] OPERATOR, determined in
41 accordance with generally accepted accounting principles, would be
42 reduced as a result of the transfer, assignment or disposition; (B) if
43 the transaction would result in the ownership of a [partnership or
44 membership] DIRECT OR INDIRECT interest OR VOTING RIGHTS by any persons
45 who have been convicted of a felony described in subdivision five of
46 section twenty-eight hundred six of this article; (C) if there are
47 reasonable grounds to believe that the proposed transaction does not
48 satisfy the character and competence criteria set forth in subdivision
49 three of this section; or (D) UPON THE RECOMMENDATION OF THE COMMISSION-
50 ER, if the transaction, together with all transactions under this
51 subparagraph for the [partnership] OPERATOR, or successor, during any
52 five year period would, in the aggregate, involve twenty-five percent or
53 more of the interest in the [partnership] OPERATOR. The public health
54 and health planning council shall state specific reasons for barring any
55 transaction under this subparagraph and shall so notify each party to
56 the proposed transaction.

1 [(iii) With respect to a transfer, assignment or disposition of an
2 interest or voting rights in such partnership or limited liability
3 company to any remaining partner or member, which transaction involves
4 the withdrawal of the transferor from the partnership or limited liabil-
5 ity company, no prior approval of the public health and health planning
6 council shall be required. However, no such transaction shall be effec-
7 tive unless at least ninety days prior to the intended effective date
8 thereof, the partnership or limited liability company fully completes
9 and files with the public health and health planning council notice on a
10 form, to be developed by the public health and health planning council,
11 which shall disclose such information as may reasonably be necessary for
12 the public health and health planning council to determine whether it
13 should bar the transaction for the reason set forth below. Within ninety
14 days from the date of receipt of such notice, the public health and
15 health planning council may bar any transaction under this subparagraph
16 if the equity position of the partnership or limited liability company,
17 determined in accordance with generally accepted accounting principles,
18 would be reduced as a result of the transfer, assignment or disposition.
19 The public health and health planning council shall state specific
20 reasons for barring any transaction under this subparagraph and shall so
21 notify each party to the proposed transaction.

22 (c) Any transfer, assignment or other disposition of ten percent or
23 more of the stock or voting rights thereunder of a corporation which is
24 the operator of a hospital or which is a member of a limited liability
25 company which is the operator of a hospital to a new stockholder, or any
26 transfer, assignment or other disposition of the stock or voting rights
27 thereunder of such a corporation which results in the ownership or
28 control of more than ten percent of the stock or voting rights there-
29 under of such corporation by any person not previously approved by the
30 public health and health planning council, or its predecessor, for that
31 corporation shall be subject to approval by the public health and health
32 planning council, in accordance with the provisions of subdivisions two
33 and three of this section and rules and regulations pursuant thereto;
34 except that: any such transaction shall be subject to the approval by
35 the public health and health planning council in accordance with para-
36 graph (b) of subdivision three of this section only with respect to a
37 new stockholder or a new principal stockholder; and shall not be subject
38 to paragraph (a) of subdivision three of this section. In the absence of
39 such approval, the operating certificate of such hospital shall be
40 subject to revocation or suspension.] (II) No prior approval of the
41 public health and health planning council shall be required with respect
42 to a transfer, assignment or disposition of ten percent or more of [the
43 stock] A DIRECT OR INDIRECT INTEREST or voting rights [thereunder of a
44 corporation which is the] IN AN operator of a hospital [or which is a
45 member of a limited liability company which is the owner of a hospital]
46 to any person previously approved by the public health and health plan-
47 ning council, or its predecessor, for that [corporation] OPERATOR.
48 However, no such transaction shall be effective unless at least ninety
49 days prior to the intended effective date thereof, the [stockholder]
50 OPERATOR FULLY completes and files with the public health and health
51 planning council notice on forms to be developed by the public health
52 and health planning council, which shall disclose such information as
53 may reasonably be necessary for the public health and health planning
54 council to determine whether it should bar the transaction. Such trans-
55 action will be final as of the intended effective date unless, prior
56 thereto, the public health and health planning council shall state

1 specific reasons for barring such transactions under this paragraph and
2 shall notify each party to the proposed transaction. Nothing in this
3 paragraph shall be construed as permitting a person not previously
4 approved by the public health and health planning council for that
5 [corporation] OPERATOR to become the owner of ten percent or more of the
6 [stock of a corporation which is] INTEREST OR VOTING RIGHTS, DIRECTLY OR
7 INDIRECTLY, IN the operator of a hospital [or which is a member of a
8 limited liability company which is the owner of a hospital] without
9 first obtaining the approval of the public health and health planning
10 council.

11 S 20. Subdivision 1 of section 3611-a of the public health law, as
12 amended by section 67 of part A of chapter 58 of the laws of 2010, is
13 amended to read as follows:

14 1. Any change in the person who, or any transfer, assignment, or other
15 disposition of an interest or voting rights of ten percent or more, or
16 any transfer, assignment or other disposition which results in the
17 ownership or control of an interest or voting rights of ten percent or
18 more, in a limited liability company or a partnership which is the oper-
19 ator of a licensed home care services agency or a certified home health
20 agency shall be approved by the public health and health planning coun-
21 cil, in accordance with the provisions of subdivision four of section
22 thirty-six hundred five of this article relative to licensure or subdivi-
23 sion two of section thirty-six hundred six of this article relative to
24 certificate of approval, except that:

25 (a) Public health and health planning council approval shall be
26 required only with respect to the person, or the member or partner that
27 is acquiring the interest or voting rights; and

28 (b) With respect to certified home health agencies, such change shall
29 not be subject to the public need assessment described in paragraph (a)
30 of subdivision two of section thirty-six hundred six of this article.

31 (c) IN THE ABSENCE OF SUCH APPROVAL, THE LICENSE OR CERTIFICATE OF
32 APPROVAL SHALL BE SUBJECT TO REVOCATION OR SUSPENSION.

33 (D) (I) No prior approval of the public health and health planning
34 council shall be required with respect to a transfer, assignment or
35 disposition of:

36 [(i)] (A) an interest or voting rights to any person previously
37 approved by the public health and health planning council, or its prede-
38 cessor, for that operator; or

39 [(ii)] (B) an interest or voting rights of less than ten percent in
40 the operator. [However, no]

41 (II) NO such transaction UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH
42 shall be effective unless at least ninety days prior to the intended
43 effective date thereof, the [partner or member] OPERATOR completes and
44 files with the public health and health planning council notice on forms
45 to be developed by the public health council, which shall disclose such
46 information as may reasonably be necessary for the public health and
47 health planning council to determine whether it should bar the trans-
48 action. Such transaction will be final as of the intended effective date
49 unless, prior thereto, the public health and health planning council
50 shall state specific reasons for barring such transactions under this
51 paragraph and shall notify each party to the proposed transaction.

52 S 21. Section 2801-a of the public health law is amended by adding a
53 new subdivision 17 to read as follows:

54 17. (A) DIAGNOSTIC OR TREATMENT CENTERS ESTABLISHED TO PROVIDE HEALTH
55 CARE SERVICES WITHIN THE SPACE OF A RETAIL BUSINESS OPERATION, SUCH AS A
56 PHARMACY, A STORE OPEN TO THE GENERAL PUBLIC OR A SHOPPING MALL, OR

1 WITHIN SPACE USED BY AN EMPLOYER FOR PROVIDING HEALTH CARE SERVICES TO
2 ITS EMPLOYEES, MAY BE OPERATED BY LEGAL ENTITIES FORMED UNDER THE LAWS
3 OF NEW YORK WHOSE STOCKHOLDERS OR MEMBERS, AS APPLICABLE, ARE NOT
4 NATURAL PERSONS AND WHOSE PRINCIPAL STOCKHOLDERS AND MEMBERS, AS APPLI-
5 CABLE, AND CONTROLLING PERSONS COMPLY WITH ALL APPLICABLE REQUIREMENTS
6 OF THIS SECTION AND DEMONSTRATE, TO THE SATISFACTION OF THE PUBLIC
7 HEALTH AND HEALTH PLANNING COUNCIL, SUFFICIENT EXPERIENCE AND EXPERTISE
8 IN DELIVERING HIGH QUALITY HEALTH CARE SERVICES. SUCH DIAGNOSTIC AND
9 TREATMENT CENTERS SHALL BE REFERRED TO IN THIS SECTION AS "LIMITED
10 SERVICES CLINICS". FOR PURPOSES OF THIS SUBDIVISION, THE PUBLIC HEALTH
11 AND HEALTH PLANNING COUNCIL SHALL ADOPT AND AMEND RULES AND REGULATIONS,
12 NOTWITHSTANDING ANY INCONSISTENT PROVISION OF THIS SECTION, TO ADDRESS
13 ANY MATTER IT DEEMS PERTINENT TO THE ESTABLISHMENT OF LIMITED SERVICES
14 CLINICS; PROVIDED THAT SUCH RULES AND REGULATIONS SHALL INCLUDE, BUT NOT
15 BE LIMITED TO, PROVISIONS GOVERNING OR RELATING TO: (I) ANY DIRECT OR
16 INDIRECT CHANGES OR TRANSFERS OF OWNERSHIP INTERESTS OR VOTING RIGHTS IN
17 SUCH ENTITIES OR THEIR STOCKHOLDERS OR MEMBERS, AS APPLICABLE, AND
18 PROVIDE FOR PUBLIC HEALTH AND HEALTH PLANNING COUNCIL APPROVAL OF ANY
19 CHANGE IN CONTROLLING INTERESTS, PRINCIPAL STOCKHOLDERS, CONTROLLING
20 PERSONS, PARENT COMPANY OR SPONSORS; (II) OVERSIGHT OF THE OPERATOR AND
21 ITS SHAREHOLDERS OR MEMBERS, AS APPLICABLE, INCLUDING LOCAL GOVERNANCE
22 OF THE LIMITED SERVICES CLINICS; AND (III) RELATING TO THE CHARACTER AND
23 COMPETENCE AND QUALIFICATIONS OF, AND CHANGES RELATING TO, THE DIRECTORS
24 AND OFFICERS OF THE OPERATOR AND ITS PRINCIPAL STOCKHOLDERS, CONTROLLING
25 PERSONS, PARENT COMPANY OR SPONSORS.

26 (B) THE FOLLOWING PROVISIONS OF THIS SECTION SHALL NOT APPLY TO LIMIT-
27 ED SERVICES CLINICS OPERATED PURSUANT TO THIS SUBDIVISION: (I) PARAGRAPH
28 (A) OF SUBDIVISION THREE OF THIS SECTION; (II) PARAGRAPH (B) OF SUBDIVI-
29 SION THREE OF THIS SECTION, RELATING TO STOCKHOLDERS AND MEMBERS OTHER
30 THAN PRINCIPAL STOCKHOLDERS AND PRINCIPAL MEMBERS; (III) PARAGRAPH (C)
31 OF SUBDIVISION FOUR OF THIS SECTION, RELATING TO THE DISPOSITION OF
32 STOCK OR VOTING RIGHTS; AND (IV) PARAGRAPH (E) OF SUBDIVISION FOUR OF
33 THIS SECTION, RELATING TO THE OWNERSHIP OF STOCK OR MEMBERSHIP.

34 (C) A LIMITED SERVICES CLINIC SHALL BE DEEMED TO BE A "HEALTH CARE
35 PROVIDER" FOR THE PURPOSES OF TITLE TWO-D OF ARTICLE TWO OF THIS CHAP-
36 TER. A PRESCRIBER PRACTICING IN A LIMITED SERVICES CLINIC SHALL NOT BE
37 DEEMED TO BE IN THE EMPLOY OF A PHARMACY OR PRACTICING IN A HOSPITAL FOR
38 PURPOSES OF SUBDIVISION TWO OF SECTION SIXTY-EIGHT HUNDRED SEVEN OF THE
39 EDUCATION LAW.

40 (D) THE COMMISSIONER SHALL PROMULGATE REGULATIONS SETTING FORTH OPERA-
41 TIONAL AND PHYSICAL PLANT STANDARDS FOR LIMITED SERVICES CLINICS, WHICH
42 MAY BE DIFFERENT FROM THE REGULATIONS OTHERWISE APPLICABLE TO DIAGNOSTIC
43 OR TREATMENT CENTERS, INCLUDING, BUT NOT LIMITED TO: REQUIRING ACCREDI-
44 TATION; DESIGNATING OR LIMITING THE TREATMENTS AND SERVICES THAT MAY BE
45 PROVIDED; PROHIBITING THE PROVISION OF SERVICES TO PATIENTS TWENTY-FOUR
46 MONTHS OF AGE OR YOUNGER; THE PROVISION OF SPECIFIC IMMUNIZATIONS TO
47 PATIENTS YOUNGER THAN EIGHTEEN YEARS OF AGE; AND REQUIREMENTS OR GUIDE-
48 LINES FOR ADVERTISING AND SIGNAGE, DISCLOSURE OF OWNERSHIP INTERESTS,
49 INFORMED CONSENT, RECORD KEEPING, REFERRAL FOR TREATMENT AND CONTINUITY
50 OF CARE, CASE REPORTING TO THE PATIENT'S PRIMARY CARE OR OTHER HEALTH
51 CARE PROVIDERS, DESIGN, CONSTRUCTION, FIXTURES, AND EQUIPMENT. SUCH
52 REGULATIONS ALSO SHALL PROMOTE AND STRENGTHEN PRIMARY CARE THROUGH: (I)
53 THE INTEGRATION OF SERVICES PROVIDED BY LIMITED SERVICES CLINICS WITH
54 THE SERVICES PROVIDED BY THE PATIENT'S OTHER HEALTH CARE PROVIDERS; AND
55 (II) THE REFERRAL OF PATIENTS TO APPROPRIATE HEALTH CARE PROVIDERS,
56 INCLUDING APPROPRIATE TRANSMISSION OF PATIENT HEALTH RECORDS.

1 S 22. The public health law is amended by adding a new section 230-e
2 to read as follows:

3 S 230-E. URGENT CARE. 1. DEFINITIONS. AS USED IN THIS SECTION:

4 (A) "ACCREDITED STATUS" MEANS THE FULL ACCREDITATION BY SUCH NATIONAL-
5 LY-RECOGNIZED ACCREDITING AGENCIES AS DETERMINED BY THE COMMISSIONER.

6 (B) "EMERGENCY MEDICAL CARE" SHALL MEAN THE PROVISION OF TREATMENT FOR
7 LIFE-THREATENING OR POTENTIALLY DISABLING TRAUMA, BURNS, RESPIRATORY,
8 CIRCULATORY OR OBSTETRICAL CONDITIONS.

9 (C) "LICENSEE" SHALL MEAN AN INDIVIDUAL LICENSED OR OTHERWISE AUTHOR-
10 IZED UNDER ARTICLES ONE HUNDRED THIRTY-ONE OR ONE HUNDRED THIRTY-ONE-B
11 OF THE EDUCATION LAW.

12 (D) "URGENT CARE" SHALL MEAN THE PROVISION OF TREATMENT ON AN UNSCHED-
13 ULED BASIS TO PATIENTS FOR ACUTE EPISODIC ILLNESS OR MINOR TRAUMAS THAT
14 ARE NOT LIFE-THREATENING OR POTENTIALLY DISABLING OR FOR MONITORING OR
15 TREATMENT OVER PROLONGED PERIODS.

16 (E) "URGENT CARE PROVIDER" SHALL MEAN A LICENSEE PRACTICE THAT ADVER-
17 TISES OR HOLDS ITSELF OUT AS A PROVIDER OF URGENT CARE.

18 2. NO LICENSEE PRACTICE SHALL, WITHIN THIS STATE, DISPLAY SIGNAGE,
19 ADVERTISE OR HOLD ITSELF OUT AS A PROVIDER OF URGENT CARE THROUGH THE
20 USE OF THE TERM URGENT CARE, OR THROUGH ANY OTHER TERM OR SYMBOL THAT
21 IMPLIES THAT IT IS A PROVIDER OF URGENT CARE, UNLESS IT OBTAINS AND
22 MAINTAINS FULL ACCREDITED STATUS AND OTHERWISE COMPLIES WITH THE
23 PROVISIONS OF THIS SECTION AND REGULATIONS PROMULGATED HEREUNDER.

24 3. NO LICENSEE PRACTICE SHALL, WITHIN THIS STATE, DISPLAY SIGNAGE,
25 ADVERTISE OR HOLD ITSELF OUT AS A PROVIDER OF EMERGENCY MEDICAL CARE
26 THROUGH THE USE OF THE TERM EMERGENCY, OR THROUGH ANY OTHER TERM OR
27 SYMBOL THAT IMPLIES THAT IT IS A PROVIDER OF EMERGENCY MEDICAL CARE,
28 REGARDLESS OF WHETHER IT IS AN URGENT CARE PROVIDER ACCREDITED UNDER
29 THIS SECTION.

30 4. NOTHING IN THIS SECTION SHALL BE CONSTRUED TO PROHIBIT A HOSPITAL
31 ESTABLISHED UNDER ARTICLE TWENTY-EIGHT OF THIS CHAPTER FROM PROVIDING
32 URGENT CARE OR EMERGENCY MEDICAL CARE OR FROM DISPLAYING SIGNAGE, ADVER-
33 TISING OR HOLDING ITSELF OUT AS A PROVIDER OF URGENT OR EMERGENCY CARE
34 PURSUANT TO REGULATIONS PROMULGATED UNDER THAT ARTICLE.

35 5. THE PUBLIC HEALTH AND HEALTH PLANNING COUNCIL, BY A MAJORITY VOTE
36 OF ITS MEMBERS, SHALL ADOPT AND AMEND RULES AND REGULATIONS, SUBJECT TO
37 THE APPROVAL OF THE COMMISSIONER, TO EFFECTUATE THE PURPOSES AND
38 PROVISIONS OF THIS SECTION, INCLUDING, BUT NOT LIMITED TO DEFINING THE
39 SCOPE OF SERVICES TO BE PROVIDED BY URGENT CARE PROVIDERS; REQUIRING
40 URGENT CARE PROVIDERS TO DISCLOSE TO PATIENTS THE SCOPE OF SERVICES
41 PROVIDED; AND ESTABLISHING STANDARDS FOR APPROPRIATE REFERRAL AND CONTI-
42 NUITY OF CARE, STAFFING, EQUIPMENT, AND MAINTENANCE AND TRANSMISSION OF
43 PATIENT RECORDS. SUCH REGULATIONS ALSO SHALL PROMOTE AND STRENGTHEN
44 PRIMARY CARE THROUGH: (I) THE INTEGRATION OF SERVICES PROVIDED BY URGENT
45 CARE PROVIDERS WITH THE SERVICES PROVIDED BY THE PATIENT'S OTHER HEALTH
46 CARE PROVIDERS; AND (II) THE REFERRAL OF PATIENTS TO APPROPRIATE HEALTH
47 CARE PROVIDERS, INCLUDING APPROPRIATE TRANSMISSION OF PATIENT HEALTH
48 RECORDS. THE COMMISSIONER SHALL ENFORCE SUCH RULES AND REGULATIONS AS
49 HE OR SHE MAY DEEM APPROPRIATE, TO EFFECTUATE THE PURPOSES OF THIS
50 SECTION.

51 S 23. Section 230-d of the public health law, as added by chapter 365
52 of the laws of 2007, paragraph (i) of subdivision 1 as amended by chap-
53 ter 438 of the laws of 2012, and subdivision 4 as amended by chapter 477
54 of the laws of 2008, is amended to read as follows:

1 S 230-d. Office-based surgery AND OFFICE-BASED ANESTHESIA. 1. The
2 following words or phrases, as used in this section shall have the
3 following meanings:

4 (a) "Accredited status" means the full accreditation by nationally-re-
5 cognized accrediting agency(ies) determined by the commissioner.

6 (b) "Adverse event" means (i) patient death within thirty days; (ii)
7 unplanned transfer to a hospital OR EMERGENCY DEPARTMENT VISIT WITHIN
8 SEVENTY-TWO HOURS OF OFFICE-BASED SURGERY; (iii) unscheduled hospital
9 admission OR ASSIGNMENT TO OBSERVATION SERVICES, within seventy-two
10 hours of the office-based surgery, for longer than twenty-four hours; or
11 (iv) any other serious or life-threatening event.

12 (c) "Deep sedation" means a drug-induced depression of consciousness
13 during which (i) the patient cannot be easily aroused but responds
14 purposefully following repeated painful stimulation; (ii) the patient's
15 ability to maintain independent ventilatory function may be impaired;
16 (iii) the patient may require assistance in maintaining a patent airway
17 and spontaneous ventilation may be inadequate; and (iv) the patient's
18 cardiovascular function is usually maintained without assistance.

19 (d) "General anesthesia" means a drug-induced depression of conscious-
20 ness during which (i) the patient is not arousable, even by painful
21 stimulation; (ii) the patient's ability to maintain independent ventila-
22 tory function is often impaired; (iii) the patient, in many cases, often
23 requires assistance in maintaining a patent airway and positive pressure
24 ventilation may be required because of depressed spontaneous ventilation
25 or drug-induced depression of neuromuscular function; and (iv) the
26 patient's cardiovascular function may be impaired.

27 (e) "Moderate sedation" means a drug-induced depression of conscious-
28 ness during which (i) the patient responds purposefully to verbal
29 commands, either alone or accompanied by light tactile stimulation; (ii)
30 no interventions are required to maintain a patent airway; (iii) sponta-
31 neous ventilation is adequate; and (iv) the patient's cardiovascular
32 function is usually maintained without assistance.

33 (f) "Minimal sedation" means a drug-induced state during which (i)
34 patients respond normally to verbal commands; (ii) cognitive function
35 and coordination may be impaired; and (iii) ventilatory and cardiovascu-
36 lar functions are unaffected.

37 (g) "Minor procedures" means (i) procedures that can be performed
38 safely with a minimum of discomfort where the likelihood of compli-
39 cations requiring hospitalization is minimal; (ii) procedures performed
40 with local or topical anesthesia; or (iii) liposuction with removal of
41 less than 500 cc of fat under unsupplemented local anesthesia.

42 (h) "Office-based surgery" means any surgical or other invasive proce-
43 dure, requiring general anesthesia, NEURAXIAL ANESTHESIA, MAJOR UPPER OR
44 LOWER EXTREMITY REGIONAL NERVE BLOCKS, moderate sedation, or deep
45 sedation, and any liposuction procedure, where such surgical or other
46 invasive procedure or liposuction is performed by a licensee in a
47 location other than a hospital, as such term is defined in article twen-
48 ty-eight of this chapter, excluding minor procedures and procedures
49 requiring minimal sedation.

50 (i) "Licensee" shall mean an individual licensed or otherwise author-
51 ized under article one hundred thirty-one, one hundred thirty-one-B[,
52 individuals who have obtained an issuance of a privilege to perform
53 podiatric standard or advanced ankle surgery pursuant to subdivisions
54 one and two of section seven thousand nine] OR ONE HUNDRED FORTY-ONE of
55 the education law.

(J) "MAJOR UPPER OR LOWER EXTREMITY REGIONAL NERVE BLOCKS" MEANS TYPES OF REGIONAL ANESTHESIA IN WHICH PAIN SENSATION IS MODIFIED OR BLOCKED TO A LARGE AREA OF THE EXTREMITY BY ADMINISTRATION OF MEDICATION AROUND THE NERVES SUPPLYING THAT REGION OF THE EXTREMITY.

(K) "NEURAXIAL ANESTHESIA" MEANS A FORM OF REGIONAL ANESTHESIA IN WHICH PAIN SENSATION IS MODIFIED OR BLOCKED BY ADMINISTRATION OF MEDICATION INTO THE EPIDURAL SPACE OR SPINAL CANAL.

(L) "OFFICE-BASED ANESTHESIA" MEANS GENERAL ANESTHESIA, NEURAXIAL ANESTHESIA, MAJOR UPPER OR LOWER EXTREMITY REGIONAL NERVE BLOCKS, MODERATE SEDATION OR DEEP SEDATION WHERE SUCH ANESTHESIA IS ADMINISTERED BY A LICENSEE IN A LOCATION OTHER THAN A HOSPITAL, AS SUCH TERM IS DEFINED IN ARTICLE TWENTY-EIGHT OF THIS CHAPTER.

2. Licensee practices in which office-based surgery OR OFFICE-BASED ANESTHESIA is performed shall obtain and maintain full accredited status AND REGISTER WITH THE DEPARTMENT.

3. A licensee may only perform office-based surgery OR OFFICE-BASED ANESTHESIA in a setting that has obtained and maintains full accredited status AND IS REGISTERED WITH THE DEPARTMENT.

4. Licensees shall report adverse events to the department's patient safety center within [one] THREE business [day] DAYS of the occurrence of such adverse event. Licensees shall also report any suspected health care disease transmission originating in their practices to the patient safety center within [one] THREE business [day] DAYS of becoming aware of such suspected transmission. For purposes of this section, health care disease transmission shall mean the transmission of a reportable communicable disease that is blood borne from a health care professional to a patient or between patients as a result of improper infection control practices by the health care professional. LICENSEES SHALL REPORT TO THE DEPARTMENT DATA AS DEFINED BY THE DEPARTMENT. The reported data shall be subject to all confidentiality provisions provided by section twenty-nine hundred ninety-eight-e of this chapter.

4-A. OFFICE-BASED SURGERY OR OFFICE-BASED ANESTHESIA SHALL BE LIMITED TO OPERATIONS AND PROCEDURES WITH AN EXPECTED DURATION OF NO MORE THAN SIX HOURS AND EXPECTED APPROPRIATE AND SAFE DISCHARGE WITHIN SIX HOURS.

5. The commissioner shall make, adopt, promulgate and enforce such rules and regulations, as he or she may deem appropriate, to effectuate the purposes of this section. Where any rule or regulation under this section would affect the scope of practice of a health care practitioner licensed, registered or certified under title eight of the education law other than those licensed under articles one hundred thirty-one or one hundred thirty-one-B of the education law, the rule or regulation shall be made with the concurrence of the commissioner of education.

S 24. Subdivision 1 of section 2998-e of the public health law, as added by chapter 365 of the laws of 2007, is amended to read as follows:

1. The commissioner shall enter into agreements with accrediting agencies pursuant to which the accrediting agencies shall UTILIZE AMERICAN BOARD OF MEDICAL SPECIALTIES (ABMS) CERTIFICATION, HOSPITAL PRIVILEGING OR OTHER EQUIVALENT METHODS TO DETERMINE COMPETENCY OF PRACTITIONERS TO PERFORM OFFICE-BASED SURGERY AND OFFICE-BASED ANESTHESIA, CARRY OUT SURVEYS OR COMPLAINT/INCIDENT INVESTIGATIONS UPON DEPARTMENT REQUEST AND SHALL report, at a minimum, [aggregate data on adverse events] FINDINGS OF SURVEYS AND COMPLAINT/INCIDENT INVESTIGATIONS, AND DATA for all office-based surgical AND OFFICE-BASED ANESTHESIA practices accredited by the accrediting agencies to the department. The department may disclose reports of aggregate data to the public.

1 S 25. Subdivision 4 of section 2951 of the public health law is
2 REPEALED.

3 S 26. Section 2956 of the public health law is REPEALED.

4 S 27. Section 4310 of the public health law, as amended by chapter 639
5 of the laws of 2006, the section heading as separately amended by chap-
6 ter 640 of the laws of 2006, subdivisions 1 and 3 as amended by chapter
7 158 of the laws of 2012, subdivision 2 as separately amended by chapters
8 158 and 465 of the laws of 2012, is amended to read as follows:

9 S 4310. New York state donate life registry for organ, EYE and tissue
10 donations. 1. The department shall establish an organ, EYE, and tissue
11 donor registry, which shall be called and be referred to as the "donate
12 life registry", WHICH SHALL PROVIDE A MEANS TO MAKE AND REGISTER A GIFT
13 OF ORGANS, EYES AND TISSUES TO TAKE PLACE AFTER DEATH PURSUANT TO
14 SECTION FORTY-THREE HUNDRED ONE OF THIS CHAPTER AND OTHER APPLICABLE
15 PROVISIONS OF THIS ARTICLE. [Such] THE DONATE LIFE registry shall
16 contain a listing of all donors who have declared their consent to make
17 an anatomical gift.

18 2. NOTWITHSTANDING ANY INCONSISTENT PROVISIONS OF SECTIONS ONE HUNDRED
19 TWELVE OR ONE HUNDRED SIXTY-THREE OF THE STATE FINANCE LAW, THE COMMIS-
20 SIONER MAY ENTER INTO A CONTRACT FOR THE OPERATION AND PROMOTION OF THE
21 DONATE LIFE REGISTRY SUBJECT TO SUCH TERMS AND CONDITIONS AS MAY BE
22 CONTAINED WITHIN SUCH CONTRACT WITH A NOT-FOR-PROFIT ORGANIZATION THAT
23 HAS EXPERIENCE WORKING WITH ORGAN, EYE AND TISSUE PROCUREMENT ORGANIZA-
24 TIONS, HAS EXPERTISE IN CONDUCTING ORGAN, EYE AND TISSUE DONOR PROMO-
25 TIONAL CAMPAIGNS, AND IS AFFILIATED WITH THE ORGAN, EYE AND TISSUE
26 DONATION COMMUNITY THROUGHOUT THE STATE. THE CONTRACTOR MAY SUBCONTRACT
27 AS NEEDED FOR THE EFFECTIVE PERFORMANCE OF THE CONTRACT. ALL SUCH
28 SUBCONTRACTORS AND THE TERMS OF SUCH SUBCONTRACTS SHALL BE SUBJECT TO
29 APPROVAL BY THE COMMISSIONER. ANY APPLICABLE STATE AGENCY SHALL COOPER-
30 ATE IN THE COLLECTION AND TRANSFER OF REGISTRANT DATA TO THE DONATE LIFE
31 REGISTRY.

32 3. THE DUTIES OF THE CONTRACTOR SHALL INCLUDE, BUT NOT BE LIMITED TO,
33 THE FOLLOWING:

34 (A) THE DEVELOPMENT, IMPLEMENTATION AND MAINTENANCE OF THE DONATE LIFE
35 REGISTRY THAT INCLUDES ONLINE, MAILED AND OTHER FORMS OF ORGAN, EYE AND
36 TISSUE DONOR REGISTRATION, VERIFICATION, AMENDMENT AND REVOCATION;

37 (B) PREPARATION AND SUBMISSION OF A PLAN TO ENCOURAGE ORGAN DONATION
38 THROUGH EDUCATION AND MARKETING EFFORTS AND OTHER RECOMMENDATIONS THAT
39 WOULD STREAMLINE AND ENHANCE THE COST-EFFECTIVE OPERATION OF THE DONATE
40 LIFE REGISTRY; AND

41 (C) PROVISION OF WRITTEN OR ELECTRONIC NOTIFICATION OF REGISTRATION IN
42 THE DONATE LIFE REGISTRY TO AN INDIVIDUAL ENROLLING IN THE DONATE LIFE
43 REGISTRY; AND

44 (D) PREPARATION AND SUBMISSION OF AN ANNUAL WRITTEN REPORT TO THE
45 DEPARTMENT. SUCH REPORT SHALL INCLUDE:

46 (I) A PERFORMANCE MATRIX INCLUDING THE NUMBER OF REGISTRANTS ON THE
47 DONATE LIFE REGISTRY AND AN ANALYSIS OF THE REGISTRATION RATES, INCLUD-
48 ING BUT NOT LIMITED TO, LOCATION, METHOD OF REGISTRATION, DEMOGRAPHIC,
49 AND STATE COMPARISONS;

50 (II) THE CHARACTERISTICS OF REGISTRANTS AS DETERMINED FROM THE DONATE
51 LIFE REGISTRY INFORMATION;

52 (III) THE ANNUAL DOLLAR AMOUNT OF VOLUNTARY CONTRIBUTIONS RECEIVED BY
53 THE CONTRACTOR FOR THE PURPOSES OF MAINTAINING THE DONATE LIFE REGISTRY
54 AND/OR EDUCATIONAL AND PROMOTIONAL CAMPAIGNS AND INITIATIVES;

55 (IV) A DESCRIPTION OF THE PROMOTIONAL CAMPAIGNS AND INITIATIVES IMPL-
56 MENTED DURING THE YEAR; AND

1 (V) ACCOUNTING STATEMENTS OF EXPENDITURES FOR THE PURPOSES OF MAIN-
2 TAINING THE DONATE LIFE REGISTRY AND PROMOTIONAL CAMPAIGNS AND INITI-
3 ATIVES.

4 4. PAYMENTS TO THE CONTRACTOR FOR THE OPERATION OF THE DONATE LIFE
5 REGISTRY SHALL BE PAID BY THE DEPARTMENT FROM FUNDS AVAILABLE FOR THESE
6 PURPOSES, INCLUDING, BUT NOT LIMITED TO, THE FUNDS DEPOSITED INTO THE
7 LIFE PASS IT ON TRUST FUND PURSUANT TO SECTION NINETY-FIVE-D OF THE
8 STATE FINANCE LAW, AS ADDED BY CHAPTER FOUR HUNDRED FIFTEEN OF THE LAWS
9 OF TWO THOUSAND THREE, WHICH ARE DESIGNATED FOR MAINTAINING AND OPERAT-
10 ING THE DONATE LIFE REGISTRY AS DEEMED APPROPRIATE BY THE COMMISSIONER.
11 IN ADDITION, THE CONTRACTOR MAY RECEIVE AND USE VOLUNTARY CONTRIBUTIONS.

12 5. (A) Such ORGAN, EYE AND TISSUE registration [of consent to make an
13 anatomical gift] can be made through [(a)]: (I) indication made on the
14 application or renewal form of a DRIVER'S license, [(b)] (II) indication
15 made on a non-driver identification card application or renewal form,
16 [(c) enrolling in the registry website maintained by the department,
17 which may include using an electronic signature subject to article three
18 of the state technology law, (d)] (III) indication made on a voter
19 registration form pursuant to subdivision five of section 5-210 of the
20 election law, (IV) ENROLLMENT THROUGH THE DONATE LIFE REGISTRY WEBSITE,
21 (V) PAPER ENROLLMENT SUBMITTED TO THE DONATE LIFE REGISTRY, or [(e)]
22 (VI) through any other method identified by the commissioner. Where
23 required by law for consent forms described in [paragraphs (a) and (b)]
24 SUBPARAGRAPHS (I) AND (II) of this [subdivision] PARAGRAPH, the commis-
25 sioner shall ensure that space is provided on any consent form so that
26 the applicant shall register or decline registration in the donate life
27 registry for organ, EYE and tissue donations under this section and that
28 the following is stated on the form in clear and conspicuous type:

29 "You must fill out the following section: Would you like to be added
30 to the Donate Life Registry? Check box for 'yes' or 'skip this ques-
31 tion'."

32 The commissioner shall not maintain records of any person who checks
33 "skip this question". Failure to check a box shall not impair the valid-
34 ity of an application, and failure to check "yes" or checking "skip this
35 question" shall not be construed to imply a wish not to donate. In the
36 case of an applicant under eighteen years of age, checking "yes" shall
37 not constitute consent to make an anatomical gift or registration in the
38 donate life registry. Where an applicant has previously consented to
39 make an anatomical gift or registered in the donate life registry,
40 checking "skip this question" or failing to check a box shall not impair
41 that consent or registration. ENROLLMENT THROUGH THE DONATE LIFE REGIS-
42 TRY WEBSITE THROUGH ANY OF THE MEANS LISTED ABOVE MAY BE SIGNED BY ELEC-
43 TRONIC SIGNATURE, IN ACCORDANCE WITH THE PROVISIONS OF ARTICLE THREE OF
44 THE STATE TECHNOLOGY LAW, SUPPORTED BY THE USE OF SUITABLE MECHANISMS TO
45 PROVIDE CONFIDENCE IN THE IDENTITY OF THE PERSON PROVIDING THE ELECTRON-
46 IC SIGNATURE. The registration shall take effect upon the provision of
47 written or electronic notice of the registration to the [person] INDI-
48 VIDUAL enrolling in the DONATE LIFE registry.

49 [3. (a) Information contained in the registry shall be accessible to
50 (i) federally designated organ procurement organizations, (ii) eye and
51 tissue banks licensed by the department pursuant to article
52 forty-three-B of this chapter, and (iii) any other entity formally
53 approved by the commissioner.

54 (b) The information contained in the registry shall not be released to
55 any person except as expressly authorized by this section solely for the

1 purpose of identifying potential organ and tissue donors at or near the
2 time of death.

3 4. If the department had an established registry prior to the effec-
4 tive date of this section, it shall be deemed to meet the requirements
5 of this section.

6 5. The registry shall provide persons enrolled the opportunity to
7 specify which organs and tissues they want to donate and if the donation
8 can be used for transplantation, research, or both.] (B) AMENDMENTS OR
9 REVOCATIONS FROM THE DONATE LIFE REGISTRY MAY BE MADE BY THE FOLLOWING,
10 SUBJECT TO THE REQUIREMENTS OF THE COMMISSIONER:

11 (I) REGISTRANTS SUBMITTING A REQUEST IN WRITING TO THE DONATE LIFE
12 REGISTRY; OR

13 (II) REGISTRANTS SUBMITTING A REQUEST ELECTRONICALLY THROUGH THE
14 DONATE LIFE REGISTRY WEBSITE.

15 (C) REMOVAL FROM THE DONATE LIFE REGISTRY SHALL NOT BE DEEMED A
16 REFUSAL OF ANY OTHER OR FUTURE ANATOMICAL GIFT.

17 (D) THE DONATE LIFE REGISTRY SHALL PROVIDE INDIVIDUALS ENROLLED THE
18 OPPORTUNITY TO SPECIFY WHICH ORGANS AND TISSUES THEY WANT TO DONATE AND
19 IF THE DONATION MAY BE USED FOR TRANSPLANTATION, RESEARCH, OR BOTH.

20 6. [A person] AN INDIVIDUAL registered in the [organ and tissue]
21 DONATE LIFE registry before the effective date of this subdivision shall
22 be deemed to have expressed intent to donate, until and unless he or she
23 files an amendment to his or her registration or a new registration
24 expressing consent to donate.

25 7. [The commissioner shall contact each person registered before the
26 effective date of this subdivision in the organ and tissue registry in
27 writing to inform him or her that at the time he or she registered, the
28 registry was that of intent and that the registry is now one of consent,
29 to explain in clear and understandable terms the difference between
30 intent and consent, and to provide opportunity for the person to change
31 his or her registration to provide consent by amending his or her
32 current registration or executing a new registration.] (A) THE DONATE
33 LIFE REGISTRY SHALL BE MAINTAINED IN A MANNER THAT ALLOWS IMMEDIATE
34 ACCESS TO ORGAN, EYE AND TISSUE DONATION RECORDS TWENTY-FOUR HOURS A
35 DAY, SEVEN DAYS A WEEK TO THE CONTRACTOR, THE DEPARTMENT, FEDERALLY
36 DESIGNATED ORGAN PROCUREMENT ORGANIZATIONS, LICENSED EYE AND TISSUE
37 BANKS, AND SUCH OTHER ENTITIES WHICH MAY BE APPROVED BY THE DEPARTMENT
38 FOR ACCESS. ACCESS SHALL BE AVAILABLE, TO THE EXTENT PRACTICABLE, TO
39 REGISTRANTS TO CONFIRM THE ACCURACY AND VALIDITY OF THEIR REGISTRATION
40 AND TO AMEND OR REVOKE THEIR REGISTRATION, SUBJECT TO REASONABLE PROCE-
41 DURES TO VERIFY IDENTITY.

42 (B) ACCESS TO THE DONATE LIFE REGISTRY SHALL HAVE SECURITY MEASURES
43 SET FORTH IN THE CONTRACT TO PROTECT THE INTEGRITY OF THE IDENTIFIABLE
44 DATA IN THE DONATE LIFE REGISTRY, WHICH MAY ONLY BE ACCESSED BY THE
45 PARTIES DESCRIBED IN PARAGRAPH (A) OF THIS SUBDIVISION AND ONLY FOR THE
46 PURPOSES OF DETERMINING DONOR STATUS AT OR NEAR THE TIME OF DEATH OF AN
47 INDIVIDUAL, BY THE DEPARTMENT FOR ANY PURPOSE, BY THE CONTRACTOR ONLY
48 FOR PURPOSES OF QUALITY ASSESSMENT AND IMPROVEMENT, TECHNICAL SUPPORT
49 AND DONOR SERVICES, OR BY INDIVIDUAL REGISTRANTS FOR THE PURPOSES OF
50 CONFIRMING THE ACCURACY AND VALIDITY OF THEIR REGISTRATION OR MAKING,
51 AMENDING OR REVOKING THEIR REGISTRATION.

52 (C) DE-IDENTIFIED INFORMATION MAY BE ACCESSED BY THE ENTITIES LISTED
53 IN PARAGRAPH (A) OF THIS SUBDIVISION OR THEIR DESIGNEES FOR PURPOSES OF
54 ANALYSIS, PROMOTION, EDUCATION, QUALITY IMPROVEMENT AND TECHNICAL
55 SUPPORT.

1 8. The commissioner is authorized to promulgate rules and regulations
2 necessary to implement the provisions of this section.

3 9. NOTWITHSTANDING ANY OTHER PROVISION OF LAW, THE COMMISSIONER, THE
4 DEPARTMENT, AND ITS EMPLOYEES OR AGENTS, OTHER THAN THOSE OF THE
5 CONTRACTOR, SHALL NOT BE SUBJECT TO ANY LIABILITY WHATSOEVER FOR ANY
6 DAMAGES OR OTHER HARM ARISING FROM THE ACTIONS OR INACTION OF THE
7 CONTRACTOR.

8 S 28. Section 6 of chapter 465 of the laws of 2012, amending the
9 public health law and the vehicle and traffic law relating to establish-
10 ing Lauren's law, is amended to read as follows:

11 S 6. This act shall take effect one year after it shall have become a
12 law; provided that the commissioners of health and motor vehicles may
13 implement sections two, four and five of this act within their respec-
14 tive jurisdictions before that date[; and provided, further, that the
15 provisions of this act shall expire and be deemed repealed three years
16 after such effective date].

17 S 29. Subdivision 3 of section 95-d of the state finance law, as added
18 by chapter 415 of the laws of 2003, is amended to read as follows:

19 3. Monies of the fund shall be expended [only for organ transplant
20 research and education projects approved by the commissioner of health,
21 or to provide grants to not-for-profit corporations in this state which
22 are incorporated for the purpose of increasing and promoting organ and
23 tissue donation awareness] TO SUPPORT THE MAINTENANCE AND OPERATION OF
24 THE DONATE LIFE REGISTRY, IN ACCORDANCE WITH THE PROVISIONS OF SECTION
25 FORTY-THREE HUNDRED TEN OF THE PUBLIC HEALTH LAW.

26 S 30. Section 461-b of the social services law is amended by adding
27 two new subdivisions 9 and 10 to read as follows:

28 9. (A) THE PRIOR WRITTEN APPROVAL OF THE DEPARTMENT IS REQUIRED FOR:
29 (I) ANY TRANSFER, ASSIGNMENT OR OTHER DISPOSITION OF TEN PERCENT OR MORE
30 OF AN INTEREST OR VOTING RIGHTS IN A PARTNERSHIP, BUSINESS CORPORATION
31 OR LIMITED LIABILITY COMPANY WHICH IS THE OPERATOR OF AN ADULT CARE
32 FACILITY TO A NEW PARTNER, SHAREHOLDER OR MEMBER; OR (II) ANY TRANSFER,
33 ASSIGNMENT OR OTHER DISPOSITION OF INTEREST OR VOTING RIGHTS IN A PART-
34 NERSHIP, BUSINESS CORPORATION OR LIMITED LIABILITY COMPANY WHICH IS THE
35 OPERATOR OF AN ADULT CARE FACILITY WHICH RESULTS IN THE OWNERSHIP OR
36 CONTROL OF MORE THAN TEN PERCENT OF THE INTEREST OR VOTING RIGHTS THERE-
37 UNDER BY ANY PERSON WHO HAS NOT BEEN PREVIOUSLY APPROVED BY THE DEPART-
38 MENT FOR THAT OPERATOR.

39 (B) WITH RESPECT TO A TRANSFER, ASSIGNMENT OR DISPOSITION INVOLVING
40 LESS THAN TEN PERCENT OF AN INTEREST OR VOTING RIGHTS IN SUCH PARTNER-
41 SHIP, BUSINESS CORPORATION OR LIMITED LIABILITY COMPANY TO A NEW PART-
42 NER, SHAREHOLDER OR MEMBER, NO PRIOR APPROVAL OF THE DEPARTMENT SHALL BE
43 REQUIRED. HOWEVER, NO SUCH TRANSACTION SHALL BE EFFECTIVE UNLESS AT
44 LEAST NINETY DAYS PRIOR TO THE INTENDED EFFECTIVE DATE THEREOF, THE
45 PARTNERSHIP, BUSINESS CORPORATION OR LIMITED LIABILITY COMPANY FULLY
46 COMPLETES AND FILES WITH THE DEPARTMENT NOTICE ON A FORM, TO BE DEVEL-
47 OPED BY THE DEPARTMENT, WHICH SHALL DISCLOSE SUCH INFORMATION AS MAY
48 REASONABLY BE NECESSARY FOR THE DEPARTMENT TO DETERMINE WHETHER IT
49 SHOULD PROHIBIT THE TRANSACTION. WITHIN NINETY DAYS FROM THE DATE OF
50 RECEIPT OF SUCH NOTICE, THE DEPARTMENT MAY PROHIBIT ANY SUCH TRANSACTION
51 UNDER THIS SUBPARAGRAPH IF IT FINDS: (I) THERE ARE REASONABLE GROUNDS
52 TO BELIEVE THE PROPOSED TRANSACTION DOES NOT SATISFY THE CHARACTER AND
53 COMPETENCE REVIEW, AS MAY BE APPROPRIATE; OR (II) IF THE TRANSACTION,
54 TOGETHER WITH ALL OTHER SUCH TRANSACTIONS DURING ANY FIVE YEAR PERIOD,
55 WOULD IN THE AGGREGATE, INVOLVE TWENTY-FIVE PERCENT OR MORE OF THE
56 INTEREST IN THE ENTITY THAT CONSTITUTES THE OPERATOR. THE DEPARTMENT

1 SHALL STATE THE SPECIFIC REASONS FOR PROHIBITING ANY TRANSACTION UNDER
2 THIS SUBPARAGRAPH AND SHALL SO NOTIFY EACH PARTY TO THE PROPOSED TRANS-
3 ACTION.

4 (C) WITH RESPECT TO A TRANSFER, ASSIGNMENT OR DISPOSITION OF AN INTER-
5 EST OR VOTING RIGHTS IN A PARTNERSHIP, BUSINESS CORPORATION OR LIMITED
6 LIABILITY COMPANY TO ANY EXISTING PARTNER, SHAREHOLDER OR MEMBER, NO
7 PRIOR APPROVAL OF THE DEPARTMENT SHALL BE REQUIRED. HOWEVER, IF THE
8 TRANSACTION INVOLVES THE WITHDRAWAL OF THE TRANSFEROR FROM THE PARTNER-
9 SHIP, BUSINESS CORPORATION OR LIMITED LIABILITY COMPANY, NO SUCH TRANS-
10 ACTION SHALL BE EFFECTIVE UNLESS AT LEAST NINETY DAYS PRIOR TO THE
11 INTENDED EFFECTIVE DATE THEREOF, THE PARTNERSHIP, BUSINESS CORPORATION
12 OR LIMITED LIABILITY COMPANY FULLY COMPLETES AND FILES WITH THE DEPART-
13 MENT NOTICE OF SUCH TRANSACTION. WITHIN NINETY DAYS FROM THE DATE OF
14 RECEIPT OF SUCH NOTICE, THE DEPARTMENT MAY PROHIBIT ANY SUCH TRANSACTION
15 UNDER THIS PARAGRAPH IF THE EQUITY POSITION OF THE PARTNERSHIP, BUSINESS
16 CORPORATION OR LIMITED LIABILITY COMPANY, DETERMINED IN ACCORDANCE WITH
17 GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, WOULD BE REDUCED AS A RESULT
18 OF THE TRANSFER, ASSIGNMENT OR DISPOSITION. THE DEPARTMENT SHALL STATE
19 THE SPECIFIC REASON FOR PROHIBITING ANY TRANSACTION UNDER THIS PARAGRAPH
20 AND SHALL SO NOTIFY EACH PARTY TO THE PROPOSED TRANSACTION.

21 10. NOTWITHSTANDING ANY PROVISION OF LAW TO THE CONTRARY, THE DEPART-
22 MENT IS AUTHORIZED TO APPROVE A CERTIFICATE OF INCORPORATION OR ARTICLES
23 OF ORGANIZATION FOR ESTABLISHMENT OF AN ADULT CARE FACILITY ON AN EXPE-
24 DITED BASIS WHERE: (A) THE CERTIFICATE OF INCORPORATION OR ARTICLES OF
25 ORGANIZATION REFLECTS SOLELY A CHANGE IN THE FORM OF THE BUSINESS ORGAN-
26 IZATION OF AN EXISTING ENTITY WHICH HAD BEEN APPROVED BY THE DEPARTMENT
27 TO OPERATE AN ADULT CARE FACILITY; (B) EVERY INCORPORATOR, STOCKHOLDER,
28 MEMBER AND DIRECTOR OF THE NEW ENTITY SHALL HAVE BEEN AN OWNER, PARTNER,
29 INCORPORATOR, STOCKHOLDER, MEMBER OR DIRECTOR OF THE EXISTING ENTITY;
30 (C) THE DISTRIBUTION OF OWNERSHIP INTERESTS AND VOTING RIGHTS IN THE NEW
31 ENTITY SHALL BE THE SAME AS IN THE EXISTING ENTITY; AND (D) THERE SHALL
32 BE NO CHANGE IN THE OPERATOR OF THE ADULT CARE FACILITY OTHER THAN THE
33 FORM OF ITS BUSINESS ORGANIZATION, AS A RESULT OF THE APPROVAL OF SUCH
34 CERTIFICATE OF INCORPORATION OR ARTICLES OF ORGANIZATION. UPON
35 SUBMISSION, IF THE DEPARTMENT DOES NOT OBJECT TO THE PROPOSAL WITHIN
36 NINETY DAYS OF THE RECEIPT OF A COMPLETE APPLICATION, THE PROPOSAL WILL
37 BE DEEMED ACCEPTABLE TO THE DEPARTMENT AND AN AMENDED OPERATING CERTIF-
38 ICATE SHALL BE ISSUED.

39 S 31. Subdivisions 1 and 2 of section 461-k of the social services
40 law, as added by chapter 779 of the laws of 1986, are amended to read as
41 follows:

42 1. (a) "Services for non-residents in adult homes, residences for
43 adults and enriched housing programs" shall mean an organized program of
44 services which the facility is authorized to provide to residents of
45 such facility but which are provided to non-residents for the purpose of
46 restoring, maintaining or developing the capacity of aged or disabled
47 persons to remain in or return to the community. Such services may
48 include but shall not be limited to day programs and temporary residen-
49 tial care as defined herein. A person participating in a program of
50 services for non-residents in an adult care facility shall be considered
51 a resident of the facility and shall be afforded all the rights and
52 protections afforded residents of the facility under this chapter except
53 that the provisions of sections four hundred sixty-one-g and four
54 hundred sixty-one-h of this title relating to termination of admission
55 agreements shall not apply and that persons receiving services pursuant
56 to this section shall not be considered to be receiving residential care

1 as defined in section two hundred nine of this chapter for purposes of
2 determining eligibility for and the amount of supplemental security
3 income benefits and additional state payments.

4 (b) "Day programs" shall mean an organized program for non-residents
5 which shall include personal care, supervision and other adult services
6 which the facility is authorized to provide to residents of such facili-
7 ty which may include but are not limited to, activities, meals, informa-
8 tion and referral, and transportation services, provided in an adult
9 home, residence for adults or enriched housing program.

10 (c) "Temporary residential care" shall mean the provision of temporary
11 residential care of frail or disabled adults on behalf of or in the
12 absence of the caregiver for up to [six weeks] ONE HUNDRED TWENTY DAYS
13 in any twelve month period, provided in an adult home, residence for
14 adults or enriched housing program.

15 2. A program to provide services for non-residents in an adult care
16 facility may be established and operated in an adult home, residence for
17 adults or enriched housing program provided that such facility has a
18 current operating certificate issued in accordance with section four
19 hundred sixty-one-b of this title. No operator may establish and operate
20 a DAY program to provide services for non-residents, AS DEFINED IN
21 SUBPARAGRAPH (B) OF SUBDIVISION ONE OF THIS SECTION, unless the operator
22 has received the prior written approval of the department. The depart-
23 ment shall grant such approval TO OPERATE A DAY PROGRAM only to those
24 operators that are operating in compliance with applicable law and regu-
25 lations. NO OPERATOR MAY PROVIDE TEMPORARY RESIDENTIAL CARE AS DEFINED
26 IN SUBPARAGRAPH (C) OF SUBDIVISION ONE OF THIS SECTION, UNLESS THE OPER-
27 ATOR HAS NOTIFIED THE DEPARTMENT OF ITS INTENT TO DO SO.

28 S 32. Paragraph (a) of subdivision 3 of section 461-b of the social
29 services law, as amended by chapter 591 of the laws of 1999, is amended
30 to read as follows:

31 (a) The department shall not approve an application for establishment
32 of an adult care facility unless it is satisfied insofar as applicable,
33 as to (i) the character, competence and standing in the community, of
34 the applicant; provided, however, with respect to any such applicant who
35 is already or within the past [ten] SEVEN years has been an incorpora-
36 tor, director, sponsor, stockholder, operator, administrator, member or
37 owner of any adult care facility which has been issued an operating
38 certificate by the board or the department, or of a halfway house,
39 hostel or other residential facility or of a program or facility
40 licensed or operated by a health, mental hygiene, social services or
41 education agency or department of this or any state, or a program serv-
42 ing persons with mental disabilities, or other persons with disabilities
43 as defined in subdivision twenty-one of section two hundred ninety-two
44 of the executive law, the aged, children or other persons receiving
45 health, mental hygiene, residential, social or educational services, no
46 approval of such application shall be granted unless the department
47 shall affirmatively find by substantial evidence as to each such appli-
48 cant that a substantially consistent high level of care is being or was
49 being rendered in each such facility or institution with which such
50 person is or was affiliated; for the purposes of this paragraph, there
51 may be a finding that a substantially consistent high level of care has
52 been rendered where there have been violations of applicable rules and
53 regulations, that (1) did not threaten to directly affect the health,
54 safety or welfare of any patient or resident, and (2) were promptly
55 corrected and not recurrent; (ii) the financial resources of the

1 proposed facility and its sources of future revenue; and (iii) such
2 other matters as it shall deem pertinent.

3 S 33. Subdivision 4 of section 4656 of the public health law, as added
4 by chapter 2 of the laws of 2004, is amended to read as follows:

5 4. The department shall develop an expedited review and approval proc-
6 ess FOR APPLICATIONS FOR UP TO NINE ADDITIONAL BEDS TO AN EXISTING
7 ENHANCED OR SPECIAL NEEDS ASSISTED LIVING CERTIFICATE.

8 S 34. Paragraph (b) of subdivision 5 of section 3610 of the public
9 health law is REPEALED.

10 S 35. Subdivision 2 of section 3610 of the public health law, as
11 amended by section 65 of part A of chapter 58 of the laws of 2010, is
12 amended to read as follows:

13 2. A hospital, residential health care facility, or certified home
14 health agency seeking authorization to provide a long term home health
15 care program shall transmit to the commissioner an application setting
16 forth the scope of the proposed program. Such application shall be in a
17 format and shall be submitted in a quantity determined by the commis-
18 sioner. The commissioner shall transmit the application to the public
19 health and health planning council and to the health systems agency, if
20 any, having geographic jurisdiction of the area where the proposed
21 program is to be located. The application shall include a detailed
22 description of the proposed program including, but not limited to, the
23 following:

24 (a) an outline of the institution's or agency's plans for the program;

25 (b) the need for the proposed program;

26 (c) the number and types of personnel to be employed;

27 (d) the ability of the agency, hospital, or facility to provide the
28 program;

29 (e) the estimated number of visits to be provided;

30 (f) the geographic area in which the proposed programs will be
31 provided;

32 (g) any special or unusual services, programs, or equipment to be
33 provided;

34 (h) a demonstration that the proposed program is feasible and adequate
35 in terms of both short range and long range goals;

36 (i) such other information as the commissioner may require.

37 The health systems agency and the public health and health planning
38 council shall review the application and submit their recommendations to
39 the commissioner. At the time members of the public health and health
40 planning council are notified that an application is scheduled for
41 consideration, the applicant and the health systems agency shall be so
42 notified in writing. The health systems agency or the public health and
43 health planning council shall not recommend approval of the application
44 unless it is satisfied as to:

45 (a) the public need for the program at the time and place and under
46 the circumstances proposed;

47 (b) the financial resources of the provider of the proposed program
48 and its sources of future revenues;

49 (c) the ability of the proposed program to meet those standards estab-
50 lished for participation as a home health agency under title XVIII of
51 the federal Social Security Act; and

52 (d) such other matters as it shall deem pertinent.

53 After receiving and considering the recommendations of the public
54 health and health planning council and the health systems agency, the
55 commissioner shall make his or her determination. The commissioner shall
56 act upon an application after the public health and health planning

council and the health systems agency have had a reasonable time to submit their recommendations. The commissioner shall not take any action contrary to the advice of either until he or she affords to either an opportunity to request a public hearing and, if so requested, a public hearing shall be held. The commissioner shall not approve the application unless he or she is satisfied as to the detailed description of the proposed program and

(a) the public need for the existence of the program at the time and place and under the circumstances proposed;

(b) the financial resources of the provider of the proposed program and its sources of future revenues;

(c) the ability of the proposed program to meet those standards established for participation as a home health agency under title XVIII of the federal Social Security Act; and

(d) such other matters as he or she shall deem pertinent.

If the application is approved, the applicant shall be so notified in writing. The commissioner's written approval of the application shall constitute authorization to provide a long term home health care program. [In making his or her authorization, the commissioner shall stipulate the maximum number of persons which a provider of a long term home health care program may serve.] If the commissioner proposes to disapprove the application, he or she shall notify the applicant in writing, stating his or her reasons for disapproval, and afford the applicant an opportunity for a public hearing.

S 36. Subdivision 9 of section 2803 of the public health law is REPEALED.

S 37. 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, as amended by section 26 of part A of chapter 59 of the laws of 2011, is amended to read as follows:

S 32. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2008; provided however, that sections one, six-a, nineteen, twenty, twenty-four, and twenty-five of this act shall take effect July 1, 2008; provided however that sections sixteen, seventeen and eighteen of this act shall expire April 1, [2014] 2017; provided, however, that the amendments made by section twenty-eight of this act shall take effect on the same date as section 1 of chapter 281 of the laws of 2007 takes effect; provided further, that sections twenty-nine, thirty, and thirty-one of this act shall take effect October 1, 2008; provided further, that section twenty-seven of this act shall take effect January 1, 2009; and provided further, that section twenty-seven of this act shall expire and be deemed repealed March 31, 2014; and provided, further, however, that the amendments to subdivision 1 of section 241 of the education law made by section twenty-nine of this act shall not affect the expiration of such subdivision and shall be deemed to expire therewith and provided that the amendments to section 272 of the public health law made by section thirty of this act shall not affect the repeal of such section and shall be deemed repealed therewith.

S 38. This act shall take effect immediately; provided, however, that:

(a) section one of this act shall take effect July 1, 2014;

(b) section twenty-two of this act shall take effect July 1, 2014; provided, however, that subdivisions 2 and 3 of section 230-e of the public health law, as added by section twenty-two of this act, shall take effect January 1, 2016;

(c) sections twenty-three and twenty-four of this act shall take effect one year after it shall have become a law; provided, however, that if chapter 438 of the laws of 2012 shall not have taken effect on or before such date then the amendments to paragraph (i) of subdivision 1 of section 230-d of the public health law made by section twenty-three of this act shall take effect on the same date and in the same manner as such chapter of the laws of 2012 takes effect; and

(d) the amendments to subdivisions 1 and 2 of section 461-k of the social services law made by section thirty-one of this act shall not affect the expiration of such section and shall be deemed to expire therewith.

PART B

Section 1. Subdivision 5 of section 168 of chapter 639 of the laws of 1996, constituting the New York Health Care Reform Act of 1996, as amended by section 1 of part C of chapter 59 of the laws of 2011, is amended to read as follows:

5. sections 2807-c, 2807-j, 2807-s and 2807-t of the public health law, as amended or as added by this act, shall expire on December 31, [2014] 2017, and shall be thereafter effective only in respect to any act done on or before such date or action or proceeding arising out of such act including continued collections of funds from assessments and allowances and surcharges established pursuant to sections 2807-c, 2807-j, 2807-s and 2807-t of the public health law, and administration and distributions of funds from pools established pursuant to sections 2807-c, 2807-j, 2807-k, 2807-l, 2807-m, 2807-s and 2807-t of the public health law related to patient services provided before December 31, [2014] 2017, and continued expenditure of funds authorized for programs and grants until the exhaustion of funds therefor;

S 2. Subdivision 1 of section 138 of chapter 1 of the laws of 1999, constituting the New York Health Care Reform Act of 2000, as amended by section 2 of part C of chapter 59 of the laws of 2011, is amended to read as follows:

1. sections 2807-c, 2807-j, 2807-s, and 2807-t of the public health law, as amended by this act, shall expire on December 31, [2014] 2017, and shall be thereafter effective only in respect to any act done before such date or action or proceeding arising out of such act including continued collections of funds from assessments and allowances and surcharges established pursuant to sections 2807-c, 2807-j, 2807-s and 2807-t of the public health law, and administration and distributions of funds from pools established pursuant to sections 2807-c, 2807-j, 2807-k, 2807-l, 2807-m, 2807-s, 2807-t, 2807-v and 2807-w of the public health law, as amended or added by this act, related to patient services provided before December 31, [2014] 2017, and continued expenditure of funds authorized for programs and grants until the exhaustion of funds therefor;

S 3. The opening paragraph, subparagraph (xiv) and (xv) of paragraph (a), subparagraph (v) of paragraph (c) and paragraph (e) of subdivision 6 of section 2807-s of the public health law, the opening paragraph as amended by section 4 of part A3 of chapter 62 of the laws of 2003, subparagraphs (xiv) and (xv) of paragraph (a) as amended by section 5 of part C of chapter 59 of the laws of 2011, subparagraph (v) of paragraph (c) as amended by section 5-a of part C of chapter 59 of the laws of 2011 and paragraph (e) as amended by section 6 of part A3 of chapter 62 of the laws of 2003, subparagraphs (i) and (ii) of paragraph (e) as

1 amended by section 5-b of part C of chapter 59 of the laws of 2011, are
2 amended to read as follows:

3 The amount allocated to each region for purposes of calculating the
4 regional allowance percentage pursuant to this section for each year
5 during the period January first, nineteen hundred ninety-seven through
6 December thirty-first, nineteen hundred ninety-nine and the regional
7 assessments pursuant to section twenty-eight hundred seven-t of this
8 article for each year during the period January first, nineteen hundred
9 ninety-seven through December thirty-first, nineteen hundred ninety-nine
10 and for each year on and after January first, two thousand, shall be the
11 sum of the factors computed in paragraphs (b), (d) and (f) of this
12 subdivision, IF SUCH FACTORS ARE APPLICABLE TO A GIVEN YEAR, as follows:

13 (xiv) A gross annual statewide amount for the period January first,
14 two thousand nine through December thirty-first, two thousand [thirteen]
15 FOURTEEN, shall be nine hundred forty-four million dollars.

16 (xv) A gross ANNUAL statewide amount for the period January first, two
17 thousand [fourteen] FIFTEEN through [March] DECEMBER thirty-first, two
18 thousand [fourteen] SEVENTEEN, shall be [two hundred thirty-six] ONE
19 BILLION FORTY-FIVE million dollars.

20 (v) A further gross ANNUAL statewide amount for the period January
21 first, two thousand fourteen through [March] DECEMBER thirty-first, two
22 thousand fourteen, shall be [twenty-two] EIGHTY-NINE million [two
23 hundred fifty thousand] dollars.

24 (e) [(i)] A further gross annual statewide amount shall be twelve
25 million dollars for each period prior to January first, two thousand
26 [fourteen] FIFTEEN.

27 [(ii)] A further gross statewide amount for the period January first,
28 two thousand fourteen through March thirty-first, two thousand fourteen
29 shall be three million dollars.]

30 S 4. Subparagraph (xiii) of paragraph (a) of subdivision 7 of section
31 2807-s of the public health law, as added by section 30 of part H of
32 chapter 59 of the laws of 2011, is amended to read as follows:

33 (xiii) twenty-three million eight hundred thirty-six thousand dollars
34 each state fiscal year for the period April first, two thousand twelve
35 through March thirty-first, two thousand [fourteen] SEVENTEEN;

36 S 5. Subparagraphs (iv) and (v) of paragraph (a) of subdivision 9 of
37 section 2807-j of the public health law, as amended by section 3 of part
38 C of chapter 59 of the laws of 2011, are amended to read as follows:

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

42 (v) one hundred ninety-one million two hundred fifty thousand dollars
43 of the funds accumulated for the period January first, two thousand
44 [fourteen] SEVENTEEN through March thirty-first, two thousand [fourteen]
45 SEVENTEEN.

46 S 6. Section 34 of part A3 of chapter 62 of the laws of 2003 amending
47 the general business law and other laws relating to enacting major
48 components necessary to implement the state fiscal plan for the 2003-04
49 state fiscal year, as amended by section 4 of part C of chapter 59 of
50 the laws of 2011, is amended to read as follows:

51 S 34. (1) Notwithstanding any inconsistent provision of law, rule or
52 regulation and effective April 1, 2008 through March 31, [2014] 2017,
53 the commissioner of health is authorized to transfer and the state comp-
54 troller is authorized and directed to receive for deposit to the credit
55 of the department of health's special revenue fund - other, health care
56 reform act (HCRA) resources fund - 061, provider collection monitoring

1 account, within amounts appropriated each year, those funds collected
2 and accumulated pursuant to section 2807-v of the public health law,
3 including income from invested funds, for the purpose of payment for
4 administrative costs of the department of health related to adminis-
5 tration of statutory duties for the collections and distributions
6 authorized by section 2807-v of the public health law.

7 (2) Notwithstanding any inconsistent provision of law, rule or regu-
8 lation and effective April 1, 2008 through March 31, [2014] 2017, the
9 commissioner of health is authorized to transfer and the state comp-
10 troller is authorized and directed to receive for deposit to the credit
11 of the department of health's special revenue fund - other, health care
12 reform act (HCRA) resources fund - 061, provider collection monitoring
13 account, within amounts appropriated each year, those funds collected
14 and accumulated and interest earned through surcharges on payments for
15 health care services pursuant to section 2807-s of the public health law
16 and from assessments pursuant to section 2807-t of the public health law
17 for the purpose of payment for administrative costs of the department of
18 health related to administration of statutory duties for the collections
19 and distributions authorized by sections 2807-s, 2807-t, and 2807-m of
20 the public health law.

21 (3) Notwithstanding any inconsistent provision of law, rule or regu-
22 lation and effective April 1, 2008 through March 31, [2014] 2017, the
23 commissioner of health is authorized to transfer and the comptroller is
24 authorized to deposit, within amounts appropriated each year, those
25 funds authorized for distribution in accordance with the provisions of
26 paragraph (a) of subdivision 1 of section 2807-l of the public health
27 law for the purposes of payment for administrative costs of the depart-
28 ment of health related to the child health insurance plan program
29 authorized pursuant to title 1-A of article 25 of the public health law
30 into the special revenue funds - other, health care reform act (HCRA)
31 resources fund - 061, child health insurance account, established within
32 the department of health.

33 (4) Notwithstanding any inconsistent provision of law, rule or regu-
34 lation and effective April 1, 2008 through March 31, [2014] 2017, the
35 commissioner of health is authorized to transfer and the comptroller is
36 authorized to deposit, within amounts appropriated each year, those
37 funds authorized for distribution in accordance with the provisions of
38 paragraph (e) of subdivision 1 of section 2807-l of the public health
39 law for the purpose of payment for administrative costs of the depart-
40 ment of health related to the health occupation development and work-
41 place demonstration program established pursuant to section 2807-h and
42 the health workforce retraining program established pursuant to section
43 2807-g of the public health law into the special revenue funds - other,
44 health care reform act (HCRA) resources fund - 061, health occupation
45 development and workplace demonstration program account, established
46 within the department of health.

47 (5) Notwithstanding any inconsistent provision of law, rule or regu-
48 lation and effective April 1, 2008 through March 31, [2014] 2017, the
49 commissioner of health is authorized to transfer and the comptroller is
50 authorized to deposit, within amounts appropriated each year, those
51 funds allocated pursuant to paragraph (j) of subdivision 1 of section
52 2807-v of the public health law for the purpose of payment for adminis-
53 trative costs of the department of health related to administration of
54 the state's tobacco control programs and cancer services provided pursu-
55 ant to sections 2807-r and 1399-ii of the public health law into such
56 accounts established within the department of health for such purposes.

1 (6) Notwithstanding any inconsistent provision of law, rule or regu-
2 lation and effective April 1, 2008 through March 31, [2014] 2017, the
3 commissioner of health is authorized to transfer and the comptroller is
4 authorized to deposit, within amounts appropriated each year, the funds
5 authorized for distribution in accordance with the provisions of section
6 2807-1 of the public health law for the purposes of payment for adminis-
7 trative costs of the department of health related to the programs funded
8 pursuant to section 2807-1 of the public health law into the special
9 revenue funds - other, health care reform act (HCRA) resources fund -
10 061, pilot health insurance account, established within the department
11 of health.

12 (7) Notwithstanding any inconsistent provision of law, rule or regu-
13 lation and effective April 1, 2008 through March 31, [2014] 2017, 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 for distribution in accordance with the provisions of
17 subparagraph (ii) of paragraph (f) of subdivision 19 of section 2807-c
18 of the public health law from monies accumulated and interest earned in
19 the bad debt and charity care and capital statewide pools through an
20 assessment charged to general hospitals pursuant to the provisions of
21 subdivision 18 of section 2807-c of the public health law and those
22 funds authorized for distribution in accordance with the provisions of
23 section 2807-1 of the public health law for the purposes of payment for
24 administrative costs of the department of health related to programs
25 funded under section 2807-1 of the public health law into the special
26 revenue funds - other, health care reform act (HCRA) resources fund -
27 061, primary care initiatives account, established within the department
28 of health.

29 (8) Notwithstanding any inconsistent provision of law, rule or regu-
30 lation and effective April 1, 2008 through March 31, [2014] 2017, the
31 commissioner of health is authorized to transfer and the comptroller is
32 authorized to deposit, within amounts appropriated each year, those
33 funds authorized for distribution in accordance with section 2807-1 of
34 the public health law for the purposes of payment for administrative
35 costs of the department of health related to programs funded under
36 section 2807-1 of the public health law into the special revenue funds -
37 other, health care reform act (HCRA) resources fund - 061, health care
38 delivery administration account, established within the department of
39 health.

40 (9) Notwithstanding any inconsistent provision of law, rule or regu-
41 lation and effective April 1, 2008 through March 31, [2014] 2017, the
42 commissioner of health is authorized to transfer and the comptroller is
43 authorized to deposit, within amounts appropriated each year, those
44 funds authorized pursuant to sections 2807-d, 3614-a and 3614-b of the
45 public health law and section 367-i of the social services law and for
46 distribution in accordance with the provisions of subdivision 9 of
47 section 2807-j of the public health law for the purpose of payment for
48 administration of statutory duties for the collections and distributions
49 authorized by sections 2807-c, 2807-d, 2807-j, 2807-k, 2807-l, 3614-a
50 and 3614-b of the public health law and section 367-i of the social
51 services law into the special revenue funds - other, health care reform
52 act (HCRA) resources fund - 061, provider collection monitoring account,
53 established within the department of health.

54 S 7. Section 2807-1 of the public health law, as amended by section 7
55 of part C of chapter 59 of the laws of 2011, is amended to read as
56 follows:

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

9 (a) Funds shall be reserved and accumulated from year to year and
10 shall be available, including income from invested funds, for purposes
11 of distributions to programs to provide health care coverage for unin-
12 sured or underinsured children pursuant to sections twenty-five hundred
13 ten and twenty-five hundred eleven of this chapter from the respective
14 health care initiatives pools established for the following periods in
15 the following amounts:

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

19 (ii) from the pool for the period January first, nineteen hundred
20 ninety-eight through December thirty-first, nineteen hundred ninety-
21 eight, up to one hundred sixty-four million five hundred thousand
22 dollars;

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

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

28 (v) from the pool for the period January first, two thousand one
29 through December thirty-first, two thousand one, two hundred thirty-five
30 million dollars;

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

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

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

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

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

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

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

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

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

9 (xv) from the health care reform act (HCRA) resources fund for the
10 period April first, two thousand twelve, through March thirty-first, two
11 thousand thirteen, up to three hundred forty-six million four hundred
12 forty-four thousand dollars; [and]

13 (xvi) from the health care reform act (HCRA) resources fund for the
14 period April first, two thousand thirteen, through March thirty-first,
15 two thousand fourteen, up to three hundred seventy million six hundred
16 ninety-five thousand dollars[.]; AND

17 (XVII) FROM THE HEALTH CARE REFORM ACT (HCRA) RESOURCES FUND FOR EACH
18 STATE FISCAL YEAR FOR PERIODS ON AND AFTER APRIL FIRST, TWO THOUSAND
19 FOURTEEN, WITHIN AMOUNTS APPROPRIATED.

20 (b) Funds shall be reserved and accumulated from year to year and
21 shall be available, including income from invested funds, for purposes
22 of distributions for health insurance programs under the individual
23 subsidy programs established pursuant to the expanded health care cover-
24 age act of nineteen hundred eighty-eight as amended, and for evaluation
25 of such programs from the respective health care initiatives pools or
26 the health care reform act (HCRA) resources fund, whichever is applica-
27 ble, established for the following periods in the following amounts:

28 (i) (A) an amount not to exceed six million dollars on an annualized
29 basis for the periods January first, nineteen hundred ninety-seven
30 through December thirty-first, nineteen hundred ninety-nine; up to six
31 million dollars for the period January first, two thousand through
32 December thirty-first, two thousand; up to five million dollars for the
33 period January first, two thousand one through December thirty-first,
34 two thousand one; up to four million dollars for the period January
35 first, two thousand two through December thirty-first, two thousand two;
36 up to two million six hundred thousand dollars for the period January
37 first, two thousand three through December thirty-first, two thousand
38 three; up to one million three hundred thousand dollars for the period
39 January first, two thousand four through December thirty-first, two
40 thousand four; up to six hundred seventy thousand dollars for the period
41 January first, two thousand five through June thirtieth, two thousand
42 five; up to one million three hundred thousand dollars for the period
43 April first, two thousand six through March thirty-first, two thousand
44 seven; and up to one million three hundred thousand dollars annually for
45 the period April first, two thousand seven through March thirty-first,
46 two thousand nine, shall be allocated to individual subsidy programs;
47 and

48 (B) an amount not to exceed seven million dollars on an annualized
49 basis for the periods during the period January first, nineteen hundred
50 ninety-seven through December thirty-first, nineteen hundred ninety-nine
51 and four million dollars annually for the periods January first, two
52 thousand through December thirty-first, two thousand two, and three
53 million dollars for the period January first, two thousand three through
54 December thirty-first, two thousand three, and two million dollars for
55 the period January first, two thousand four through December thirty-
56 first, two thousand four, and two million dollars for the period January

1 first, two thousand five through June thirtieth, two thousand five shall
2 be allocated to the catastrophic health care expense program.

3 (ii) Notwithstanding any law to the contrary, the characterizations of
4 the New York state small business health insurance partnership program
5 as in effect prior to June thirtieth, two thousand three, voucher
6 program as in effect prior to December thirty-first, two thousand one,
7 individual subsidy program as in effect prior to June thirtieth, two
8 thousand five, and catastrophic health care expense program, as in
9 effect prior to June thirtieth, two thousand five, may, for the purposes
10 of identifying matching funds for the community health care conversion
11 demonstration project described in a waiver of the provisions of title
12 XIX of the federal social security act granted to the state of New York
13 and dated July fifteenth, nineteen hundred ninety-seven, may continue to
14 be used to characterize the insurance programs in sections four thousand
15 three hundred twenty-one-a, four thousand three hundred twenty-two-a,
16 four thousand three hundred twenty-six and four thousand three hundred
17 twenty-seven of the insurance law, which are successor programs to these
18 programs.

19 (c) Up to seventy-eight million dollars shall be reserved and accumu-
20 lated from year to year from the pool for the period January first,
21 nineteen hundred ninety-seven through December thirty-first, nineteen
22 hundred ninety-seven, for purposes of public health programs, up to
23 seventy-six million dollars shall be reserved and accumulated from year
24 to year from the pools for the periods January first, nineteen hundred
25 ninety-eight through December thirty-first, nineteen hundred ninety-
26 eight and January first, nineteen hundred ninety-nine through December
27 thirty-first, nineteen hundred ninety-nine, up to eighty-four million
28 dollars shall be reserved and accumulated from year to year from the
29 pools for the period January first, two thousand through December thir-
30 ty-first, two thousand, up to eighty-five million dollars shall be
31 reserved and accumulated from year to year from the pools for the period
32 January first, two thousand one through December thirty-first, two thou-
33 sand one, up to eighty-six million dollars shall be reserved and accumu-
34 lated from year to year from the pools for the period January first, two
35 thousand two through December thirty-first, two thousand two, up to
36 eighty-six million one hundred fifty thousand dollars shall be reserved
37 and accumulated from year to year from the pools for the period January
38 first, two thousand three through December thirty-first, two thousand
39 three, up to fifty-eight million seven hundred eighty thousand dollars
40 shall be reserved and accumulated from year to year from the pools for
41 the period January first, two thousand four through December thirty-
42 first, two thousand four, up to sixty-eight million seven hundred thirty
43 thousand dollars shall be reserved and accumulated from year to year
44 from the pools or the health care reform act (HCRA) resources fund,
45 whichever is applicable, for the period January first, two thousand five
46 through December thirty-first, two thousand five, up to ninety-four
47 million three hundred fifty thousand dollars shall be reserved and accu-
48 mulated from year to year from the health care reform act (HCRA)
49 resources fund for the period January first, two thousand six through
50 December thirty-first, two thousand six, up to seventy million nine
51 hundred thirty-nine thousand dollars shall be reserved and accumulated
52 from year to year from the health care reform act (HCRA) resources fund
53 for the period January first, two thousand seven through December thir-
54 ty-first, two thousand seven, up to fifty-five million six hundred
55 eighty-nine thousand dollars annually shall be reserved and accumulated
56 from year to year from the health care reform act (HCRA) resources fund

1 for the period January first, two thousand eight through December thir-
2 ty-first, two thousand ten, up to thirteen million nine hundred twenty-
3 two thousand dollars shall be reserved and accumulated from year to year
4 from the health care reform act (HCRA) resources fund for the period
5 January first, two thousand eleven through March thirty-first, two thou-
6 sand eleven, and for periods on and after April first, two thousand
7 eleven [through March thirty-first, two thousand fourteen], up to fund-
8 ing amounts specified below and shall be available, including income
9 from invested funds, for:

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

36 (ii) deposit by the commissioner, within amounts appropriated, and the
37 state comptroller is hereby authorized and directed to receive for
38 deposit to, to the credit of the emergency medical services training
39 account established in section ninety-seven-q of the state finance law
40 or the health care reform act (HCRA) resources fund, whichever is appli-
41 cable, up to sixteen million dollars on an annualized basis for the
42 periods January first, nineteen hundred ninety-seven through December
43 thirty-first, nineteen hundred ninety-nine, up to twenty million dollars
44 for the period January first, two thousand through December thirty-
45 first, two thousand, up to twenty-one million dollars for the period
46 January first, two thousand one through December thirty-first, two thou-
47 sand one, up to twenty-two million dollars for the period January first,
48 two thousand two through December thirty-first, two thousand two, up to
49 twenty-two million five hundred fifty thousand dollars for the period
50 January first, two thousand three through December thirty-first, two
51 thousand three, up to nine million six hundred eighty thousand dollars
52 for the period January first, two thousand four through December thir-
53 ty-first, two thousand four, up to twelve million one hundred thirty
54 thousand dollars for the period January first, two thousand five through
55 December thirty-first, two thousand five, up to twenty-four million two
56 hundred fifty thousand dollars for the period January first, two thou-

1 sand six through December thirty-first, two thousand six, up to twenty
2 million four hundred ninety-two thousand dollars annually for the period
3 January first, two thousand seven through December thirty-first, two
4 thousand ten, up to five million one hundred twenty-three thousand
5 dollars for the period January first, two thousand eleven through March
6 thirty-first, two thousand eleven, up to eighteen million three hundred
7 fifty thousand dollars for the period April first, two thousand eleven
8 through March thirty-first, two thousand twelve, up to eighteen million
9 nine hundred fifty thousand dollars for the period April first, two
10 thousand twelve through March thirty-first, two thousand thirteen, [and]
11 up to nineteen million four hundred nineteen thousand dollars for the
12 period April first, two thousand thirteen through March thirty-first,
13 two thousand fourteen, AND WITHIN AMOUNTS APPROPRIATED EACH STATE FISCAL
14 YEAR FOR PERIODS ON AND AFTER APRIL FIRST, TWO THOUSAND FOURTEEN;

15 (iii) priority distributions by the commissioner up to thirty-two
16 million dollars on an annualized basis for the period January first, two
17 thousand through December thirty-first, two thousand four, up to thir-
18 ty-eight million dollars on an annualized basis for the period January
19 first, two thousand five through December thirty-first, two thousand
20 six, up to eighteen million two hundred fifty thousand dollars for the
21 period January first, two thousand seven through December thirty-first,
22 two thousand seven, up to three million dollars annually for the period
23 January first, two thousand eight through December thirty-first, two
24 thousand ten, up to seven hundred fifty thousand dollars for the period
25 January first, two thousand eleven through March thirty-first, two thou-
26 sand eleven, [and] up to two million nine hundred thousand dollars each
27 state fiscal year for the period April first, two thousand eleven
28 through March thirty-first, two thousand fourteen, AND WITHIN AMOUNTS
29 APPROPRIATED EACH STATE FISCAL YEAR FOR PERIODS ON AND AFTER APRIL
30 FIRST, TWO THOUSAND FOURTEEN to be allocated (A) for the purposes estab-
31 lished pursuant to subparagraph (ii) of paragraph (f) of subdivision
32 nineteen of section twenty-eight hundred seven-c of this article as in
33 effect on December thirty-first, nineteen hundred ninety-six and as may
34 thereafter be amended, up to fifteen million dollars annually for the
35 periods January first, two thousand through December thirty-first, two
36 thousand four, up to twenty-one million dollars annually for the period
37 January first, two thousand five through December thirty-first, two
38 thousand six, and up to seven million five hundred thousand dollars for
39 the period January first, two thousand seven through March thirty-first,
40 two thousand seven;

41 (B) pursuant to a memorandum of understanding entered into by the
42 commissioner, the majority leader of the senate and the speaker of the
43 assembly, for the purposes outlined in such memorandum upon the recom-
44 mendation of the majority leader of the senate, up to eight million
45 five hundred thousand dollars annually for the period January first, two
46 thousand through December thirty-first, two thousand six, and up to four
47 million two hundred fifty thousand dollars for the period January first,
48 two thousand seven through June thirtieth, two thousand seven, and for
49 the purposes outlined in such memorandum upon the recommendation of the
50 speaker of the assembly, up to eight million five hundred thousand
51 dollars annually for the periods January first, two thousand through
52 December thirty-first, two thousand six, and up to four million two
53 hundred fifty thousand dollars for the period January first, two thou-
54 sand seven through June thirtieth, two thousand seven; and

55 (C) for services and expenses, including grants, related to emergency
56 assistance distributions as designated by the commissioner. Notwith-

1 standing section one hundred twelve or one hundred sixty-three of the
2 state finance law or any other contrary provision of law, such distrib-
3 utions shall be limited to providers or programs where, as determined by
4 the commissioner, emergency assistance is vital to protect the life or
5 safety of patients, to ensure the retention of facility caregivers or
6 other staff, or in instances where health facility operations are jeop-
7 ardized, or where the public health is jeopardized or other emergency
8 situations exist, up to three million dollars annually for the period
9 April first, two thousand seven through March thirty-first, two thousand
10 eleven, [and] up to two million nine hundred thousand dollars each state
11 fiscal year for the period April first, two thousand eleven through
12 March thirty-first, two thousand fourteen, AND WITHIN AMOUNTS APPROPRI-
13 ATED EACH STATE FISCAL YEAR FOR PERIODS ON AND AFTER APRIL FIRST, TWO
14 THOUSAND FOURTEEN. Upon any distribution of such funds, the commission-
15 er shall immediately notify the chair and ranking minority member of the
16 senate finance committee, the assembly ways and means committee, the
17 senate committee on health, and the assembly committee on health;

18 (iv) distributions by the commissioner related to poison control
19 centers pursuant to subdivision seven of section twenty-five hundred-d
20 of this chapter, up to five million dollars for the period January
21 first, nineteen hundred ninety-seven through December thirty-first,
22 nineteen hundred ninety-seven, up to three million dollars on an annual-
23 ized basis for the periods during the period January first, nineteen
24 hundred ninety-eight through December thirty-first, nineteen hundred
25 ninety-nine, up to five million dollars annually for the periods January
26 first, two thousand through December thirty-first, two thousand two, up
27 to four million six hundred thousand dollars annually for the periods
28 January first, two thousand three through December thirty-first, two
29 thousand four, up to five million one hundred thousand dollars for the
30 period January first, two thousand five through December thirty-first,
31 two thousand six annually, up to five million one hundred thousand
32 dollars annually for the period January first, two thousand seven
33 through December thirty-first, two thousand nine, up to three million
34 six hundred thousand dollars for the period January first, two thousand
35 ten through December thirty-first, two thousand ten, up to seven hundred
36 seventy-five thousand dollars for the period January first, two thousand
37 eleven through March thirty-first, two thousand eleven, [and] up to two
38 million five hundred thousand dollars each state fiscal year for the
39 period April first, two thousand eleven through March thirty-first, two
40 thousand fourteen, AND WITHIN AMOUNTS APPROPRIATED EACH STATE FISCAL
41 YEAR FOR PERIODS ON AND AFTER APRIL FIRST, TWO THOUSAND FOURTEEN; and

42 (v) deposit by the commissioner, within amounts appropriated, and the
43 state comptroller is hereby authorized and directed to receive for
44 deposit to, to the credit of the department of health's special revenue
45 fund - other, miscellaneous special revenue fund - 339 maternal and
46 child HIV services account or the health care reform act (HCRA)
47 resources fund, whichever is applicable, for purposes of a special
48 program for HIV services for women and children, including adolescents
49 pursuant to section twenty-five hundred-f-one of [the public health law]
50 THIS CHAPTER, up to five million dollars annually for the periods Janu-
51 ary first, two thousand through December thirty-first, two thousand two,
52 up to five million dollars for the period January first, two thousand
53 three through December thirty-first, two thousand three, up to two
54 million five hundred thousand dollars for the period January first, two
55 thousand four through December thirty-first, two thousand four, up to
56 two million five hundred thousand dollars for the period January first,

1 two thousand five through December thirty-first, two thousand five, up
2 to five million dollars for the period January first, two thousand six
3 through December thirty-first, two thousand six, up to five million
4 dollars annually for the period January first, two thousand seven
5 through December thirty-first, two thousand ten, up to one million two
6 hundred fifty thousand dollars for the period January first, two thou-
7 sand eleven through March thirty-first, two thousand eleven, and up to
8 five million dollars each state fiscal year for the period April first,
9 two thousand eleven through March thirty-first, two thousand fourteen;

10 (d) (i) An amount of up to twenty million dollars annually for the
11 period January first, two thousand through December thirty-first, two
12 thousand six, up to ten million dollars for the period January first,
13 two thousand seven through June thirtieth, two thousand seven, up to
14 twenty million dollars annually for the period January first, two thou-
15 sand eight through December thirty-first, two thousand ten, up to five
16 million dollars for the period January first, two thousand eleven
17 through March thirty-first, two thousand eleven, [and] up to nineteen
18 million six hundred thousand dollars each state fiscal year for the
19 period April first, two thousand eleven through March thirty-first, two
20 thousand fourteen, AND WITHIN AMOUNTS APPROPRIATED EACH STATE FISCAL
21 YEAR FOR PERIODS ON AND AFTER APRIL FIRST, TWO THOUSAND FOURTEEN, shall
22 be transferred to the health facility restructuring pool established
23 pursuant to section twenty-eight hundred fifteen of this article;

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

29 (e) Funds shall be reserved and accumulated from year to year and
30 shall be available, including income from invested funds, for purposes
31 of distributions to organizations to support the health workforce
32 retraining program established pursuant to section twenty-eight hundred
33 seven-g of this article from the respective health care initiatives
34 pools established for the following periods in the following amounts
35 from the pools or the health care reform act (HCRA) resources fund,
36 whichever is applicable, during the period January first, nineteen
37 hundred ninety-seven through December thirty-first, nineteen hundred
38 ninety-nine, up to fifty million dollars on an annualized basis, up to
39 thirty million dollars for the period January first, two thousand
40 through December thirty-first, two thousand, up to forty million dollars
41 for the period January first, two thousand one through December thirty-
42 first, two thousand one, up to fifty million dollars for the period
43 January first, two thousand two through December thirty-first, two thou-
44 sand two, up to forty-one million one hundred fifty thousand dollars for
45 the period January first, two thousand three through December thirty-
46 first, two thousand three, up to forty-one million one hundred fifty
47 thousand dollars for the period January first, two thousand four through
48 December thirty-first, two thousand four, up to fifty-eight million
49 three hundred sixty thousand dollars for the period January first, two
50 thousand five through December thirty-first, two thousand five, up to
51 fifty-two million three hundred sixty thousand dollars for the period
52 January first, two thousand six through December thirty-first, two thou-
53 sand six, up to thirty-five million four hundred thousand dollars annu-
54 ally for the period January first, two thousand seven through December
55 thirty-first, two thousand ten, up to eight million eight hundred fifty
56 thousand dollars for the period January first, two thousand eleven

1 through March thirty-first, two thousand eleven, [and] up to twenty-
2 eight million four hundred thousand dollars each state fiscal year for
3 the period April first, two thousand eleven through March thirty-first,
4 two thousand fourteen, AND UP TO TWENTY-SIX MILLION EIGHT HUNDRED SEVEN-
5 TEEN THOUSAND DOLLARS EACH STATE FISCAL YEAR FOR THE PERIOD APRIL FIRST,
6 TWO THOUSAND FOURTEEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND SEVEN-
7 TEEN, less the amount of funds available for allocations for rate
8 adjustments for workforce training programs for payments by state
9 governmental agencies for inpatient hospital services.

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

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

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

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

29 (iv) from the pool or the health care reform act (HCRA) resources
30 fund, whichever is applicable, for the period January first, two thou-
31 sand through December thirty-first, two thousand four, eighty-two
32 million dollars annually, and for the period January first, two thousand
33 five through December thirty-first, two thousand five, eighty-two
34 million dollars, and for the period January first, two thousand six
35 through December thirty-first, two thousand six, eighty-two million
36 dollars, and for the period January first, two thousand seven through
37 December thirty-first, two thousand seven, eighty-two million dollars,
38 and for the period January first, two thousand eight through December
39 thirty-first, two thousand eight, ninety million seven hundred thousand
40 dollars shall be deposited by the commissioner, and the state comp-
41 troller is hereby authorized and directed to receive for deposit to the
42 credit of the state special revenue fund - other, HCRA transfer fund,
43 medical assistance account;

44 (v) from the health care reform act (HCRA) resources fund for the
45 period January first, two thousand nine through December thirty-first,
46 two thousand nine, one hundred eight million nine hundred seventy-five
47 thousand dollars, and for the period January first, two thousand ten
48 through December thirty-first, two thousand ten, one hundred twenty-six
49 million one hundred thousand dollars, for the period January first, two
50 thousand eleven through March thirty-first, two thousand eleven, twenty
51 million five hundred thousand dollars, and for each state fiscal year
52 for the period April first, two thousand eleven through March thirty-
53 first, two thousand fourteen, one hundred forty-six million four hundred
54 thousand dollars, shall be deposited by the commissioner, and the state
55 comptroller is hereby authorized and directed to receive for deposit, to

1 the credit of the state special revenue fund - other, HCRA transfer
2 fund, medical assistance account.

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

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

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

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

19 (h) Funds shall be reserved and accumulated from year to year by the
20 commissioner and shall be available, including income from invested
21 funds, for purposes of primary care education and training pursuant to
22 article nine of this chapter from the respective health care initiatives
23 pools established for the following periods in the following percentage
24 amounts of funds remaining after allocations in accordance with para-
25 graphs (a) through (f) of this subdivision and shall be available for
26 distributions as follows:

27 (i) funds shall be reserved and accumulated:

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

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

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

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

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

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

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

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

52 (i) Funds shall be reserved and accumulated from year to year and
53 shall be available, including income from invested funds, for distrib-
54 utions in accordance with section twenty-nine hundred fifty-two and
55 section twenty-nine hundred fifty-eight of this chapter for rural health
56 care delivery development and rural health care access development,

1 respectively, from the respective health care initiatives pools or the
2 health care reform act (HCRA) resources fund, whichever is applicable,
3 for the following periods in the following percentage amounts of funds
4 remaining after allocations in accordance with paragraphs (a) through
5 (f) of this subdivision, and for periods on and after January first, two
6 thousand, in the following amounts:

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

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

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

16 (iv) from the pool for the periods January first, two thousand through
17 December thirty-first, two thousand two, seventeen million dollars annu-
18 ally, and for the period January first, two thousand three through
19 December thirty-first, two thousand three, up to fifteen million eight
20 hundred fifty thousand dollars;

21 (v) from the pool or the health care reform act (HCRA) resources fund,
22 whichever is applicable, for the period January first, two thousand four
23 through December thirty-first, two thousand four, up to fifteen million
24 eight hundred fifty thousand dollars, [and] for the period January
25 first, two thousand five through December thirty-first, two thousand
26 five, up to nineteen million two hundred thousand dollars, [and] for the
27 period January first, two thousand six through December thirty-first,
28 two thousand six, up to nineteen million two hundred thousand dollars,
29 for the period January first, two thousand seven through December thir-
30 ty-first, two thousand ten, up to eighteen million one hundred fifty
31 thousand dollars annually, for the period January first, two thousand
32 eleven through March thirty-first, two thousand eleven, up to four
33 million five hundred thirty-eight thousand dollars, [and] for each state
34 fiscal year for the period April first, two thousand eleven through
35 March thirty-first, two thousand fourteen, up to sixteen million two
36 hundred thousand dollars, AND EACH STATE FISCAL YEAR FOR PERIODS ON AND
37 AFTER APRIL FIRST, TWO THOUSAND FOURTEEN, WITHIN AMOUNTS APPROPRIATED.

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

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 six and thirty-five-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, six and thirty-five-hundredths percent; and

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

55 (k) Funds shall be reserved and accumulated from year to year and
56 shall be available, including income from invested funds, for allo-

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

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

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

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

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

(v) (A) from the pool or the health care reform act (HCRA) resources fund, whichever is applicable, for the period July first, two thousand three through December thirty-first, two thousand three, up to six million dollars, for the period January first, two thousand four through December thirty-first, two thousand six, up to twelve million dollars annually, for the period January first, two thousand seven through December thirty-first, two thousand thirteen, up to forty-eight million dollars annually, [and] for the period January first, two thousand fourteen through March thirty-first, two thousand fourteen, up to twelve million dollars AND FOR THE PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND SEVENTEEN, UP TO FORTY-EIGHT MILLION DOLLARS ANNUALLY;

(B) from the health care reform act (HCRA) resources fund for the period January first, two thousand six through December thirty-first, two thousand six, an additional seven million five hundred thousand dollars, for the period January first, two thousand seven through December thirty-first, two thousand thirteen, an additional seven million five hundred thousand dollars annually, [and] for the period January first, two thousand fourteen through March thirty-first, two thousand fourteen, an additional one million eight hundred seventy-five thousand dollars, AND FOR THE PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND SEVENTEEN, AN ADDITIONAL SEVEN MILLION FIVE HUNDRED THOUSAND DOLLARS ANNUALLY for voluntary non-profit diagnostic and treatment center uncompensated care in accordance with subdivision four-c of section twenty-eight hundred seven-p of this article; and

(vi) funds reserved and accumulated pursuant to this paragraph for periods on and after July first, two thousand three, 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, for purposes of funding the state share of rate adjustments made pursuant to section twenty-eight hundred seven-p of this article, provided, however, that in the event federal financial participation is not available for rate adjustments made pursuant to paragraph (b) of subdivision one of section twenty-eight hundred seven-p

1 of this article, funds shall be distributed pursuant to paragraph (a) of
2 subdivision one of section twenty-eight hundred seven-p of this article
3 from the respective health care initiatives pools or the health care
4 reform act (HCRA) resources fund, whichever is applicable.

5 (l) Funds shall be reserved and accumulated from year to year by the
6 commissioner and shall be available, including income from invested
7 funds, for transfer to and allocation for services and expenses for the
8 payment of benefits to recipients of drugs under the AIDS drug assist-
9 ance program (ADAP) - HIV uninsured care program as administered by
10 Health Research Incorporated from the respective health care initi-
11 atives pools or the health care reform act (HCRA) resources fund, which-
12 ever is applicable, established for the following periods in the follow-
13 ing percentage amounts of funds remaining after allocations in
14 accordance with paragraphs (a) through (f) of this subdivision, and for
15 periods on and after January first, two thousand, in the following
16 amounts:

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

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

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

26 (iv) from the pool for the periods January first, two thousand through
27 December thirty-first, two thousand two, up to twelve million dollars
28 annually, and for the period January first, two thousand three through
29 December thirty-first, two thousand three, up to forty million dollars;
30 and

31 (v) from the pool or the health care reform act (HCRA) resources fund,
32 whichever is applicable, for the periods January first, two thousand
33 four through December thirty-first, two thousand four, up to fifty-six
34 million dollars, for the period January first, two thousand five through
35 December thirty-first, two thousand six, up to sixty million dollars
36 annually, for the period January first, two thousand seven through
37 December thirty-first, two thousand ten, up to sixty million dollars
38 annually, for the period January first, two thousand eleven through
39 March thirty-first, two thousand eleven, up to fifteen million dollars,
40 [and] each state fiscal year for the period April first, two thousand
41 eleven through March thirty-first, two thousand fourteen, up to forty-
42 two million three hundred thousand dollars AND EACH STATE FISCAL YEAR
43 FOR PERIODS ON AND AFTER APRIL FIRST, TWO THOUSAND FOURTEEN, WITHIN
44 AMOUNTS APPROPRIATED.

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

1 (i) from the pool for the period January first, nineteen hundred nine-
2 ty-seven through December thirty-first, nineteen hundred ninety-seven,
3 seven and ninety-four-hundredths percent;
4 (ii) from the pool for the period January first, nineteen hundred
5 ninety-eight through December thirty-first, nineteen hundred ninety-
6 eight, seven and ninety-four-hundredths percent;
7 (iii) from the pool for the period January first, nineteen hundred
8 ninety-nine and December thirty-first, nineteen hundred ninety-nine, six
9 and forty-five-hundredths percent;
10 (iv) from the pool for the period January first, two thousand through
11 December thirty-first, two thousand two, up to ten million dollars on an
12 annual basis;
13 (v) from the pool for the period January first, two thousand three
14 through December thirty-first, two thousand four, up to eight million
15 nine hundred fifty thousand dollars on an annual basis;
16 (vi) from the pool or the health care reform act (HCRA) resources
17 fund, whichever is applicable, for the period January first, two thou-
18 sand five through December thirty-first, two thousand six, up to ten
19 million fifty thousand dollars on an annual basis, for the period Janu-
20 ary first, two thousand seven through December thirty-first, two thou-
21 sand ten, up to nineteen million dollars annually, and for the period
22 January first, two thousand eleven through March thirty-first, two thou-
23 sand eleven, up to four million seven hundred fifty thousand dollars.
24 (n) Funds shall be accumulated and transferred from the health care
25 reform act (HCRA) resources fund as follows: for the period April first,
26 two thousand seven through March thirty-first, two thousand eight, and
27 on an annual basis for the periods April first, two thousand eight
28 through November thirtieth, two thousand nine, funds within amounts
29 appropriated shall be transferred and deposited and credited to the
30 credit of the state special revenue funds - other, HCRA transfer fund,
31 medical assistance account, for purposes of funding the state share of
32 rate adjustments made to public and voluntary hospitals in accordance
33 with paragraphs (i) and (j) of subdivision one of section twenty-eight
34 hundred seven-c of this article.
35 2. Notwithstanding any inconsistent provision of law, rule or regu-
36 lation, any funds accumulated in the health care initiatives pools
37 pursuant to paragraph (b) of subdivision nine of section twenty-eight
38 hundred seven-j of this article, as a result of surcharges, assessments
39 or other obligations during the periods January first, nineteen hundred
40 ninety-seven through December thirty-first, nineteen hundred ninety-
41 nine, which are unused or uncommitted for distributions pursuant to this
42 section shall be reserved and accumulated from year to year by the
43 commissioner and, within amounts appropriated, transferred and deposited
44 into the special revenue funds - other, miscellaneous special revenue
45 fund - 339, child health insurance account or any successor fund or
46 account, for purposes of distributions to implement the child health
47 insurance program established pursuant to sections twenty-five hundred
48 ten and twenty-five hundred eleven of this chapter for periods on and
49 after January first, two thousand one; provided, however, funds reserved
50 and accumulated for priority distributions pursuant to subparagraph
51 (iii) of paragraph (c) of subdivision one of this section shall not be
52 transferred and deposited into such account pursuant to this subdivi-
53 sion; and provided further, however, that any unused or uncommitted pool
54 funds accumulated and allocated pursuant to paragraph (j) of subdivision
55 one of this section shall be distributed for purposes of the health
56 information and quality improvement act of 2000.

1 3. Revenue from distributions pursuant to this section shall not be
2 included in gross revenue received for purposes of the assessments
3 pursuant to subdivision eighteen of section twenty-eight hundred seven-c
4 of this article, subject to the provisions of paragraph (e) of subdivi-
5 sion eighteen of section twenty-eight hundred seven-c of this article,
6 and shall not be included in gross revenue received for purposes of the
7 assessments pursuant to section twenty-eight hundred seven-d of this
8 article, subject to the provisions of subdivision twelve of section
9 twenty-eight hundred seven-d of this article.

10 S 8. Section 2807-v of the public health law, as amended by section 5
11 of part B of chapter 58 of the laws of 2008, subdivision 1 as amended by
12 section 8 of part C of chapter 59 of the laws of 2011, clause (K) of
13 subparagraph (i) of paragraph (bb) of subdivision 1 as amended by
14 section 35-a, subparagraph (xi) of paragraph (cc) of subdivision 1 as
15 amended by section 35-b and subparagraph (vii) of paragraph (ccc) of
16 subdivision 1 as amended by section 35-c of part D of chapter 56 of the
17 laws of 2012, paragraph (fff) of subdivision 1 as separately amended by
18 section 16 of part A of chapter 59 of the laws of 2011, and paragraph
19 (iii) of subdivision 1 as added by section 52-b of part H of chapter 59
20 of the laws of 2011, is amended to read as follows:

21 S 2807-v. Tobacco control and insurance initiatives pool distrib-
22 utions. 1. Funds accumulated in the tobacco control and insurance
23 initiatives pool or in the health care reform act (HCRA) resources fund
24 established pursuant to section ninety-two-dd of the state finance law,
25 whichever is applicable, including income from invested funds, shall be
26 distributed or retained by the commissioner or by the state comptroller,
27 as applicable, in accordance with the following:

28 (a) Funds shall be deposited by the commissioner, within amounts
29 appropriated, and the state comptroller is hereby authorized and
30 directed to receive for deposit to the credit of the state special
31 revenue funds - other, HCRA transfer fund, medicaid fraud hotline and
32 medicaid administration account, or any successor fund or account, for
33 purposes of services and expenses related to the toll-free medicaid
34 fraud hotline established pursuant to section one hundred eight of chap-
35 ter one of the laws of nineteen hundred ninety-nine from the tobacco
36 control and insurance initiatives pool established for the following
37 periods in the following amounts: four hundred thousand dollars annually
38 for the periods January first, two thousand through December thirty-
39 first, two thousand two, up to four hundred thousand dollars for the
40 period January first, two thousand three through December thirty-first,
41 two thousand three, up to four hundred thousand dollars for the period
42 January first, two thousand four through December thirty-first, two
43 thousand four, up to four hundred thousand dollars for the period Janu-
44 ary first, two thousand five through December thirty-first, two thousand
45 five, up to four hundred thousand dollars for the period January first,
46 two thousand six through December thirty-first, two thousand six, up to
47 four hundred thousand dollars for the period January first, two thousand
48 seven through December thirty-first, two thousand seven, up to four
49 hundred thousand dollars for the period January first, two thousand
50 eight through December thirty-first, two thousand eight, up to four
51 hundred thousand dollars for the period January first, two thousand nine
52 through December thirty-first, two thousand nine, up to four hundred
53 thousand dollars for the period January first, two thousand ten through
54 December thirty-first, two thousand ten, up to one hundred thousand
55 dollars for the period January first, two thousand eleven through March

1 thirty-first, two thousand eleven and within amounts appropriated on and
2 after April first, two thousand eleven.

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 payment of audits or audit contracts necessary to determine payor and
6 provider compliance with requirements set forth in sections twenty-eight
7 hundred seven-j, twenty-eight hundred seven-s and twenty-eight hundred
8 seven-t of this article from the tobacco control and insurance initi-
9 atives pool established for the following periods in the following
10 amounts: five million six hundred thousand dollars annually for the
11 periods January first, two thousand through December thirty-first, two
12 thousand two, up to five million dollars for the period January first,
13 two thousand three through December thirty-first, two thousand three, up
14 to five million dollars for the period January first, two thousand four
15 through December thirty-first, two thousand four, up to five million
16 dollars for the period January first, two thousand five through December
17 thirty first, two thousand five, up to five million dollars for the
18 period January first, two thousand six through December thirty-first,
19 two thousand six, up to seven million eight hundred thousand dollars for
20 the period January first, two thousand seven through December thirty-
21 first, two thousand seven, and up to eight million three hundred twen-
22 ty-five thousand dollars for the period January first, two thousand
23 eight through December thirty-first, two thousand eight, up to eight
24 million five hundred thousand dollars for the period January first, two
25 thousand nine through December thirty-first, two thousand nine, up to
26 eight million five hundred thousand dollars for the period January
27 first, two thousand ten through December thirty-first, two thousand ten,
28 up to two million one hundred twenty-five thousand dollars for the peri-
29 od January first, two thousand eleven through March thirty-first, two
30 thousand eleven, [and] up to fourteen million seven hundred thousand
31 dollars each state fiscal year for the period April first, two thousand
32 eleven through March thirty-first, two thousand fourteen, AND WITHIN
33 AMOUNTS APPROPRIATED EACH STATE FISCAL YEAR FOR PERIODS ON AND AFTER
34 APRIL FIRST, TWO THOUSAND FOURTEEN.

35 (c) Funds shall be deposited by the commissioner, within amounts
36 appropriated, and the state comptroller is hereby authorized and
37 directed to receive for deposit to the credit of the state special
38 revenue funds - other, HCRA transfer fund, enhanced community services
39 account, or any successor fund or account, for mental health services
40 programs for case management services for adults and children; supported
41 housing; home and community based waiver services; family based treat-
42 ment; family support services; mobile mental health teams; transitional
43 housing; and community oversight, established pursuant to articles seven
44 and forty-one of the mental hygiene law and subdivision nine of section
45 three hundred sixty-six of the social services law; and for comprehen-
46 sive care centers for eating disorders pursuant to the former section
47 twenty-seven hundred ninety-nine-1 of this chapter, provided however
48 that, for such centers, funds in the amount of five hundred thousand
49 dollars on an annualized basis shall be transferred from the enhanced
50 community services account, or any successor fund or account, and depos-
51 ited into the fund established by section ninety-five-e of the state
52 finance law; from the tobacco control and insurance initiatives pool
53 established for the following periods in the following amounts:

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

1 period January first, two thousand through December thirty-first, two
2 thousand;
3 (ii) eighty-seven million dollars to be reserved, to be retained or
4 for distribution pursuant to a chapter of the laws of two thousand one,
5 for the period January first, two thousand one through December thirty-
6 first, two thousand one;
7 (iii) eighty-seven million dollars to be reserved, to be retained or
8 for distribution pursuant to a chapter of the laws of two thousand two,
9 for the period January first, two thousand two through December thirty-
10 first, two thousand two;
11 (iv) eighty-eight million dollars to be reserved, to be retained or
12 for distribution pursuant to a chapter of the laws of two thousand
13 three, for the period January first, two thousand three through December
14 thirty-first, two thousand three;
15 (v) eighty-eight million dollars, plus five hundred thousand dollars,
16 to be reserved, to be retained or for distribution pursuant to a chapter
17 of the laws of two thousand four, and pursuant to the former section
18 twenty-seven hundred ninety-nine-1 of this chapter, for the period Janu-
19 ary first, two thousand four through December thirty-first, two thousand
20 four;
21 (vi) eighty-eight million dollars, plus five hundred thousand dollars,
22 to be reserved, to be retained or for distribution pursuant to a chapter
23 of the laws of two thousand five, and pursuant to the former section
24 twenty-seven hundred ninety-nine-1 of this chapter, for the period Janu-
25 ary first, two thousand five through December thirty-first, two thousand
26 five;
27 (vii) eighty-eight million dollars, plus five hundred thousand
28 dollars, to be reserved, to be retained or for distribution pursuant to
29 a chapter of the laws of two thousand six, and pursuant to FORMER
30 section twenty-seven hundred ninety-nine-1 of this chapter, for the
31 period January first, two thousand six through December thirty-first,
32 two thousand six;
33 (viii) eighty-six million four hundred thousand dollars, plus five
34 hundred thousand dollars, to be reserved, to be retained or for distrib-
35 ution pursuant to a chapter of the laws of two thousand seven and pursu-
36 ant to the former section twenty-seven hundred ninety-nine-1 of this
37 chapter, for the period January first, two thousand seven through Decem-
38 ber thirty-first, two thousand seven; and
39 (ix) twenty-two million nine hundred thirteen thousand dollars, plus
40 one hundred twenty-five thousand dollars, to be reserved, to be retained
41 or for distribution pursuant to a chapter of the laws of two thousand
42 eight and pursuant to the former section twenty-seven hundred ninety-
43 nine-1 of this chapter, for the period January first, two thousand eight
44 through March thirty-first, two thousand eight.
45 (d) Funds shall be deposited by the commissioner, within amounts
46 appropriated, and the state comptroller is hereby authorized and
47 directed to receive for deposit to the credit of the state special
48 revenue funds - other, HCRA transfer fund, medical assistance account,
49 or any successor fund or account, for purposes of funding the state
50 share of services and expenses related to the family health plus program
51 including up to two and one-half million dollars annually for the period
52 January first, two thousand through December thirty-first, two thousand
53 two, for administration and marketing costs associated with such program
54 established pursuant to clause (A) of subparagraph (v) of paragraph (a)
55 of subdivision two of section three hundred sixty-nine-ee of the social

1 services law from the tobacco control and insurance initiatives pool
2 established for the following periods in the following amounts:
3 (i) three million five hundred thousand dollars for the period January
4 first, two thousand through December thirty-first, two thousand;
5 (ii) twenty-seven million dollars for the period January first, two
6 thousand one through December thirty-first, two thousand one; and
7 (iii) fifty-seven million dollars for the period January first, two
8 thousand two through December thirty-first, two thousand two.
9 (e) Funds shall be deposited by the commissioner, within amounts
10 appropriated, and the state comptroller is hereby authorized and
11 directed to receive for deposit to the credit of the state special
12 revenue funds - other, HCRA transfer fund, medical assistance account,
13 or any successor fund or account, for purposes of funding the state
14 share of services and expenses related to the family health plus program
15 including up to two and one-half million dollars annually for the period
16 January first, two thousand through December thirty-first, two thousand
17 two for administration and marketing costs associated with such program
18 established pursuant to clause (B) of subparagraph (v) of paragraph (a)
19 of subdivision two of section three hundred sixty-nine-ee of the social
20 services law from the tobacco control and insurance initiatives pool
21 established for the following periods in the following amounts:
22 (i) two million five hundred thousand dollars for the period January
23 first, two thousand through December thirty-first, two thousand;
24 (ii) thirty million five hundred thousand dollars for the period Janu-
25 ary first, two thousand one through December thirty-first, two thousand
26 one; and
27 (iii) sixty-six million dollars for the period January first, two
28 thousand two through December thirty-first, two thousand two.
29 (f) Funds shall be deposited by the commissioner, within amounts
30 appropriated, and the state comptroller is hereby authorized and
31 directed to receive for deposit to the credit of the state special
32 revenue funds - other, HCRA transfer fund, medicaid fraud hotline and
33 medicaid administration account, or any successor fund or account, for
34 purposes of payment of administrative expenses of the department related
35 to the family health plus program established pursuant to section three
36 hundred sixty-nine-ee of the social services law from the tobacco
37 control and insurance initiatives pool established for the following
38 periods in the following amounts: five hundred thousand dollars on an
39 annual basis for the periods January first, two thousand through Decem-
40 ber thirty-first, two thousand six, five hundred thousand dollars for
41 the period January first, two thousand seven through December thirty-
42 first, two thousand seven, and five hundred thousand dollars for the
43 period January first, two thousand eight through December thirty-first,
44 two thousand eight, five hundred thousand dollars for the period January
45 first, two thousand nine through December thirty-first, two thousand
46 nine, five hundred thousand dollars for the period January first, two
47 thousand ten through December thirty-first, two thousand ten, one
48 hundred twenty-five thousand dollars for the period January first, two
49 thousand eleven through March thirty-first, two thousand eleven and
50 within amounts appropriated on and after April first, two thousand elev-
51 en.
52 (g) Funds shall be reserved and accumulated from year to year and
53 shall be available, including income from invested funds, for purposes
54 of services and expenses related to the health maintenance organization
55 direct pay market program established pursuant to sections forty-three
56 hundred twenty-one-a and forty-three hundred twenty-two-a of the insur-

1 ance law from the tobacco control and insurance initiatives pool estab-
2 lished for the following periods in the following amounts:

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

15 (iii) up to thirty-nine million dollars for the period January first,
16 two thousand two through December thirty-first, two thousand two 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 to the program pursuant to section four thousand
20 three hundred twenty-two-a of the insurance law;

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

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

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

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

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

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

1 and fifty per centum shall be allocated to the program pursuant to
2 section four thousand three hundred twenty-two-a of the insurance law.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

52 (vi) up to fifty-four million eight hundred thousand dollars for the
53 period January first, two thousand six through December thirty-first,
54 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:

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

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

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

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

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

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

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

(viii) up to ninety-four million one hundred fifty thousand dollars for the period January first, two thousand seven through December thirty-first, two thousand seven, provided, however, that within amounts appropriated, a portion of such funds may be transferred to the Roswell

1 Park Cancer Institute Corporation to support costs associated with
2 cancer research;

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

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

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

12 (xii) up to twenty-one million four hundred twelve thousand dollars
13 for the period January first, two thousand eleven through March thirty-
14 first, two thousand eleven; [and]

15 (xiii) up to fifty-two million one hundred thousand dollars each state
16 fiscal year for the period April first, two thousand eleven through
17 March thirty-first, two thousand fourteen; AND

18 (XIV) WITHIN AMOUNTS APPROPRIATED EACH STATE FISCAL YEAR FOR PERIODS
19 ON AND AFTER APRIL FIRST, TWO THOUSAND FOURTEEN.

20 (k) 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 fund - other, HCRA transfer fund, health care services account,
24 or any successor fund or account, for purposes of services and expenses
25 related to public health programs, including comprehensive care centers
26 for eating disorders pursuant to the former section twenty-seven hundred
27 ninety-nine-1 of this chapter, provided however that, for such centers,
28 funds in the amount of five hundred thousand dollars on an annualized
29 basis shall be transferred from the health care services account, or any
30 successor fund or account, and deposited into the fund established by
31 section ninety-five-e of the state finance law for periods prior to
32 March thirty-first, two thousand eleven, from the tobacco control and
33 insurance initiatives pool established for the following periods in the
34 following amounts:

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

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

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

41 (iv) one hundred twenty-two million five hundred thousand dollars for
42 the period January first, two thousand three through December thirty-
43 first, two thousand three;

44 (v) one hundred eight million five hundred seventy-five thousand
45 dollars, plus an additional five hundred thousand dollars, for the peri-
46 od January first, two thousand four through December thirty-first, two
47 thousand four;

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

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

54 (viii) one hundred fifty-one million four hundred thousand dollars,
55 plus an additional five hundred thousand dollars, for the period January

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

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

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

(m) 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 home care workers insurance pilot demonstration programs established pursuant to subdivision two of section three hundred sixty-seven-o 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 eight hundred thousand dollars for the period January first, two thousand through December thirty-first, two thousand;

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

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

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

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

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

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

1 (iii) three hundred twenty-two million seven hundred thousand dollars
2 for the period January first, two thousand two through December thirty-
3 first, two thousand two;
4 (iv) four hundred thirty-three million three hundred thousand dollars
5 for the period January first, two thousand three through December thir-
6 ty-first, two thousand three;
7 (v) five hundred four million one hundred fifty thousand dollars for
8 the period January first, two thousand four through December thirty-
9 first, two thousand four;
10 (vi) five hundred sixty-six million eight hundred thousand dollars for
11 the period January first, two thousand five through December thirty-
12 first, two thousand five;
13 (vii) six hundred three million one hundred fifty thousand dollars for
14 the period January first, two thousand six through December thirty-
15 first, two thousand six;
16 (viii) six hundred sixty million eight hundred thousand dollars for
17 the period January first, two thousand seven through December thirty-
18 first, two thousand seven;
19 (ix) three hundred sixty-seven million four hundred sixty-three thou-
20 sand dollars for the period January first, two thousand eight through
21 December thirty-first, two thousand eight;
22 (x) three hundred thirty-four million eight hundred twenty-five thou-
23 sand dollars for the period January first, two thousand nine through
24 December thirty-first, two thousand nine;
25 (xi) three hundred forty-four million nine hundred thousand dollars
26 for the period January first, two thousand ten through December thirty-
27 first, two thousand ten;
28 (xii) eighty-seven million seven hundred eighty-eight thousand dollars
29 for the period January first, two thousand eleven through March thirty-
30 first, two thousand eleven;
31 (xiii) one hundred forty-three million one hundred fifty thousand
32 dollars for the period April first, two thousand eleven through March
33 thirty-first, two thousand twelve;
34 (xiv) one hundred twenty million nine hundred fifty thousand dollars
35 for the period April first, two thousand twelve through March thirty-
36 first, two thousand thirteen; [and]
37 (xv) one hundred twenty-eight million eight hundred fifty thousand
38 dollars for the period April first, two thousand thirteen through March
39 thirty-first, two thousand fourteen[.]; AND
40 (XVI) WITHIN AMOUNTS APPROPRIATED EACH STATE FISCAL YEAR FOR PERIODS
41 ON AND AFTER APRIL FIRST, TWO THOUSAND FOURTEEN.
42 (o) Funds shall be reserved and accumulated and shall be transferred
43 to the Roswell Park Cancer Institute Corporation, from the tobacco
44 control and insurance initiatives pool established for the following
45 periods in the following amounts:
46 (i) up to ninety million dollars for the period January first, two
47 thousand through December thirty-first, two thousand;
48 (ii) up to sixty million dollars for the period January first, two
49 thousand one through December thirty-first, two thousand one;
50 (iii) up to eighty-five million dollars for the period January first,
51 two thousand two through December thirty-first, two thousand two;
52 (iv) eighty-five million two hundred fifty thousand dollars for the
53 period January first, two thousand three through December thirty-first,
54 two thousand three;
55 (v) seventy-eight million dollars for the period January first, two
56 thousand four through December thirty-first, two thousand four;

1 (vi) seventy-eight million dollars for the period January first, two
2 thousand five through December thirty-first, two thousand five;
3 (vii) ninety-one million dollars for the period January first, two
4 thousand six through December thirty-first, two thousand six;
5 (viii) seventy-eight million dollars for the period January first, two
6 thousand seven through December thirty-first, two thousand seven;
7 (ix) seventy-eight million dollars for the period January first, two
8 thousand eight through December thirty-first, two thousand eight;
9 (x) seventy-eight million dollars for the period January first, two
10 thousand nine through December thirty-first, two thousand nine;
11 (xi) seventy-eight million dollars for the period January first, two
12 thousand ten through December thirty-first, two thousand ten;
13 (xii) nineteen million five hundred thousand dollars for the period
14 January first, two thousand eleven through March thirty-first, two thou-
15 sand eleven; [and]
16 (xiii) sixty-nine million eight hundred forty thousand dollars each
17 state fiscal year for the period April first, two thousand eleven
18 through March thirty-first, two thousand fourteen[.]; AND
19 (XIV) WITHIN AMOUNTS APPROPRIATED EACH STATE FISCAL YEAR FOR PERIODS
20 ON AND AFTER APRIL FIRST, TWO THOUSAND FOURTEEN.
21 (p) Funds shall be deposited by the commissioner, within amounts
22 appropriated, and the state comptroller is hereby authorized and
23 directed to receive for deposit to the credit of the state special
24 revenue funds - other, indigent care fund - 068, indigent care account,
25 or any successor fund or account, for purposes of providing a medicaid
26 disproportionate share payment from the high need indigent care adjust-
27 ment pool established pursuant to section twenty-eight hundred seven-w
28 of this article, from the tobacco control and insurance initiatives pool
29 established for the following periods in the following amounts:
30 (i) eighty-two million dollars annually for the periods January first,
31 two thousand through December thirty-first, two thousand two;
32 (ii) up to eighty-two million dollars for the period January first,
33 two thousand three through December thirty-first, two thousand three;
34 (iii) up to eighty-two million dollars for the period January first,
35 two thousand four through December thirty-first, two thousand four;
36 (iv) up to eighty-two million dollars for the period January first,
37 two thousand five through December thirty-first, two thousand five;
38 (v) up to eighty-two million dollars for the period January first, two
39 thousand six through December thirty-first, two thousand six;
40 (vi) up to eighty-two million dollars for the period January first,
41 two thousand seven through December thirty-first, two thousand seven;
42 (vii) up to eighty-two million dollars for the period January first,
43 two thousand eight through December thirty-first, two thousand eight;
44 (viii) up to eighty-two million dollars for the period January first,
45 two thousand nine through December thirty-first, two thousand nine;
46 (ix) up to eighty-two million dollars for the period January first,
47 two thousand ten through December thirty-first, two thousand ten;
48 (x) up to twenty million five hundred thousand dollars for the period
49 January first, two thousand eleven through March thirty-first, two thou-
50 sand eleven; and
51 (xi) up to eighty-two million dollars each state fiscal year for the
52 period April first, two thousand eleven through March thirty-first, two
53 thousand fourteen.
54 (q) Funds shall be reserved and accumulated from year to year and
55 shall be available, including income from invested funds, for purposes
56 of providing distributions to eligible school based health centers

1 established pursuant to section eighty-eight of chapter one of the laws
2 of nineteen hundred ninety-nine, from the tobacco control and insurance
3 initiatives pool established for the following periods in the following
4 amounts:

5 (i) seven million dollars annually for the period January first, two
6 thousand through December thirty-first, two thousand two;
7 (ii) up to seven million dollars for the period January first, two
8 thousand three through December thirty-first, two thousand three;
9 (iii) up to seven million dollars for the period January first, two
10 thousand four through December thirty-first, two thousand four;
11 (iv) up to seven million dollars for the period January first, two
12 thousand five through December thirty-first, two thousand five;
13 (v) up to seven million dollars for the period January first, two
14 thousand six through December thirty-first, two thousand six;
15 (vi) up to seven million dollars for the period January first, two
16 thousand seven through December thirty-first, two thousand seven;
17 (vii) up to seven million dollars for the period January first, two
18 thousand eight through December thirty-first, two thousand eight;
19 (viii) up to seven million dollars for the period January first, two
20 thousand nine through December thirty-first, two thousand nine;
21 (ix) up to seven million dollars for the period January first, two
22 thousand ten through December thirty-first, two thousand ten;
23 (x) up to one million seven hundred fifty thousand dollars for the
24 period January first, two thousand eleven through March thirty-first,
25 two thousand eleven; [and]
26 (xi) up to five million six hundred thousand dollars each state fiscal
27 year for the period April first, two thousand eleven through March thir-
28 ty-first, two thousand fourteen[.]; AND
29 (XII) WITHIN AMOUNTS APPROPRIATED EACH STATE FISCAL YEAR FOR PERIODS
30 ON AND AFTER APRIL FIRST, TWO THOUSAND FOURTEEN.

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

40 (i) forty-three million dollars for the period January first, two
41 thousand through December thirty-first, two thousand;
42 (ii) sixty-one million dollars for the period January first, two thou-
43 sand one through December thirty-first, two thousand one;
44 (iii) sixty-five million dollars for the period January first, two
45 thousand two through December thirty-first, two thousand two;
46 (iv) sixty-seven million five hundred thousand dollars for the period
47 January first, two thousand three through December thirty-first, two
48 thousand three;
49 (v) sixty-eight million dollars for the period January first, two
50 thousand four through December thirty-first, two thousand four;
51 (vi) sixty-eight million dollars for the period January first, two
52 thousand five through December thirty-first, two thousand five;
53 (vii) sixty-eight million dollars for the period January first, two
54 thousand six through December thirty-first, two thousand six;

1 (viii) seventeen million five hundred thousand dollars for the period
2 January first, two thousand seven through December thirty-first, two
3 thousand seven;
4 (ix) sixty-eight million dollars for the period January first, two
5 thousand eight through December thirty-first, two thousand eight;
6 (x) sixty-eight million dollars for the period January first, two
7 thousand nine through December thirty-first, two thousand nine;
8 (xi) sixty-eight million dollars for the period January first, two
9 thousand ten through December thirty-first, two thousand ten;
10 (xii) seventeen million dollars for the period January first, two
11 thousand eleven through March thirty-first, two thousand eleven; and
12 (xiii) sixty-eight million dollars each state fiscal year for the
13 period April first, two thousand eleven through March thirty-first, two
14 thousand fourteen.
15 (s) Funds shall be deposited by the commissioner within amounts appro-
16 priated, and the state comptroller is hereby authorized and directed to
17 receive for deposit to the credit of the state special revenue funds -
18 other, HCRA transfer fund, medical assistance account, or any successor
19 fund or account, for purposes of providing distributions pursuant to
20 paragraphs (s-5), (s-6), (s-7) and (s-8) of subdivision eleven of
21 section twenty-eight hundred seven-c of this article from the tobacco
22 control and insurance initiatives pool established for the following
23 periods in the following amounts:
24 (i) eighteen million dollars for the period January first, two thou-
25 sand through December thirty-first, two thousand;
26 (ii) twenty-four million dollars annually for the periods January
27 first, two thousand one through December thirty-first, two thousand two;
28 (iii) up to twenty-four million dollars for the period January first,
29 two thousand three through December thirty-first, two thousand three;
30 (iv) up to twenty-four million dollars for the period January first,
31 two thousand four through December thirty-first, two thousand four;
32 (v) up to twenty-four million dollars for the period January first,
33 two thousand five through December thirty-first, two thousand five;
34 (vi) up to twenty-four million dollars for the period January first,
35 two thousand six through December thirty-first, two thousand six;
36 (vii) up to twenty-four million dollars for the period January first,
37 two thousand seven through December thirty-first, two thousand seven;
38 (viii) up to twenty-four million dollars for the period January first,
39 two thousand eight through December thirty-first, two thousand eight;
40 and
41 (ix) up to twenty-two million dollars for the period January first,
42 two thousand nine through November thirtieth, two thousand nine.
43 (t) Funds shall be reserved and accumulated from year to year by the
44 commissioner and shall be made available, including income from invested
45 funds:
46 (i) For the purpose of making grants to a state owned and operated
47 medical school which does not have a state owned and operated hospital
48 on site and available for teaching purposes. Notwithstanding sections
49 one hundred twelve and one hundred sixty-three of the state finance law,
50 such grants shall be made in the amount of up to five hundred thousand
51 dollars for the period January first, two thousand through December
52 thirty-first, two thousand;
53 (ii) For the purpose of making grants to medical schools pursuant to
54 section eighty-six-a of chapter one of the laws of nineteen hundred
55 ninety-nine in the sum of up to four million dollars for the period

1 January first, two thousand through December thirty-first, two thousand;
2 and

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

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

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

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

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

32 (v) Funds shall be transferred by the commissioner and shall be depos-
33 ited to the credit of the hospital excess liability pool created pursu-
34 ant to section eighteen of chapter two hundred sixty-six of the laws of
35 nineteen hundred eighty-six, or any successor fund or account, for
36 purposes of expenses related to the purchase of excess medical malprac-
37 tice insurance and the cost of administering the pool, including costs
38 associated with the risk management program established pursuant to
39 section forty-two of part A of chapter one of the laws of two thousand
40 two required by paragraph (a) of subdivision one of section eighteen of
41 chapter two hundred sixty-six of the laws of nineteen hundred eighty-six
42 as may be amended from time to time, from the tobacco control and insur-
43 ance initiatives pool established for the following periods in the
44 following amounts:

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

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

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

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

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

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

1 (ii) thirty-seven million four hundred thousand dollars on an annual-
2 ized basis for the period January first, two thousand three through
3 December thirty-first, two thousand three;
4 (iii) fifty-two million two 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) fifty-two million two hundred thousand dollars for the period
8 January first, two thousand five through December thirty-first, two
9 thousand five;
10 (v) fifty-two million two hundred thousand dollars for the period
11 January first, two thousand six through December thirty-first, two thou-
12 sand six;
13 (vi) forty-nine million dollars for the period January first, two
14 thousand seven through December thirty-first, two thousand seven;
15 (vii) forty-nine million dollars for the period January first, two
16 thousand eight through December thirty-first, two thousand eight; and
17 (viii) twelve million two hundred fifty thousand dollars for the peri-
18 od January first, two thousand nine through March thirty-first, two
19 thousand nine.
20 Provided, however, amounts pursuant to this paragraph may be reduced
21 in an amount to be approved by the director of the budget to reflect
22 amounts received from the federal government under the state's 1115
23 waiver which are directed under its terms and conditions to the health
24 workforce recruitment and retention program.
25 (z) Funds shall be deposited by the commissioner, within amounts
26 appropriated, and the state comptroller is hereby authorized and
27 directed to receive for deposit to the credit of the state special
28 revenue funds - other, HCRA transfer fund, medical assistance account,
29 or any successor fund or account, for purposes of funding the state
30 share of the non-public residential health care facility rate increases
31 for recruitment and retention of health care workers pursuant to para-
32 graph (a) of subdivision eighteen of section twenty-eight hundred eight
33 of this article from the tobacco control and insurance initiatives pool
34 established for the following periods in the following amounts:
35 (i) twenty-one million five hundred thousand dollars on an annualized
36 basis for the period January first, two thousand two through December
37 thirty-first, two thousand two;
38 (ii) thirty-three million three hundred thousand dollars on an annual-
39 ized basis for the period January first, two thousand three through
40 December thirty-first, two thousand three;
41 (iii) forty-six million three hundred thousand dollars on an annual-
42 ized basis for the period January first, two thousand four through
43 December thirty-first, two thousand four;
44 (iv) forty-six million three hundred thousand dollars for the period
45 January first, two thousand five through December thirty-first, two
46 thousand five;
47 (v) forty-six million three hundred thousand dollars for the period
48 January first, two thousand six through December thirty-first, two thou-
49 sand six;
50 (vi) thirty million nine hundred thousand dollars for the period Janu-
51 ary first, two thousand seven through December thirty-first, two thou-
52 sand seven;
53 (vii) twenty-four million seven hundred thousand dollars for the peri-
54 od January first, two thousand eight through December thirty-first, two
55 thousand eight;

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

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

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

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

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

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

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

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

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

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

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

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

31 (K) up to one hundred thirty-six million dollars each state fiscal
32 year for the period April first, two thousand eleven through March thir-
33 ty-first, two thousand fourteen[.]; AND

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

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

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

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

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

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

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

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

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

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

1 (I) for the period January first, two thousand ten through December
2 thirty-first, two thousand ten, three hundred forty million dollars;
3 (J) for the period January first, two thousand eleven through March
4 thirty-first, two thousand eleven, eighty-five million dollars; [and]
5 (K) for each state fiscal year within the period April first, two
6 thousand eleven through March thirty-first, two thousand fourteen, three
7 hundred forty million dollars[.]; AND
8 (L) FOR EACH STATE FISCAL YEAR WITHIN THE PERIOD APRIL FIRST, TWO
9 THOUSAND FOURTEEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND SEVENTEEN,
10 THREE HUNDRED FORTY MILLION DOLLARS.
11 (iii) Personal care service providers which have their rates adjusted
12 pursuant to this paragraph shall use such funds for the purpose of
13 recruitment and retention of non-supervisory personal care services
14 workers or any worker with direct patient care responsibility only and
15 are prohibited from using such funds for any other purpose. Each such
16 personal care services provider shall submit, at a time and in a manner
17 to be determined by the commissioner, a written certification attesting
18 that such funds will be used solely for the purpose of recruitment and
19 retention of non-supervisory personal care services workers or any work-
20 er with direct patient care responsibility. The commissioner is author-
21 ized to audit each such provider to ensure compliance with the written
22 certification required by this subdivision and shall recoup any funds
23 determined to have been used for purposes other than recruitment and
24 retention of non-supervisory personal care services workers or any work-
25 er with direct patient care responsibility. Such recoupment shall be in
26 addition to any other penalties provided by law.
27 (cc) 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 the purpose of supporting the
32 state share of adjustments to Medicaid rates of payment for personal
33 care services provided pursuant to paragraph (e) of subdivision two of
34 section three hundred sixty-five-a of the social services law, for local
35 social service districts which shall not include a city with a popu-
36 lation of over one million persons for the purpose of supporting the
37 personal care services worker recruitment and retention program as
38 established pursuant to section three hundred sixty-seven-q of the
39 social services law, from the tobacco control and insurance initiatives
40 pool established for the following periods and the following amounts:
41 (i) two million eight hundred thousand dollars for the period April
42 first, two thousand two through December thirty-first, two thousand two;
43 (ii) five million six hundred thousand dollars, on an annualized
44 basis, for the period January first, two thousand three through December
45 thirty-first, two thousand three;
46 (iii) eight million four hundred thousand dollars, on an annualized
47 basis, for the period January first, two thousand four through December
48 thirty-first, two thousand four;
49 (iv) ten million eight hundred thousand dollars, on an annualized
50 basis, for the period January first, two thousand five through December
51 thirty-first, two thousand five;
52 (v) ten million eight hundred thousand dollars, on an annualized
53 basis, for the period January first, two thousand six through December
54 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;
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) up to eleven million two hundred thousand dollars each state
17 fiscal year for the period April first, two thousand eleven through
18 March thirty-first, two thousand fourteen[.]; AND
19 (XII) UP TO ELEVEN MILLION TWO HUNDRED THOUSAND DOLLARS EACH STATE
20 FISCAL YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN THROUGH
21 MARCH THIRTY-FIRST, TWO THOUSAND SEVENTEEN.
22 (dd) Funds shall be deposited by the commissioner, within amounts
23 appropriated, and the state comptroller is hereby authorized and
24 directed to receive for deposit to the credit of the state special
25 revenue fund - other, HCRA transfer fund, medical assistance account, or
26 any successor fund or account, for purposes of funding the state share
27 of Medicaid expenditures for physician services from the tobacco control
28 and insurance initiatives pool established for the following periods in
29 the following amounts:
30 (i) up to fifty-two million dollars for the period January first, two
31 thousand two through December thirty-first, two thousand two;
32 (ii) eighty-one million two hundred thousand dollars for the period
33 January first, two thousand three through December thirty-first, two
34 thousand three;
35 (iii) eighty-five million two hundred thousand dollars for the period
36 January first, two thousand four through December thirty-first, two
37 thousand four;
38 (iv) eighty-five million two hundred thousand dollars for the period
39 January first, two thousand five through December thirty-first, two
40 thousand five;
41 (v) eighty-five million two hundred thousand dollars for the period
42 January first, two thousand six through December thirty-first, two thou-
43 sand six;
44 (vi) eighty-five million two hundred thousand dollars for the period
45 January first, two thousand seven through December thirty-first, two
46 thousand seven;
47 (vii) eighty-five million two hundred thousand dollars for the period
48 January first, two thousand eight through December thirty-first, two
49 thousand eight;
50 (viii) eighty-five million two hundred thousand dollars for the period
51 January first, two thousand nine through December thirty-first, two
52 thousand nine;
53 (ix) eighty-five million two hundred thousand dollars for the period
54 January first, two thousand ten through December thirty-first, two thou-
55 sand ten;

1 (x) twenty-one million three hundred thousand dollars for the period
2 January first, two thousand eleven through March thirty-first, two thou-
3 sand eleven; and
4 (xi) eighty-five million two hundred thousand dollars each state
5 fiscal year for the period April first, two thousand eleven through
6 March thirty-first, two thousand fourteen.
7 (ee) Funds shall be deposited by the commissioner, within amounts
8 appropriated, and the state comptroller is hereby authorized and
9 directed to receive for deposit to the credit of the state special
10 revenue fund - other, HCRA transfer fund, medical assistance account, or
11 any successor fund or account, for purposes of funding the state share
12 of the free-standing diagnostic and treatment center rate increases for
13 recruitment and retention of health care workers pursuant to subdivision
14 seventeen of section twenty-eight hundred seven of this article from the
15 tobacco control and insurance initiatives pool established for the
16 following periods in the following amounts:
17 (i) three million two hundred fifty thousand dollars for the period
18 April first, two thousand two through December thirty-first, two thou-
19 sand two;
20 (ii) three million two hundred fifty thousand dollars on an annualized
21 basis for the period January first, two thousand three through December
22 thirty-first, two thousand three;
23 (iii) three million two hundred fifty thousand dollars on an annual-
24 ized basis for the period January first, two thousand four through
25 December thirty-first, two thousand four;
26 (iv) three million two hundred fifty thousand dollars for the period
27 January first, two thousand five through December thirty-first, two
28 thousand five;
29 (v) three million two hundred fifty thousand dollars for the period
30 January first, two thousand six through December thirty-first, two thou-
31 sand six;
32 (vi) three million two hundred fifty thousand dollars for the period
33 January first, two thousand seven through December thirty-first, two
34 thousand seven;
35 (vii) three million four hundred thirty-eight thousand dollars for the
36 period January first, two thousand eight through December thirty-first,
37 two thousand eight;
38 (viii) two million four hundred fifty thousand dollars for the period
39 January first, two thousand nine through December thirty-first, two
40 thousand nine;
41 (ix) one million five hundred thousand dollars for the period January
42 first, two thousand ten through December thirty-first, two thousand ten;
43 and
44 (x) three hundred twenty-five thousand dollars for the period January
45 first, two thousand eleven through March thirty-first, two thousand
46 eleven.
47 (ff) Funds shall be deposited by the commissioner, within amounts
48 appropriated, and the state comptroller is hereby authorized and
49 directed to receive for deposit to the credit of the state special
50 revenue fund - other, HCRA transfer fund, medical assistance account, or
51 any successor fund or account, for purposes of funding the state share
52 of Medicaid expenditures for disabled persons as authorized pursuant to
53 FORMER subparagraphs twelve and thirteen of paragraph (a) of subdivision
54 one of section three hundred sixty-six of the social services law from
55 the tobacco control and insurance initiatives pool established for the
56 following periods in the following amounts:

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

1 (vii) up to two million six hundred thousand dollars for the period
2 January first, two thousand eight through December thirty-first, two
3 thousand eight;
4 (viii) up to two million six hundred thousand dollars for the period
5 January first, two thousand nine through December thirty-first, two
6 thousand nine;
7 (ix) up to two million six hundred thousand dollars for the period
8 January first, two thousand ten through December thirty-first, two thou-
9 sand ten; and
10 (x) up to six hundred fifty thousand dollars for the period January
11 first, two thousand eleven through March thirty-first, two thousand
12 eleven.
13 (hh) Funds shall be deposited by the commissioner, within amounts
14 appropriated, and the state comptroller is hereby authorized and
15 directed to receive for deposit to the credit of the special revenue
16 fund - other, HCRA transfer fund, medical assistance account for
17 purposes of providing financial assistance to residential health care
18 facilities pursuant to subdivisions nineteen and twenty-one of section
19 twenty-eight hundred eight of this article, from the tobacco control and
20 insurance initiatives pool established for the following periods in the
21 following amounts:
22 (i) for the period April first, two thousand two through December
23 thirty-first, two thousand two, ten million dollars;
24 (ii) for the period January first, two thousand three through December
25 thirty-first, two thousand three, nine million four hundred fifty thou-
26 sand dollars;
27 (iii) for the period January first, two thousand four through December
28 thirty-first, two thousand four, nine million three hundred fifty thou-
29 sand dollars;
30 (iv) up to fifteen million dollars for the period January first, two
31 thousand five through December thirty-first, two thousand five;
32 (v) up to fifteen million dollars for the period January first, two
33 thousand six through December thirty-first, two thousand six;
34 (vi) up to fifteen million dollars for the period January first, two
35 thousand seven through December thirty-first, two thousand seven;
36 (vii) up to fifteen million dollars for the period January first, two
37 thousand eight through December thirty-first, two thousand eight;
38 (viii) up to fifteen million dollars for the period January first, two
39 thousand nine through December thirty-first, two thousand nine;
40 (ix) up to fifteen million dollars for the period January first, two
41 thousand ten through December thirty-first, two thousand ten;
42 (x) up to three million seven hundred fifty thousand dollars for the
43 period January first, two thousand eleven through March thirty-first,
44 two thousand eleven; and
45 (xi) fifteen million dollars each state fiscal year for the period
46 April first, two thousand eleven through March thirty-first, two thou-
47 sand fourteen.
48 (ii) Funds shall be deposited by the commissioner, within amounts
49 appropriated, 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 Medicaid expenditures for disabled persons as authorized
54 by sections 1619 (a) and (b) of the federal social security act pursuant
55 to the tobacco control and insurance initiatives pool established for
56 the following periods in the following amounts:

1 (i) six million four hundred thousand dollars for the period April
2 first, two thousand two through December thirty-first, two thousand two;
3 (ii) eight million five hundred thousand dollars, for the period Janu-
4 ary first, two thousand three through December thirty-first, two thou-
5 sand three;
6 (iii) eight million five hundred thousand dollars for the period Janu-
7 ary first, two thousand four through December thirty-first, two thousand
8 four;
9 (iv) eight million five hundred thousand dollars for the period Janu-
10 ary first, two thousand five through December thirty-first, two thousand
11 five;
12 (v) eight million five hundred thousand dollars for the period January
13 first, two thousand six through December thirty-first, two thousand six;
14 (vi) eight million six hundred thousand dollars for the period January
15 first, two thousand seven through December thirty-first, two thousand
16 seven;
17 (vii) eight million five hundred thousand dollars for the period Janu-
18 ary first, two thousand eight through December thirty-first, two thou-
19 sand eight;
20 (viii) eight million five hundred thousand dollars for the period
21 January first, two thousand nine through December thirty-first, two
22 thousand nine;
23 (ix) eight million five hundred thousand dollars for the period Janu-
24 ary first, two thousand ten through December thirty-first, two thousand
25 ten;
26 (x) two million one hundred twenty-five thousand dollars for the peri-
27 od January first, two thousand eleven through March thirty-first, two
28 thousand eleven; [and]
29 (xi) eight million five hundred thousand dollars each state fiscal
30 year for the period April first, two thousand eleven through March thir-
31 ty-first, two thousand fourteen[.]; AND
32 (XII) WITHIN AMOUNTS APPROPRIATED EACH STATE FISCAL YEAR FOR PERIODS
33 ON AND AFTER APRIL FIRST, TWO THOUSAND FOURTEEN.
34 (jj) Funds shall be reserved and accumulated from year to year and
35 shall be available, including income from invested funds, for the
36 purposes of a grant program to improve access to infertility services,
37 treatments and procedures, from the tobacco control and insurance initi-
38 atives pool established for the period January first, two thousand two
39 through December thirty-first, two thousand two in the amount of nine
40 million one hundred seventy-five thousand dollars, for the period April
41 first, two thousand six through March thirty-first, two thousand seven
42 in the amount of five million dollars, for the period April first, two
43 thousand seven through March thirty-first, two thousand eight in the
44 amount of five million dollars, for the period April first, two thousand
45 eight through March thirty-first, two thousand nine in the amount of
46 five million dollars, and for the period April first, two thousand nine
47 through March thirty-first, two thousand ten in the amount of five
48 million dollars, for the period April first, two thousand ten through
49 March thirty-first, two thousand eleven in the amount of two million two
50 hundred thousand dollars, and for the period April first, two thousand
51 eleven through March thirty-first, two thousand twelve up to one million
52 one hundred thousand dollars.
53 (kk) Funds shall be deposited by the commissioner, within amounts
54 appropriated, and the state comptroller is hereby authorized and
55 directed to receive for deposit to the credit of the state special
56 revenue funds -- other, HCRA transfer fund, medical assistance account,

1 or any successor fund or account, for purposes of funding the state
2 share of Medical Assistance Program expenditures from the tobacco
3 control and insurance initiatives pool established for the following
4 periods in the following amounts:
5 (i) thirty-eight million eight hundred thousand dollars for the period
6 January first, two thousand two through December thirty-first, two thou-
7 sand two;
8 (ii) up to two hundred ninety-five million dollars for the period
9 January first, two thousand three through December thirty-first, two
10 thousand three;
11 (iii) up to four hundred seventy-two million dollars for the period
12 January first, two thousand four through December thirty-first, two
13 thousand four;
14 (iv) up to nine hundred million dollars for the period January first,
15 two thousand five through December thirty-first, two thousand five;
16 (v) up to eight hundred sixty-six million three hundred thousand
17 dollars for the period January first, two thousand six through December
18 thirty-first, two thousand six;
19 (vi) up to six hundred sixteen million seven hundred thousand dollars
20 for the period January first, two thousand seven through December thir-
21 ty-first, two thousand seven;
22 (vii) up to five hundred seventy-eight million nine hundred twenty-
23 five thousand dollars for the period January first, two thousand eight
24 through December thirty-first, two thousand eight; and
25 (viii) within amounts appropriated on and after January first, two
26 thousand nine.
27 (ll) 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 Medicaid expenditures related to the city of New York from the
33 tobacco control and insurance initiatives pool established for the
34 following periods in the following amounts:
35 (i) eighty-two million seven hundred thousand dollars for the period
36 January first, two thousand two through December thirty-first, two thou-
37 sand two;
38 (ii) one hundred twenty-four million six hundred thousand dollars for
39 the period January first, two thousand three through December thirty-
40 first, two thousand three;
41 (iii) one hundred twenty-four million seven hundred thousand dollars
42 for the period January first, two thousand four through December thir-
43 ty-first, two thousand four;
44 (iv) one hundred twenty-four million seven hundred thousand dollars
45 for the period January first, two thousand five through December thir-
46 ty-first, two thousand five;
47 (v) one hundred twenty-four million seven hundred thousand dollars for
48 the period January first, two thousand six through December thirty-
49 first, two thousand six;
50 (vi) one hundred twenty-four million seven hundred thousand dollars
51 for the period January first, two thousand seven through December thir-
52 ty-first, two thousand seven;
53 (vii) one hundred twenty-four million seven hundred thousand dollars
54 for the period January first, two thousand eight through December thir-
55 ty-first, two thousand eight;

1 (viii) one hundred twenty-four million seven hundred thousand dollars
2 for the period January first, two thousand nine through December thir-
3 ty-first, two thousand nine;
4 (ix) one hundred twenty-four million seven hundred thousand dollars
5 for the period January first, two thousand ten through December thirty-
6 first, two thousand ten;
7 (x) thirty-one million one hundred seventy-five thousand dollars for
8 the period January first, two thousand eleven through March thirty-
9 first, two thousand eleven; and
10 (xi) one hundred twenty-four million seven hundred thousand dollars
11 each state fiscal year for the period April first, two thousand eleven
12 through March thirty-first, two thousand fourteen.
13 (mm) Funds shall be deposited by the commissioner, within amounts
14 appropriated, and the state comptroller is hereby authorized and
15 directed to receive for deposit to the credit of the state special
16 revenue funds - other, HCRA transfer fund, medical assistance account,
17 or any successor fund or account, for purposes of funding specified
18 percentages of the state share of services and expenses related to the
19 family health plus program in accordance with the following schedule:
20 (i) (A) for the period January first, two thousand three through
21 December thirty-first, two thousand four, one hundred percent of the
22 state share;
23 (B) for the period January first, two thousand five through December
24 thirty-first, two thousand five, seventy-five percent of the state
25 share; and,
26 (C) for periods beginning on and after January first, two thousand
27 six, fifty percent of the state share.
28 (ii) Funding for the family health plus program will include up to
29 five million dollars annually for the period January first, two thousand
30 three through December thirty-first, two thousand six, up to five
31 million dollars for the period January first, two thousand seven through
32 December thirty-first, two thousand seven, up to seven million two
33 hundred thousand dollars for the period January first, two thousand
34 eight through December thirty-first, two thousand eight, up to seven
35 million two hundred thousand dollars for the period January first, two
36 thousand nine through December thirty-first, two thousand nine, up to
37 seven million two hundred thousand dollars for the period January first,
38 two thousand ten through December thirty-first, two thousand ten, up to
39 one million eight hundred thousand dollars for the period January first,
40 two thousand eleven through March thirty-first, two thousand eleven, up
41 to six million forty-nine thousand dollars for the period April first,
42 two thousand eleven through March thirty-first, two thousand twelve, up
43 to six million two hundred eighty-nine thousand dollars for the period
44 April first, two thousand twelve through March thirty-first, two thou-
45 sand thirteen, and up to six million four hundred sixty-one thousand
46 dollars for the period April first, two thousand thirteen through March
47 thirty-first, two thousand fourteen, for administration and marketing
48 costs associated with such program established pursuant to clauses (A)
49 and (B) of subparagraph (v) of paragraph (a) of subdivision two of
50 section three hundred sixty-nine-ee of the social services law from the
51 tobacco control and insurance initiatives pool established for the
52 following periods in the following amounts:
53 (A) one hundred ninety million six hundred thousand dollars for the
54 period January first, two thousand three through December thirty-first,
55 two thousand three;

1 (B) three hundred seventy-four million dollars for the period January
2 first, two thousand four through December thirty-first, two thousand
3 four;
4 (C) five hundred thirty-eight million four hundred thousand dollars
5 for the period January first, two thousand five through December thir-
6 ty-first, two thousand five;
7 (D) three hundred eighteen million seven hundred seventy-five thousand
8 dollars for the period January first, two thousand six through December
9 thirty-first, two thousand six;
10 (E) four hundred eighty-two million eight hundred thousand dollars for
11 the period January first, two thousand seven through December thirty-
12 first, two thousand seven;
13 (F) five hundred seventy million twenty-five thousand dollars for the
14 period January first, two thousand eight through December thirty-first,
15 two thousand eight;
16 (G) six hundred ten million seven hundred twenty-five thousand dollars
17 for the period January first, two thousand nine through December thir-
18 ty-first, two thousand nine;
19 (H) six hundred twenty-seven million two hundred seventy-five thousand
20 dollars for the period January first, two thousand ten through December
21 thirty-first, two thousand ten;
22 (I) one hundred fifty-seven million eight hundred seventy-five thou-
23 sand dollars for the period January first, two thousand eleven through
24 March thirty-first, two thousand eleven;
25 (J) six hundred twenty-eight million four hundred thousand dollars for
26 the period April first, two thousand eleven through March thirty-first,
27 two thousand twelve;
28 (K) six hundred fifty million four hundred thousand dollars for the
29 period April first, two thousand twelve through March thirty-first, two
30 thousand thirteen; [and]
31 (L) six hundred fifty million four hundred thousand dollars for the
32 period April first, two thousand thirteen through March thirty-first,
33 two thousand fourteen[.]; AND
34 (M) WITHIN AMOUNTS APPROPRIATED EACH STATE FISCAL YEAR FOR PERIODS ON
35 AND AFTER APRIL FIRST, TWO THOUSAND FOURTEEN.
36 (nn) Funds shall be deposited by the commissioner, within amounts
37 appropriated, and the state comptroller is hereby authorized and
38 directed to receive for deposit to the credit of the state special
39 revenue fund - other, HCRA transfer fund, health care services account,
40 or any successor fund or account, for purposes related to adult home
41 initiatives for medicaid eligible residents of residential facilities
42 licensed pursuant to section four hundred sixty-b of the social services
43 law from the tobacco control and insurance initiatives pool established
44 for the following periods in the following amounts:
45 (i) up to four million dollars for the period January first, two thou-
46 sand three through December thirty-first, two thousand three;
47 (ii) up to six million dollars for the period January first, two thou-
48 sand four through December thirty-first, two thousand four;
49 (iii) up to eight million dollars for the period January first, two
50 thousand five through December thirty-first, two thousand five,
51 provided, however, that up to five million two hundred fifty thousand
52 dollars of such funds shall be received by the comptroller and deposited
53 to the credit of the special revenue fund - other / aid to localities,
54 HCRA transfer fund - 061, enhanced community services account - 05, or
55 any successor fund or account, for the purposes set forth in this para-
56 graph;

1 (iv) up to eight million dollars for the period January first, two
2 thousand six through December thirty-first, two thousand six, provided,
3 however, that up to five million two hundred fifty thousand dollars of
4 such funds shall be received by the comptroller and deposited to the
5 credit of the special revenue fund - other / aid to localities, HCRA
6 transfer fund - 061, enhanced community services account - 05, or any
7 successor fund or account, for the purposes set forth in this paragraph;
8 (v) up to eight million dollars for the period January first, two
9 thousand seven through December thirty-first, two thousand seven,
10 provided, however, that up to five million two hundred fifty thousand
11 dollars of such funds shall be received by the comptroller and deposited
12 to the credit of the special revenue fund - other / aid to localities,
13 HCRA transfer fund - 061, enhanced community services account - 05, or
14 any successor fund or account, for the purposes set forth in this para-
15 graph;
16 (vi) up to two million seven hundred fifty thousand dollars for the
17 period January first, two thousand eight through December thirty-first,
18 two thousand eight;
19 (vii) up to two million seven hundred fifty thousand dollars for the
20 period January first, two thousand nine through December thirty-first,
21 two thousand nine;
22 (viii) up to two million seven hundred fifty thousand dollars for the
23 period January first, two thousand ten through December thirty-first,
24 two thousand ten; and
25 (ix) up to six hundred eighty-eight thousand dollars for the period
26 January first, two thousand eleven through March thirty-first, two thou-
27 sand eleven.
28 (oo) Funds shall be reserved and accumulated from year to year and
29 shall be available, including income from invested funds, for purposes
30 of grants to non-public general hospitals pursuant to paragraph (e) of
31 subdivision twenty-five of section twenty-eight hundred seven-c of this
32 article from the tobacco control and insurance initiatives pool estab-
33 lished for the following periods in the following amounts:
34 (i) up to five million dollars on an annualized basis for the period
35 January first, two thousand four through December thirty-first, two
36 thousand four;
37 (ii) up to five million dollars for the period January first, two
38 thousand five through December thirty-first, two thousand five;
39 (iii) up to five million dollars for the period January first, two
40 thousand six through December thirty-first, two thousand six;
41 (iv) up to five million dollars for the period January first, two
42 thousand seven through December thirty-first, two thousand seven; [and]
43 (v) up to five million dollars for the period January first, two thou-
44 sand eight through December thirty-first, two thousand eight;
45 (vi) up to five million dollars for the period January first, two
46 thousand nine through December thirty-first, two thousand nine;
47 (vii) up to five million dollars for the period January first, two
48 thousand ten through December thirty-first, two thousand ten; and
49 (viii) up to one million two hundred fifty thousand dollars for the
50 period January first, two thousand eleven through March thirty-first,
51 two thousand eleven.
52 (pp) Funds shall be reserved and accumulated from year to year and
53 shall be available, including income from invested funds, for the
54 purpose of supporting the provision of tax credits for long term care
55 insurance pursuant to subdivision one of section one hundred ninety of
56 the tax law, paragraph (a) of subdivision twenty-five-a of section two

1 hundred ten of such law, subsection (aa) of section six hundred six of
2 such law, paragraph one of subsection (k) of section fourteen hundred
3 fifty-six of such law and paragraph one of subdivision (m) of section
4 fifteen hundred eleven of such law, in the following amounts:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

50 (ss) Funds shall be reserved and accumulated from the tobacco control
51 and insurance initiatives pool and used for a health care stabilization
52 program established by the commissioner for the purposes of stabilizing
53 critical health care providers and health care programs whose ability to
54 continue to provide appropriate services are threatened by financial or
55 other challenges, in the amount of up to twenty-eight million dollars
56 for the period July first, two thousand four through June thirtieth, two

1 thousand five. Notwithstanding the provisions of section one hundred
2 twelve of the state finance law or any other inconsistent provision of
3 the state finance law or any other law, funds available for distribution
4 pursuant to this paragraph may be allocated and distributed by the
5 commissioner, or the state comptroller as applicable without a compet-
6 itive bid or request for proposal process. Considerations relied upon by
7 the commissioner in determining the allocation and distribution of these
8 funds shall include, but not be limited to, the following: (i) the
9 importance of the provider or program in meeting critical health care
10 needs in the community in which it operates; (ii) the provider or
11 program provision of care to under-served populations; (iii) the quality
12 of the care or services the provider or program delivers; (iv) the abil-
13 ity of the provider or program to continue to deliver an appropriate
14 level of care or services if additional funding is made available; (v)
15 the ability of the provider or program to access, in a timely manner,
16 alternative sources of funding, including other sources of government
17 funding; (vi) the ability of other providers or programs in the communi-
18 ty to meet the community health care needs; (vii) whether the provider
19 or program has an appropriate plan to improve its financial condition;
20 and (viii) whether additional funding would permit the provider or
21 program to consolidate, relocate, or close programs or services where
22 such actions would result in greater stability and efficiency in the
23 delivery of needed health care services or programs.

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

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

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

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

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

38 (v) up to two hundred fifty thousand dollars for the period January
39 first, two thousand eight through March thirty-first, two thousand
40 eight.

41 (uu) Funds shall be reserved and accumulated from year to year and
42 shall be available, including income from invested funds, for the
43 purpose of supporting disease management and telemedicine demonstration
44 programs authorized pursuant to section twenty-one hundred eleven of
45 this chapter for the following periods in the following amounts:

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

51 (ii) five million dollars for the period January first, two thousand
52 five through December thirty-first, two thousand five, of which three
53 million dollars shall be available for disease management demonstration
54 programs and two million dollars shall be available for telemedicine
55 demonstration programs;

1 (iii) nine million five hundred thousand dollars for the period Janu-
2 ary first, two thousand six through December thirty-first, two thousand
3 six, of which seven million five hundred thousand dollars shall be
4 available for disease management demonstration programs and two million
5 dollars shall be available for telemedicine demonstration programs;
6 (iv) nine million five hundred thousand dollars for the period January
7 first, two thousand seven through December thirty-first, two thousand
8 seven, of which seven million five hundred thousand dollars shall be
9 available for disease management demonstration programs and one million
10 dollars shall be available for telemedicine demonstration programs;
11 (v) nine million five hundred thousand dollars for the period January
12 first, two thousand eight through December thirty-first, two thousand
13 eight, of which seven million five hundred thousand dollars shall be
14 available for disease management demonstration programs and two million
15 dollars shall be available for telemedicine demonstration programs;
16 (vi) seven million eight hundred thirty-three thousand three hundred
17 thirty-three dollars for the period January first, two thousand nine
18 through December thirty-first, two thousand nine, of which seven million
19 five hundred thousand dollars shall be available for disease management
20 demonstration programs and three hundred thirty-three thousand three
21 hundred thirty-three dollars shall be available for telemedicine demon-
22 stration programs for the period January first, two thousand nine
23 through March first, two thousand nine;
24 (vii) one million eight hundred seventy-five thousand dollars for the
25 period January first, two thousand ten through March thirty-first, two
26 thousand ten shall be available for disease management demonstration
27 programs.
28 (ww) Funds shall be deposited by the commissioner, within amounts
29 appropriated, and the state comptroller is hereby authorized and
30 directed to receive for the deposit to the credit of the state special
31 revenue funds - other, HCRA transfer fund, medical assistance account,
32 or any successor fund or account, for purposes of funding the state
33 share of the general hospital rates increases for recruitment and
34 retention of health care workers pursuant to paragraph (e) of subdivi-
35 sion thirty of section twenty-eight hundred seven-c of this article from
36 the tobacco control and insurance initiatives pool established for the
37 following periods in the following amounts:
38 (i) sixty million five hundred thousand dollars for the period January
39 first, two thousand five through December thirty-first, two thousand
40 five; and
41 (ii) sixty million five hundred thousand dollars for the period Janu-
42 ary first, two thousand six through December thirty-first, two thousand
43 six.
44 (xx) Funds shall be deposited by the commissioner, within amounts
45 appropriated, and the state comptroller is hereby authorized and
46 directed to receive for the deposit to the credit of the state special
47 revenue funds - other, HCRA transfer fund, medical assistance account,
48 or any successor fund or account, for purposes of funding the state
49 share of the general hospital rates increases for rural hospitals pursu-
50 ant to subdivision thirty-two of section twenty-eight hundred seven-c of
51 this article from the tobacco control and insurance initiatives pool
52 established for the following periods in the following amounts:
53 (i) three million five hundred thousand dollars for the period January
54 first, two thousand five through December thirty-first, two thousand
55 five;

1 (ii) three million five hundred thousand dollars for the period Janu-
2 ary first, two thousand six through December thirty-first, two thousand
3 six;
4 (iii) three million five hundred thousand dollars for the period Janu-
5 ary first, two thousand seven through December thirty-first, two thou-
6 sand seven;
7 (iv) three million five hundred thousand dollars for the period Janu-
8 ary first, two thousand eight through December thirty-first, two thou-
9 sand eight; and
10 (v) three million two hundred eight thousand dollars for the period
11 January first, two thousand nine through November thirtieth, two thou-
12 sand nine.
13 (yy) Funds shall be reserved and accumulated from year to year and
14 shall be available, within amounts appropriated and notwithstanding
15 section one hundred twelve of the state finance law and any other
16 contrary provision of law, for the purpose of supporting grants not to
17 exceed five million dollars to be made by the commissioner without a
18 competitive bid or request for proposal process, in support of the
19 delivery of critically needed health care services, to health care
20 providers located in the counties of Erie and Niagara which executed a
21 memorandum of closing and conducted a merger closing in escrow on Novem-
22 ber twenty-fourth, nineteen hundred ninety-seven and which entered into
23 a settlement dated December thirtieth, two thousand four for a loss on
24 disposal of assets under the provisions of title XVIII of the federal
25 social security act applicable to mergers occurring prior to December
26 first, nineteen hundred ninety-seven.
27 (zz) Funds shall be reserved and accumulated from year to year and
28 shall be available, within amounts appropriated, for the purpose of
29 supporting expenditures authorized pursuant to section twenty-eight
30 hundred eighteen of this article from the tobacco control and insurance
31 initiatives pool established for the following periods in the following
32 amounts:
33 (i) six million five hundred thousand dollars for the period January
34 first, two thousand five through December thirty-first, two thousand
35 five;
36 (ii) one hundred eight million three hundred thousand dollars for the
37 period January first, two thousand six through December thirty-first,
38 two thousand six, provided, however, that within amounts appropriated in
39 the two thousand six through two thousand seven state fiscal year, a
40 portion of such funds may be transferred to the Roswell Park Cancer
41 Institute Corporation to fund capital costs;
42 (iii) one hundred seventy-one million dollars for the period January
43 first, two thousand seven through December thirty-first, two thousand
44 seven, provided, however, that within amounts appropriated in the two
45 thousand six through two thousand seven state fiscal year, a portion of
46 such funds may be transferred to the Roswell Park Cancer Institute
47 Corporation to fund capital costs;
48 (iv) one hundred seventy-one million five hundred thousand dollars for
49 the period January first, two thousand eight through December thirty-
50 first, two thousand eight;
51 (v) one hundred twenty-eight million seven hundred fifty thousand
52 dollars for the period January first, two thousand nine through December
53 thirty-first, two thousand nine;
54 (vi) one hundred thirty-one million three hundred seventy-five thou-
55 sand dollars for the period January first, two thousand ten through
56 December thirty-first, two thousand ten;

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

(viii) four hundred thirty-three million three hundred sixty-six thousand dollars for the period April first, two thousand eleven through March thirty-first, two thousand twelve;

(ix) one hundred fifty million eight hundred six thousand dollars for the period April first, two thousand twelve through March thirty-first, two thousand thirteen; [and]

(x) seventy-eight million seventy-one thousand dollars for the period April first, two thousand thirteen through March thirty-first, two thousand fourteen[.]; AND

(XI) WITHIN AMOUNTS APPROPRIATED EACH STATE FISCAL YEAR FOR PERIODS ON AND AFTER APRIL FIRST, TWO THOUSAND FOURTEEN.

(aaa) Funds shall be reserved and accumulated from year to year and shall be available, including income from invested funds, for services and expenses related to school based health centers, in an amount up to three million five hundred thousand dollars for the period April first, two thousand six through March thirty-first, two thousand seven, up to three million five hundred thousand dollars for the period April first, two thousand seven through March thirty-first, two thousand eight, up to three million five hundred thousand dollars for the period April first, two thousand eight through March thirty-first, two thousand nine, up to three million five hundred thousand dollars for the period April first, two thousand nine through March thirty-first, two thousand ten, up to three million five hundred thousand dollars for the period April first, two thousand ten through March thirty-first, two thousand eleven, [and] up to two million eight hundred thousand dollars each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen, AND WITHIN AMOUNTS APPROPRIATED EACH STATE FISCAL YEAR FOR PERIODS ON AND AFTER APRIL FIRST, TWO THOUSAND FOURTEEN. The total amount of funds provided herein shall be distributed as grants based on the ratio of each provider's total enrollment for all sites to the total enrollment of all providers. This formula shall be applied to the total amount provided herein.

(bbb) Funds shall be reserved and accumulated from year to year and shall be available, including income from invested funds, for purposes of awarding grants to operators of adult homes, enriched housing programs and residences through the enhancing abilities and life experience (EnAbLe) program to provide for the installation, operation and maintenance of air conditioning in resident rooms, consistent with this paragraph, in an amount up to two million dollars for the period April first, two thousand six through March thirty-first, two thousand seven, up to three million eight hundred thousand dollars for the period April first, two thousand seven through March thirty-first, two thousand eight, up to three million eight hundred thousand dollars for the period April first, two thousand eight through March thirty-first, two thousand nine, up to three million eight hundred thousand dollars for the period April first, two thousand nine through March thirty-first, two thousand ten, and up to three million eight hundred thousand dollars for the period April first, two thousand ten through March thirty-first, two thousand eleven. Residents shall not be charged utility cost for the use of air conditioners supplied under the EnAbLe program. All such air conditioners must be operated in occupied resident rooms consistent with requirements applicable to common areas.

1 (ccc) Funds shall be deposited by the commissioner, within amounts
2 appropriated, and the state comptroller is hereby authorized and
3 directed to receive for the deposit to the credit of the state special
4 revenue funds - other, HCRA transfer fund, medical assistance account,
5 or any successor fund or account, for purposes of funding the state
6 share of increases in the rates for certified home health agencies, long
7 term home health care programs, AIDS home care programs, hospice
8 programs and managed long term care plans and approved managed long term
9 care operating demonstrations as defined in section forty-four hundred
10 three-f of this chapter for recruitment and retention of health care
11 workers pursuant to subdivisions nine and ten of section thirty-six
12 hundred fourteen of this chapter from the tobacco control and insurance
13 initiatives pool established for the following periods in the following
14 amounts:

- 15 (i) twenty-five million dollars for the period June first, two thou-
16 sand six through December thirty-first, two thousand six;
17 (ii) fifty million dollars for the period January first, two thousand
18 seven through December thirty-first, two thousand seven;
19 (iii) fifty million dollars for the period January first, two thousand
20 eight through December thirty-first, two thousand eight;
21 (iv) fifty million dollars for the period January first, two thousand
22 nine through December thirty-first, two thousand nine;
23 (v) fifty million dollars for the period January first, two thousand
24 ten through December thirty-first, two thousand ten;
25 (vi) twelve million five hundred thousand dollars for the period Janu-
26 ary first, two thousand eleven through March thirty-first, two thousand
27 eleven; and
28 (vii) up to fifty million dollars each state fiscal year for the peri-
29 od April first, two thousand eleven through March thirty-first, two
30 thousand fourteen.

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

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

52 (fff) Funds shall be made available to the empire state stem cell fund
53 established by section ninety-nine-p of the state finance law within
54 amounts appropriated up to fifty million dollars annually and shall not
55 exceed five hundred million dollars in total.

1 (ggg) Funds shall be deposited by the commissioner, within amounts
2 appropriated, and the state comptroller is hereby authorized and
3 directed to receive for deposit to the credit of the state special
4 revenue fund - other, HCRA transfer fund, medical assistance account, or
5 any successor fund or account, for the purpose of supporting the state
6 share of Medicaid expenditures for hospital translation services as
7 authorized pursuant to paragraph (k) of subdivision one of section twenty-
8 eight hundred seven-c of this article from the tobacco control and
9 initiatives pool established for the following periods in the following
10 amounts:

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

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

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

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

30 (ii) two million two hundred ninety-two thousand dollars for the peri-
31 od January first, two thousand nine through November thirtieth, two
32 thousand nine.

33 (iii) Funds shall be reserved and set aside and accumulated from year
34 to year and shall be made available, including income from investment
35 funds, for the purpose of supporting the New York state medical indem-
36 nity fund as authorized pursuant to title four of article twenty-nine-D
37 of this chapter, for the following periods and in the following amounts,
38 provided, however, that the commissioner is authorized to seek waiver
39 authority from the federal centers for medicare and Medicaid for the
40 purpose of securing Medicaid federal financial participation for such
41 program, in which case the funding authorized pursuant to this paragraph
42 shall be utilized as the non-federal share for such payments:

43 Thirty million dollars for the period April first, two thousand eleven
44 through March thirty-first, two thousand twelve.

45 2. (a) For periods prior to January first, two thousand five, the
46 commissioner is authorized to contract with the article forty-three
47 insurance law plans, or such other contractors as the commissioner shall
48 designate, to receive and distribute funds from the tobacco control and
49 insurance initiatives pool established pursuant to this section. In the
50 event contracts with the article forty-three insurance law plans or
51 other commissioner's designees are effectuated, the commissioner shall
52 conduct annual audits of the receipt and distribution of such funds. The
53 reasonable costs and expenses of an administrator as approved by the
54 commissioner, not to exceed for personnel services on an annual basis
55 five hundred thousand dollars, for collection and distribution of funds
56 pursuant to this section shall be paid from such funds.

1 (b) Notwithstanding any inconsistent provision of section one hundred
2 twelve or one hundred sixty-three of the state finance law or any other
3 law, at the discretion of the commissioner without a competitive bid or
4 request for proposal process, contracts in effect for administration of
5 pools established pursuant to sections twenty-eight hundred seven-k,
6 twenty-eight hundred seven-l and twenty-eight hundred seven-m of this
7 article for the period January first, nineteen hundred ninety-nine
8 through December thirty-first, nineteen hundred ninety-nine may be
9 extended to provide for administration pursuant to this section and may
10 be amended as may be necessary.

11 S 9. Subdivisions 5-a and 7 of section 2807-m of the public health
12 law, as added by section 75-c of part C of chapter 58 of the laws of
13 2008, the paragraph heading of paragraph (b) and the second undesignated
14 paragraph of paragraph (b) of subdivision 5-a as amended by section 4 of
15 part B of chapter 109 of the laws of 2010, the opening paragraph of
16 paragraph (b), subparagraphs (C), (D) and (G) of paragraph (b), and
17 paragraphs (c), (f) and (g) of subdivision 5-a as amended by section 26
18 of part C of chapter 59 of the laws of 2011, subparagraph (H) of para-
19 graph (b) of subdivision 5-a as added by section 60 of part D of chapter
20 56 of the laws of 2012, paragraphs (d) and (e) of subdivision 5-a as
21 amended by section 53 of part D of chapter 56 of the laws of 2012 and
22 paragraph (e-1) of subdivision 5-a as added by section 54 of part D of
23 chapter 56 of the laws of 2012, and subdivision 7 as amended by section
24 26-a of part C of chapter 59 of the laws of 2011, are amended to read as
25 follows:

26 5-a. Graduate medical education innovations pool. (a) Supplemental
27 distributions. (i) Thirty-one million dollars for the period January
28 first, two thousand eight through December thirty-first, two thousand
29 eight, shall be set aside and reserved by the commissioner from the
30 regional pools established pursuant to subdivision two of this section
31 and shall be available for distributions pursuant to subdivision five of
32 this section and in accordance with section 86-1.89 of title 10 of the
33 codes, rules and regulations of the state of New York as in effect on
34 January first, two thousand eight; provided, however, for purposes of
35 funding the empire clinical research investigation program (ECRIP) in
36 accordance with paragraph eight of subdivision (e) and paragraph two of
37 subdivision (f) of section 86-1.89 of title 10 of the codes, rules and
38 regulations of the state of New York, distributions shall be made using
39 two regions defined as New York city and the rest of the state and the
40 dollar amount set forth in subparagraph (i) of paragraph two of subdivi-
41 sion (f) of section 86-1.89 of title 10 of the codes, rules and regu-
42 lations of the state of New York shall be increased from sixty thousand
43 dollars to seventy-five thousand dollars.

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

50 (b) Empire clinical research investigator program (ECRIP). Nine
51 million one hundred twenty thousand dollars annually for the period
52 January first, two thousand nine through December thirty-first, two
53 thousand ten, and two million two hundred eighty thousand dollars for
54 the period January first, two thousand eleven, [and] THROUGH MARCH THIR-
55 TY-FIRST, TWO THOUSAND ELEVEN, nine million one hundred twenty thousand
56 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,] AND WITHIN AMOUNTS APPROPRIATED EACH STATE FISCAL YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND SEVENTEEN, shall be set aside and reserved by the commissioner from the regional pools established pursuant to subdivision two of this section to be allocated regionally with two-thirds of the available funding going to New York city and one-third of the available funding going to the rest of the state and shall be available for distribution as follows:

Distributions shall first be made to consortia and teaching general hospitals for the empire clinical research investigator program (ECRIP) to help secure federal funding for biomedical research, train clinical researchers, recruit national leaders as faculty to act as mentors, and train residents and fellows in biomedical research skills based on hospital-specific data submitted to the commissioner by consortia and teaching general hospitals in accordance with clause (G) of this subparagraph. Such distributions shall be made in accordance with the following methodology:

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

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

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

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

1 (I) Each consortium or teaching general hospital with a one-year ECRIP
2 award shall receive its annual distribution amount in full upon
3 completion of the requirements set forth in items (I) and (II) of clause
4 (G) of this subparagraph. The requirements set forth in items (IV) and
5 (V) of clause (G) of this subparagraph must be completed by the consor-
6 tium or teaching general hospital in order for the consortium or teach-
7 ing general hospital to be eligible to apply for ECRIP funding in any
8 subsequent funding cycle.

9 (II) Each consortium or teaching general hospital with a two-year
10 ECRIP award shall receive its first annual distribution amount in full
11 upon completion of the requirements set forth in items (I) and (II) of
12 clause (G) of this subparagraph. Each consortium or teaching general
13 hospital will receive its second annual distribution amount in full upon
14 completion of the requirements set forth in item (III) of clause (G) of
15 this subparagraph. The requirements set forth in items (IV) and (V) of
16 clause (G) of this subparagraph must be completed by the consortium or
17 teaching general hospital in order for the consortium or teaching gener-
18 al hospital to be eligible to apply for ECRIP funding in any subsequent
19 funding cycle.

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

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

30 (G) In order to be eligible for distributions pursuant to this subpar-
31 agraph, each consortium and teaching general hospital shall provide to
32 the commissioner by July first of each distribution period, the follow-
33 ing data and information on a hospital-specific basis. Such data and
34 information shall be certified as to accuracy and completeness by the
35 chief executive officer, chief financial officer or chair of the consor-
36 tium governing body of each consortium or teaching general hospital and
37 shall be maintained by each consortium and teaching general hospital for
38 five years from the date of submission:

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

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

54 (III) Information on the status of the clinical research plan, accom-
55 plishments, changes in research activities, progress, and performance of

1 the researcher shall be provided upon completion of one-half of the
2 award term;

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

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

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

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

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

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

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

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

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

33 (c) Ambulatory care training. Four million nine hundred thousand
34 dollars for the period January first, two thousand eight through Decem-
35 ber thirty-first, two thousand eight, four million nine hundred thousand
36 dollars for the period January first, two thousand nine through December
37 thirty-first, two thousand nine, four million nine hundred thousand
38 dollars for the period January first, two thousand ten through December
39 thirty-first, two thousand ten, one million two hundred twenty-five
40 thousand dollars for the period January first, two thousand eleven
41 through March thirty-first, two thousand eleven, [and] four million
42 three hundred thousand dollars each state fiscal year for the period
43 April first, two thousand eleven through March thirty-first, two thou-
44 sand fourteen, AND WITHIN AMOUNTS APPROPRIATED EACH STATE FISCAL YEAR
45 FOR THE PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN THROUGH MARCH THIRTY-
46 FIRST, TWO THOUSAND SEVENTEEN, shall be set aside and reserved by the
47 commissioner from the regional pools established pursuant to subdivision
48 two of this section and shall be available for distributions to sponsor-
49 ing institutions to be directed to support clinical training of medical
50 students and residents in free-standing ambulatory care settings,
51 including community health centers and private practices. Such funding
52 shall be allocated regionally with two-thirds of the available funding
53 going to New York city and one-third of the available funding going to
54 the rest of the state and shall be distributed to sponsoring insti-
55 tutions in each region pursuant to a request for application or request
56 for proposal process with preference being given to sponsoring insti-

1 tutions which provide training in sites located in underserved rural or
2 inner-city areas and those that include medical students in such train-
3 ing.

4 (d) Physician loan repayment program. One million nine hundred sixty
5 thousand dollars for the period January first, two thousand eight
6 through December thirty-first, two thousand eight, one million nine
7 hundred sixty thousand dollars for the period January first, two thou-
8 sand nine through December thirty-first, two thousand nine, one million
9 nine hundred sixty thousand dollars for the period January first, two
10 thousand ten through December thirty-first, two thousand ten, four
11 hundred ninety thousand dollars for the period January first, two thou-
12 sand eleven through March thirty-first, two thousand eleven, [and] one
13 million seven hundred thousand dollars each state fiscal year for the
14 period April first, two thousand eleven through March thirty-first, two
15 thousand fourteen, AND WITHIN AMOUNTS APPROPRIATED EACH STATE FISCAL
16 YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN THROUGH MARCH
17 THIRTY-FIRST, TWO THOUSAND SEVENTEEN, shall be set aside and reserved by
18 the commissioner from the regional pools established pursuant to subdivi-
19 sion two of this section and shall be available for purposes of physi-
20 cian loan repayment in accordance with subdivision ten of this section.
21 Notwithstanding any contrary provision of this section, sections one
22 hundred twelve and one hundred sixty-three of the state finance law, or
23 any other contrary provision of law, such funding shall be allocated
24 regionally with one-third of available funds going to New York city and
25 two-thirds of available funds going to the rest of the state and shall
26 be distributed in a manner to be determined by the commissioner without
27 a competitive bid or request for proposal process as follows:

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

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

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

42 (e) Physician practice support. Four million nine hundred thousand
43 dollars for the period January first, two thousand eight through Decem-
44 ber thirty-first, two thousand eight, four million nine hundred thousand
45 dollars annually for the period January first, two thousand nine through
46 December thirty-first, two thousand ten, one million two hundred twenty-
47 five thousand dollars for the period January first, two thousand
48 eleven through March thirty-first, two thousand eleven, [and] four
49 million three hundred thousand dollars each state fiscal year for the
50 period April first, two thousand eleven through March thirty-first, two
51 thousand fourteen, AND WITHIN AMOUNTS APPROPRIATED EACH STATE FISCAL
52 YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN THROUGH MARCH
53 THIRTY-FIRST, TWO THOUSAND SEVENTEEN, shall be set aside and reserved by
54 the commissioner from the regional pools established pursuant to subdivi-
55 sion two of this section and shall be available for purposes of physi-
56 cian practice support. Notwithstanding any contrary provision of this

1 section, sections one hundred twelve and one hundred sixty-three of the
2 state finance law, or any other contrary provision of law, such funding
3 shall be allocated regionally with one-third of available funds going to
4 New York city and two-thirds of available funds going to the rest of the
5 state and shall be distributed in a manner to be determined by the
6 commissioner without a competitive bid or request for proposal process
7 as follows:

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

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

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

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

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

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

36 (f) Study on physician workforce. Five hundred ninety thousand dollars
37 annually for the period January first, two thousand eight through Decem-
38 ber thirty-first, two thousand ten, one hundred forty-eight thousand
39 dollars for the period January first, two thousand eleven through March
40 thirty-first, two thousand eleven, [and] five hundred sixteen thousand
41 dollars each state fiscal year for the period April first, two thousand
42 eleven through March thirty-first, two thousand fourteen, AND WITHIN
43 AMOUNTS APPROPRIATED EACH STATE FISCAL YEAR FOR THE PERIOD APRIL FIRST,
44 TWO THOUSAND FOURTEEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND SEVEN-
45 TEEN, shall be set aside and reserved by the commissioner from the
46 regional pools established pursuant to subdivision two of this section
47 and shall be available to fund a study of physician workforce needs and
48 solutions including, but not limited to, an analysis of residency
49 programs and projected physician workforce and community needs. The
50 commissioner shall enter into agreements with one or more organizations
51 to conduct such study based on a request for proposal process.

52 (g) Diversity in medicine/post-baccalaureate program. Notwithstanding
53 any inconsistent provision of section one hundred twelve or one hundred
54 sixty-three of the state finance law or any other law, one million nine
55 hundred sixty thousand dollars annually for the period January first,
56 two thousand eight through December thirty-first, two thousand ten, four

1 hundred ninety thousand dollars for the period January first, two thou-
2 sand eleven through March thirty-first, two thousand eleven, [and] one
3 million seven hundred thousand dollars each state fiscal year for the
4 period April first, two thousand eleven through March thirty-first, two
5 thousand fourteen, AND WITHIN AMOUNTS APPROPRIATED EACH STATE FISCAL
6 YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN THROUGH MARCH
7 THIRTY-FIRST, TWO THOUSAND SEVENTEEN, shall be set aside and reserved by
8 the commissioner from the regional pools established pursuant to subdi-
9 vision two of this section and shall be available for distributions to
10 the Associated Medical Schools of New York to fund its diversity program
11 including existing and new post-baccalaureate programs for minority and
12 economically disadvantaged students and encourage participation from all
13 medical schools in New York. The associated medical schools of New York
14 shall report to the commissioner on an annual basis regarding the use of
15 funds for such purpose in such form and manner as specified by the
16 commissioner.

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

22 7. Notwithstanding any inconsistent provision of section one hundred
23 twelve or one hundred sixty-three of the state finance law or any other
24 law, up to one million dollars for the period January first, two thou-
25 sand through December thirty-first, two thousand, one million six
26 hundred thousand dollars annually for the periods January first, two
27 thousand one through December thirty-first, two thousand eight, one
28 million five hundred thousand dollars annually for the periods January
29 first, two thousand nine through December thirty-first, two thousand
30 ten, three hundred seventy-five thousand dollars for the period January
31 first, two thousand eleven through March thirty-first, two thousand
32 eleven, [and] one million three hundred twenty thousand dollars each
33 state fiscal year for the period April first, two thousand eleven
34 through March thirty-first, two thousand fourteen, AND WITHIN AMOUNTS
35 APPROPRIATED EACH STATE FISCAL YEAR FOR THE PERIOD APRIL FIRST, TWO
36 THOUSAND FOURTEEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND SEVENTEEN,
37 shall be set aside and reserved by the commissioner from the regional
38 pools established pursuant to subdivision two of this section and shall
39 be available for distributions to the New York state area health educa-
40 tion center program for the purpose of expanding community-based train-
41 ing of medical students. In addition, one million dollars annually for
42 the period January first, two thousand eight through December thirty-
43 first, two thousand ten, two hundred fifty thousand dollars for the
44 period January first, two thousand eleven through March thirty-first,
45 two thousand eleven, and eight hundred eighty thousand dollars each
46 state fiscal year for the period April first, two thousand eleven
47 through March thirty-first, two thousand fourteen, shall be set aside
48 and reserved by the commissioner from the regional pools established
49 pursuant to subdivision two of this section and shall be available for
50 distributions to the New York state area health education center program
51 for the purpose of post-secondary training of health care professionals
52 who will achieve specific program outcomes within the New York state
53 area health education center program. The New York state area health
54 education center program shall report to the commissioner on an annual
55 basis regarding the use of funds for each purpose in such form and
56 manner as specified by the commissioner.

1 S 10. Paragraph (a) of subdivision 12 of section 367-b of the social
2 services law, as amended by section 10 of part C of chapter 59 of the
3 laws of 2011, is amended to read as follows:

4 (a) For the purpose of regulating cash flow for general hospitals, the
5 department shall develop and implement a payment methodology to provide
6 for timely payments for inpatient hospital services eligible for case
7 based payments per discharge based on diagnosis-related groups provided
8 during the period January first, nineteen hundred eighty-eight through
9 March thirty-first two thousand [fourteen] SEVENTEEN, by such hospitals
10 which elect to participate in the system.

11 S 11. Section 2 of chapter 600 of the laws of 1986 amending the public
12 health law relating to the development of pilot reimbursement programs
13 for ambulatory care services, as amended by section 11 of part C of
14 chapter 59 of the laws of 2011, is amended to read as follows:

15 S 2. This act shall take effect immediately, except that this act
16 shall expire and be of no further force and effect on and after April 1,
17 [2014] 2017; provided, however, that the commissioner of health shall
18 submit a report to the governor and the legislature detailing the objec-
19 tive, impact, design and computation of any pilot reimbursement program
20 established pursuant to this act, on or before March 31, 1994 and annu-
21 ally thereafter. Such report shall include an assessment of the finan-
22 cial impact of such payment system on providers, as well as the impact
23 of such system on access to care.

24 S 12. Paragraph (i) of subdivision (b) of section 1 of chapter 520 of
25 the laws of 1978, relating to providing for a comprehensive survey of
26 health care financing, education and illness prevention and creating
27 councils for the conduct thereof, as amended by section 12 of part C of
28 chapter 59 of the laws of 2011, is amended to read as follows:

29 (i) oversight and evaluation of the inpatient financing system in
30 place for 1988 through March 31, [2014] 2017, and the appropriateness
31 and effectiveness of the bad debt and charity care financing provisions;

32 S 13. Intentionally omitted.

33 S 14. Paragraphs (1) and (m) of subdivision 1 of section 367-q of the
34 social services law, as amended by section 35 of part D of chapter 56 of
35 the laws of 2012, are amended and three new paragraphs (n), (o) and (p)
36 are added to read as follows:

37 (1) for the period April first, two thousand twelve through March
38 thirty-first, two thousand thirteen, up to twenty-eight million five
39 hundred thousand dollars; [and]

40 (m) for the period April first, two thousand thirteen through March
41 thirty-first, two thousand fourteen, up to twenty-eight million five
42 hundred thousand dollars[.];

43 (N) FOR THE PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN THROUGH MARCH
44 THIRTY-FIRST, TWO THOUSAND FIFTEEN, UP TO TWENTY-EIGHT MILLION FIVE
45 HUNDRED THOUSAND DOLLARS;

46 (O) FOR THE PERIOD APRIL FIRST, TWO THOUSAND FIFTEEN THROUGH MARCH
47 THIRTY-FIRST, TWO THOUSAND SIXTEEN, UP TO TWENTY-EIGHT MILLION FIVE
48 HUNDRED THOUSAND DOLLARS; AND

49 (P) FOR THE PERIOD APRIL FIRST, TWO THOUSAND SIXTEEN THROUGH MARCH
50 THIRTY-FIRST, TWO THOUSAND SEVENTEEN, UP TO TWENTY-EIGHT MILLION FIVE
51 HUNDRED THOUSAND DOLLARS.

52 S 15. Subdivision 6 of section 2807-t of the public health law, as
53 added by chapter 639 of the laws of 1996, is amended to read as follows:

54 6. Prospective adjustments. (A) The commissioner shall annually recon-
55 cile the sum of the actual payments made to the commissioner or the
56 commissioner's designee for each region pursuant to section twenty-eight

1 hundred seven-s of this article and pursuant to this section for the
2 prior year with the regional allocation of the gross annual statewide
3 amount specified in subdivision six of section twenty-eight hundred
4 seven-s of this article for such prior year. The difference between the
5 actual amount raised for a region and the regional allocation of the
6 specified gross annual amount for such prior year shall be applied as a
7 prospective adjustment to the regional allocation of the specified gross
8 annual payment amount for such region for the year next following the
9 calculation of the reconciliation. The authorized dollar value of the
10 adjustments shall be the same as if calculated retrospectively.

11 (B) NOTWITHSTANDING THE PROVISIONS OF PARAGRAPH (A) OF THIS SUBDIVI-
12 SION, FOR COVERED LIVES ASSESSMENT RATE PERIODS ON AND AFTER JANUARY
13 FIRST, TWO THOUSAND FIFTEEN THROUGH DECEMBER THIRTY-FIRST, TWO THOUSAND
14 SEVENTEEN, FOR AMOUNTS COLLECTED IN THE AGGREGATE IN EXCESS OF ONE
15 BILLION FORTY-FIVE MILLION DOLLARS ON AN ANNUAL BASIS, PROSPECTIVE
16 ADJUSTMENTS SHALL BE SUSPENDED IF THE ANNUAL RECONCILIATION CALCULATION
17 FROM THE PRIOR YEAR WOULD OTHERWISE RESULT IN A DECREASE TO THE REGIONAL
18 ALLOCATION OF THE SPECIFIED GROSS ANNUAL PAYMENT AMOUNT FOR THAT REGION,
19 PROVIDED, HOWEVER, THAT SUCH SUSPENSION SHALL BE LIFTED UPON A DETERMI-
20 NATION BY THE COMMISSIONER, IN CONSULTATION WITH THE DIRECTOR OF THE
21 BUDGET, THAT SIXTY-FIVE MILLION DOLLARS IN AGGREGATE COLLECTIONS ON AN
22 ANNUAL BASIS OVER AND ABOVE ONE BILLION FORTY-FIVE MILLION DOLLARS ON AN
23 ANNUAL BASIS HAVE BEEN RESERVED AND SET ASIDE FOR DEPOSIT IN THE HCRA
24 RESOURCES FUND FOR THE PURPOSE OF FUNDING THE STATE HEALTH INFORMATION
25 NETWORK OF NEW YORK AND THE ALL PAYER CLAIMS DATABASE. ANY AMOUNTS
26 COLLECTED IN THE AGGREGATE AT OR BELOW ONE BILLION FORTY-FIVE MILLION
27 DOLLARS ON AN ANNUAL BASIS, SHALL BE SUBJECT TO REGIONAL ADJUSTMENTS
28 RECONCILING ANY DECREASES OR INCREASES TO THE REGIONAL ALLOCATION IN
29 ACCORDANCE WITH PARAGRAPH (A) OF THIS SUBDIVISION.

30 S 16. Subdivision 4-c of section 2807-p of the public health law, as
31 amended by section 27 of part C of chapter 59 of the laws of 2011, is
32 amended to read as follows:

33 4-c. Notwithstanding any provision of law to the contrary, the commis-
34 sioner shall make additional payments for uncompensated care to volun-
35 tary non-profit diagnostic and treatment centers that are eligible for
36 distributions under subdivision four of this section in the following
37 amounts: for the period June first, two thousand six through December
38 thirty-first, two thousand six, in the amount of seven million five
39 hundred thousand dollars, for the period January first, two thousand
40 seven through December thirty-first, two thousand seven, seven million
41 five hundred thousand dollars, for the period January first, two thou-
42 sand eight through December thirty-first, two thousand eight, seven
43 million five hundred thousand dollars, for the period January first, two
44 thousand nine through December thirty-first, two thousand nine, fifteen
45 million five hundred thousand dollars, for the period January first, two
46 thousand ten through December thirty-first, two thousand ten, seven
47 million five hundred thousand dollars, for the period January first, two
48 thousand eleven through December thirty-first, two thousand eleven, seven
49 million five hundred thousand dollars, for the period January first, two
50 thousand twelve through December thirty-first, two thousand twelve,
51 seven million five hundred thousand dollars, for the period January
52 first, two thousand thirteen through December thirty-first, two thousand
53 thirteen, seven million five hundred thousand dollars, FOR THE PERIOD
54 JANUARY FIRST, TWO THOUSAND FOURTEEN THROUGH DECEMBER THIRTY-FIRST, TWO
55 THOUSAND FOURTEEN, SEVEN MILLION FIVE HUNDRED THOUSAND DOLLARS, FOR THE
56 PERIOD JANUARY FIRST, TWO THOUSAND FIFTEEN THROUGH DECEMBER

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

30 S 17. Subdivision 9 of section 2807-k of the public health law, as
31 added by chapter 639 of the laws of 1996, is amended to read as follows:

32 9. In order for a general hospital to participate in the distribution
33 of funds from the pool, the general hospital must implement minimum
34 collection policies and procedures approved by the commissioner [and
35 must be in compliance with bad debt and charity care reporting require-
36 ments established pursuant to this article].

37 S 17-a. Paragraph (d) of subdivision 16 of section 2807-c of the
38 public health law, as amended by chapter 731 of the laws of 1993, is
39 amended to read as follows:

40 (d) In order for a general hospital to participate in the distribution
41 of funds from the pools, the general hospital must implement collection
42 policies and procedures approved by the commissioner [and must be in
43 compliance with bad debt and charity care reporting requirements estab-
44 lished pursuant to this article].

45 S 18. Paragraph (a) of subdivision 1 of section 18 of chapter 266 of
46 the laws of 1986, amending the civil practice law and rules and other
47 laws relating to malpractice and professional medical conduct, as
48 amended by section 15 of part C of chapter 59 of the laws of 2011, is
49 amended to read as follows:

50 (a) The superintendent of insurance and the commissioner of health or
51 their designee shall, from funds available in the hospital excess
52 liability pool created pursuant to subdivision 5 of this section,
53 purchase a policy or policies for excess insurance coverage, as author-
54 ized by paragraph 1 of subsection (e) of section 5502 of the insurance
55 law; or from an insurer, other than an insurer described in section 5502
56 of the insurance law, duly authorized to write such coverage and actual-

1 ly writing medical malpractice insurance in this state; or shall
2 purchase equivalent excess coverage in a form previously approved by the
3 superintendent of insurance for purposes of providing equivalent excess
4 coverage in accordance with section 19 of chapter 294 of the laws of
5 1985, for medical or dental malpractice occurrences between July 1, 1986
6 and June 30, 1987, between July 1, 1987 and June 30, 1988, between July
7 1, 1988 and June 30, 1989, between July 1, 1989 and June 30, 1990,
8 between July 1, 1990 and June 30, 1991, between July 1, 1991 and June
9 30, 1992, between July 1, 1992 and June 30, 1993, between July 1, 1993
10 and June 30, 1994, between July 1, 1994 and June 30, 1995, between July
11 1, 1995 and June 30, 1996, between July 1, 1996 and June 30, 1997,
12 between July 1, 1997 and June 30, 1998, between July 1, 1998 and June
13 30, 1999, between July 1, 1999 and June 30, 2000, between July 1, 2000
14 and June 30, 2001, between July 1, 2001 and June 30, 2002, between July
15 1, 2002 and June 30, 2003, between July 1, 2003 and June 30, 2004,
16 between July 1, 2004 and June 30, 2005, between July 1, 2005 and June
17 30, 2006, between July 1, 2006 and June 30, 2007, between July 1, 2007
18 and June 30, 2008, between July 1, 2008 and June 30, 2009, between July
19 1, 2009 and June 30, 2010, between July 1, 2010 and June 30, 2011,
20 between July 1, 2011 and June 30, 2012, between July 1, 2012 and June
21 30, 2013 [and], between July 1, 2013 and June 30, 2014, AND BETWEEN JULY
22 1, 2014 AND JUNE 30, 2015 or reimburse the hospital where the hospital
23 purchases equivalent excess coverage as defined in subparagraph (i) of
24 paragraph (a) of subdivision 1-a of this section for medical or dental
25 malpractice occurrences between July 1, 1987 and June 30, 1988, between
26 July 1, 1988 and June 30, 1989, between July 1, 1989 and June 30, 1990,
27 between July 1, 1990 and June 30, 1991, between July 1, 1991 and June
28 30, 1992, between July 1, 1992 and June 30, 1993, between July 1, 1993
29 and June 30, 1994, between July 1, 1994 and June 30, 1995, between July
30 1, 1995 and June 30, 1996, between July 1, 1996 and June 30, 1997,
31 between July 1, 1997 and June 30, 1998, between July 1, 1998 and June
32 30, 1999, between July 1, 1999 and June 30, 2000, between July 1, 2000
33 and June 30, 2001, between July 1, 2001 and June 30, 2002, between July
34 1, 2002 and June 30, 2003, between July 1, 2003 and June 30, 2004,
35 between July 1, 2004 and June 30, 2005, between July 1, 2005 and June
36 30, 2006, between July 1, 2006 and June 30, 2007, between July 1, 2007
37 and June 30, 2008, between July 1, 2008 and June 30, 2009, between July
38 1, 2009 and June 30, 2010, between July 1, 2010 and June 30, 2011,
39 between July 1, 2011 and June 30, 2012, between July 1, 2012 and June
40 30, 2013 [and], between July 1, 2013 and June 30, 2014, AND BETWEEN JULY
41 1, 2014 AND JUNE 30, 2015 for physicians or dentists certified as eligi-
42 ble for each such period or periods pursuant to subdivision 2 of this
43 section by a general hospital licensed pursuant to article 28 of the
44 public health law; provided that no single insurer shall write more than
45 fifty percent of the total excess premium for a given policy year; and
46 provided, however, that such eligible physicians or dentists must have
47 in force an individual policy, from an insurer licensed in this state of
48 primary malpractice insurance coverage in amounts of no less than one
49 million three hundred thousand dollars for each claimant and three
50 million nine hundred thousand dollars for all claimants under that poli-
51 cy during the period of such excess coverage for such occurrences or be
52 endorsed as additional insureds under a hospital professional liability
53 policy which is offered through a voluntary attending physician ("chan-
54 neling") program previously permitted by the superintendent of insurance
55 during the period of such excess coverage for such occurrences. During
56 such period, such policy for excess coverage or such equivalent excess

1 coverage shall, when combined with the physician's or dentist's primary
2 malpractice insurance coverage or coverage provided through a voluntary
3 attending physician ("channeling") program, total an aggregate level of
4 two million three hundred thousand dollars for each claimant and six
5 million nine hundred thousand dollars for all claimants from all such
6 policies with respect to occurrences in each of such years provided,
7 however, if the cost of primary malpractice insurance coverage in excess
8 of one million dollars, but below the excess medical malpractice insur-
9 ance coverage provided pursuant to this act, exceeds the rate of nine
10 percent per annum, then the required level of primary malpractice insur-
11 ance coverage in excess of one million dollars for each claimant shall
12 be in an amount of not less than the dollar amount of such coverage
13 available at nine percent per annum; the required level of such coverage
14 for all claimants under that policy shall be in an amount not less than
15 three times the dollar amount of coverage for each claimant; and excess
16 coverage, when combined with such primary malpractice insurance cover-
17 age, shall increase the aggregate level for each claimant by one million
18 dollars and three million dollars for all claimants; and provided
19 further, that, with respect to policies of primary medical malpractice
20 coverage that include occurrences between April 1, 2002 and June 30,
21 2002, such requirement that coverage be in amounts no less than one
22 million three hundred thousand dollars for each claimant and three
23 million nine hundred thousand dollars for all claimants for such occur-
24 rences shall be effective April 1, 2002.

25 S 19. Subdivision 3 of section 18 of chapter 266 of the laws of 1986,
26 amending the civil practice law and rules and other laws relating to
27 malpractice and professional medical conduct, as amended by section 16
28 of part C of chapter 59 of the laws of 2011, is amended to read as
29 follows:

30 (3)(a) The superintendent of insurance shall determine and certify to
31 each general hospital and to the commissioner of health the cost of
32 excess malpractice insurance for medical or dental malpractice occur-
33 rences between July 1, 1986 and June 30, 1987, between July 1, 1988 and
34 June 30, 1989, between July 1, 1989 and June 30, 1990, between July 1,
35 1990 and June 30, 1991, between July 1, 1991 and June 30, 1992, between
36 July 1, 1992 and June 30, 1993, between July 1, 1993 and June 30, 1994,
37 between July 1, 1994 and June 30, 1995, between July 1, 1995 and June
38 30, 1996, between July 1, 1996 and June 30, 1997, between July 1, 1997
39 and June 30, 1998, between July 1, 1998 and June 30, 1999, between July
40 1, 1999 and June 30, 2000, between July 1, 2000 and June 30, 2001,
41 between July 1, 2001 and June 30, 2002, between July 1, 2002 and June
42 30, 2003, between July 1, 2003 and June 30, 2004, between July 1, 2004
43 and June 30, 2005, between July 1, 2005 and June 30, 2006, between July
44 1, 2006 and June 30, 2007, between July 1, 2007 and June 30, 2008,
45 between July 1, 2008 and June 30, 2009, between July 1, 2009 and June
46 30, 2010, between July 1, 2010 and June 30, 2011, between July 1, 2011
47 and June 30, 2012, between July 1, 2012 and June 30, 2013, and between
48 July 1, 2013 and June 30, 2014, AND BETWEEN JULY 1, 2014 AND JUNE 30,
49 2015 allocable to each general hospital for physicians or dentists
50 certified as eligible for purchase of a policy for excess insurance
51 coverage by such general hospital in accordance with subdivision 2 of
52 this section, and may amend such determination and certification as
53 necessary.

54 (b) The superintendent of insurance shall determine and certify to
55 each general hospital and to the commissioner of health the cost of
56 excess malpractice insurance or equivalent excess coverage for medical

1 or dental malpractice occurrences between July 1, 1987 and June 30,
2 1988, between July 1, 1988 and June 30, 1989, between July 1, 1989 and
3 June 30, 1990, between July 1, 1990 and June 30, 1991, between July 1,
4 1991 and June 30, 1992, between July 1, 1992 and June 30, 1993, between
5 July 1, 1993 and June 30, 1994, between July 1, 1994 and June 30, 1995,
6 between July 1, 1995 and June 30, 1996, between July 1, 1996 and June
7 30, 1997, between July 1, 1997 and June 30, 1998, between July 1, 1998
8 and June 30, 1999, between July 1, 1999 and June 30, 2000, between July
9 1, 2000 and June 30, 2001, between July 1, 2001 and June 30, 2002,
10 between July 1, 2002 and June 30, 2003, between July 1, 2003 and June
11 30, 2004, between July 1, 2004 and June 30, 2005, between July 1, 2005
12 and June 30, 2006, between July 1, 2006 and June 30, 2007, between July
13 1, 2007 and June 30, 2008, between July 1, 2008 and June 30, 2009,
14 between July 1, 2009 and June 30, 2010, between July 1, 2010 and June
15 30, 2011, between July 1, 2011 and June 30, 2012, between July 1, 2012
16 and June 30, 2013, [and] between July 1, 2013 and June 30, 2014, AND
17 BETWEEN JULY 1, 2014 AND JUNE 30, 2015 allocable to each general hospi-
18 tal for physicians or dentists certified as eligible for purchase of a
19 policy for excess insurance coverage or equivalent excess coverage by
20 such general hospital in accordance with subdivision 2 of this section,
21 and may amend such determination and certification as necessary. The
22 superintendent of insurance shall determine and certify to each general
23 hospital and to the commissioner of health the ratable share of such
24 cost allocable to the period July 1, 1987 to December 31, 1987, to the
25 period January 1, 1988 to June 30, 1988, to the period July 1, 1988 to
26 December 31, 1988, to the period January 1, 1989 to June 30, 1989, to
27 the period July 1, 1989 to December 31, 1989, to the period January 1,
28 1990 to June 30, 1990, to the period July 1, 1990 to December 31, 1990,
29 to the period January 1, 1991 to June 30, 1991, to the period July 1,
30 1991 to December 31, 1991, to the period January 1, 1992 to June 30,
31 1992, to the period July 1, 1992 to December 31, 1992, to the period
32 January 1, 1993 to June 30, 1993, to the period July 1, 1993 to December
33 31, 1993, to the period January 1, 1994 to June 30, 1994, to the period
34 July 1, 1994 to December 31, 1994, to the period January 1, 1995 to June
35 30, 1995, to the period July 1, 1995 to December 31, 1995, to the period
36 January 1, 1996 to June 30, 1996, to the period July 1, 1996 to December
37 31, 1996, to the period January 1, 1997 to June 30, 1997, to the period
38 July 1, 1997 to December 31, 1997, to the period January 1, 1998 to June
39 30, 1998, to the period July 1, 1998 to December 31, 1998, to the period
40 January 1, 1999 to June 30, 1999, to the period July 1, 1999 to December
41 31, 1999, to the period January 1, 2000 to June 30, 2000, to the period
42 July 1, 2000 to December 31, 2000, to the period January 1, 2001 to June
43 30, 2001, to the period July 1, 2001 to June 30, 2002, to the period
44 July 1, 2002 to June 30, 2003, to the period July 1, 2003 to June 30,
45 2004, to the period July 1, 2004 to June 30, 2005, to the period July 1,
46 2005 and June 30, 2006, to the period July 1, 2006 and June 30, 2007, to
47 the period July 1, 2007 and June 30, 2008, to the period July 1, 2008
48 and June 30, 2009, to the period July 1, 2009 and June 30, 2010, to the
49 period July 1, 2010 and June 30, 2011, to the period July 1, 2011 and
50 June 30, 2012, to the period July 1, 2012 and June 30, 2013, [and] to
51 the period July 1, 2013 and June 30, 2014, AND TO THE PERIOD JULY 1,
52 2014 AND JUNE 30, 2015.

53 S 20. Paragraphs (a), (b), (c), (d) and (e) of subdivision 8 of
54 section 18 of chapter 266 of the laws of 1986, amending the civil prac-
55 tice law and rules and other laws relating to malpractice and profes-

1 sional medical conduct, as amended by section 17 of part C of chapter 59
2 of the laws of 2011, are amended to read as follows:

3 (a) To the extent funds available to the hospital excess liability
4 pool pursuant to subdivision 5 of this section as amended, and pursuant
5 to section 6 of part J of chapter 63 of the laws of 2001, as may from
6 time to time be amended, which amended this subdivision, are insuffi-
7 cient to meet the costs of excess insurance coverage or equivalent
8 excess coverage for coverage periods during the period July 1, 1992 to
9 June 30, 1993, during the period July 1, 1993 to June 30, 1994, during
10 the period July 1, 1994 to June 30, 1995, during the period July 1, 1995
11 to June 30, 1996, during the period July 1, 1996 to June 30, 1997,
12 during the period July 1, 1997 to June 30, 1998, during the period July
13 1, 1998 to June 30, 1999, during the period July 1, 1999 to June 30,
14 2000, during the period July 1, 2000 to June 30, 2001, during the period
15 July 1, 2001 to October 29, 2001, during the period April 1, 2002 to
16 June 30, 2002, during the period July 1, 2002 to June 30, 2003, during
17 the period July 1, 2003 to June 30, 2004, during the period July 1, 2004
18 to June 30, 2005, during the period July 1, 2005 to June 30, 2006,
19 during the period July 1, 2006 to June 30, 2007, during the period July
20 1, 2007 to June 30, 2008, during the period July 1, 2008 to June 30,
21 2009, during the period July 1, 2009 to June 30, 2010, during the period
22 July 1, 2010 to June 30, 2011, during the period July 1, 2011 to June
23 30, 2012, during the period July 1, 2012 to June 30, 2013, [and] during
24 the period July 1, 2013 to June 30, 2014, AND DURING THE PERIOD JULY 1,
25 2014 TO JUNE 30, 2015 allocated or reallocated in accordance with para-
26 graph (a) of subdivision 4-a of this section to rates of payment appli-
27 cable to state governmental agencies, each physician or dentist for whom
28 a policy for excess insurance coverage or equivalent excess coverage is
29 purchased for such period shall be responsible for payment to the
30 provider of excess insurance coverage or equivalent excess coverage of
31 an allocable share of such insufficiency, based on the ratio of the
32 total cost of such coverage for such physician to the sum of the total
33 cost of such coverage for all physicians applied to such insufficiency.

34 (b) Each provider of excess insurance coverage or equivalent excess
35 coverage covering the period July 1, 1992 to June 30, 1993, or covering
36 the period July 1, 1993 to June 30, 1994, or covering the period July 1,
37 1994 to June 30, 1995, or covering the period July 1, 1995 to June 30,
38 1996, or covering the period July 1, 1996 to June 30, 1997, or covering
39 the period July 1, 1997 to June 30, 1998, or covering the period July 1,
40 1998 to June 30, 1999, or covering the period July 1, 1999 to June 30,
41 2000, or covering the period July 1, 2000 to June 30, 2001, or covering
42 the period July 1, 2001 to October 29, 2001, or covering the period
43 April 1, 2002 to June 30, 2002, or covering the period July 1, 2002 to
44 June 30, 2003, or covering the period July 1, 2003 to June 30, 2004, or
45 covering the period July 1, 2004 to June 30, 2005, or covering the peri-
46 od July 1, 2005 to June 30, 2006, or covering the period July 1, 2006 to
47 June 30, 2007, or covering the period July 1, 2007 to June 30, 2008, or
48 covering the period July 1, 2008 to June 30, 2009, or covering the peri-
49 od July 1, 2009 to June 30, 2010, or covering the period July 1, 2010 to
50 June 30, 2011, or covering the period July 1, 2011 to June 30, 2012, or
51 covering the period July 1, 2012 to June 30, 2013, or covering the peri-
52 od July 1, 2013 to June 30, 2014, OR COVERING THE PERIOD JULY 1, 2014 TO
53 JUNE 30, 2015 shall notify a covered physician or dentist by mail,
54 mailed to the address shown on the last application for excess insurance
55 coverage or equivalent excess coverage, of the amount due to such
56 provider from such physician or dentist for such coverage period deter-

1 mined in accordance with paragraph (a) of this subdivision. Such amount
2 shall be due from such physician or dentist to such provider of excess
3 insurance coverage or equivalent excess coverage in a time and manner
4 determined by the superintendent of insurance.

5 (c) If a physician or dentist liable for payment of a portion of the
6 costs of excess insurance coverage or equivalent excess coverage cover-
7 ing the period July 1, 1992 to June 30, 1993, or covering the period
8 July 1, 1993 to June 30, 1994, or covering the period July 1, 1994 to
9 June 30, 1995, or covering the period July 1, 1995 to June 30, 1996, or
10 covering the period July 1, 1996 to June 30, 1997, or covering the peri-
11 od July 1, 1997 to June 30, 1998, or covering the period July 1, 1998 to
12 June 30, 1999, or covering the period July 1, 1999 to June 30, 2000, or
13 covering the period July 1, 2000 to June 30, 2001, or covering the peri-
14 od July 1, 2001 to October 29, 2001, or covering the period April 1,
15 2002 to June 30, 2002, or covering the period July 1, 2002 to June 30,
16 2003, or covering the period July 1, 2003 to June 30, 2004, or covering
17 the period July 1, 2004 to June 30, 2005, or covering the period July 1,
18 2005 to June 30, 2006, or covering the period July 1, 2006 to June 30,
19 2007, or covering the period July 1, 2007 to June 30, 2008, or covering
20 the period July 1, 2008 to June 30, 2009, or covering the period July 1,
21 2009 to June 30, 2010, or covering the period July 1, 2010 to June 30,
22 2011, or covering the period July 1, 2011 to June 30, 2012, or covering
23 the period July 1, 2012 to June 30, 2013, or covering the period July 1,
24 2013 to June 30, 2014, OR COVERING THE PERIOD JULY 1, 2014 TO JUNE 30,
25 2015 determined in accordance with paragraph (a) of this subdivision
26 fails, refuses or neglects to make payment to the provider of excess
27 insurance coverage or equivalent excess coverage in such time and manner
28 as determined by the superintendent of insurance pursuant to paragraph
29 (b) of this subdivision, excess insurance coverage or equivalent excess
30 coverage purchased for such physician or dentist in accordance with this
31 section for such coverage period shall be cancelled and shall be null
32 and void as of the first day on or after the commencement of a policy
33 period where the liability for payment pursuant to this subdivision has
34 not been met.

35 (d) Each provider of excess insurance coverage or equivalent excess
36 coverage shall notify the superintendent of insurance and the commis-
37 sioner of health or their designee of each physician and dentist eligi-
38 ble for purchase of a policy for excess insurance coverage or equivalent
39 excess coverage covering the period July 1, 1992 to June 30, 1993, or
40 covering the period July 1, 1993 to June 30, 1994, or covering the peri-
41 od July 1, 1994 to June 30, 1995, or covering the period July 1, 1995 to
42 June 30, 1996, or covering the period July 1, 1996 to June 30, 1997, or
43 covering the period July 1, 1997 to June 30, 1998, or covering the peri-
44 od July 1, 1998 to June 30, 1999, or covering the period July 1, 1999 to
45 June 30, 2000, or covering the period July 1, 2000 to June 30, 2001, or
46 covering the period July 1, 2001 to October 29, 2001, or covering the
47 period April 1, 2002 to June 30, 2002, or covering the period July 1,
48 2002 to June 30, 2003, or covering the period July 1, 2003 to June 30,
49 2004, or covering the period July 1, 2004 to June 30, 2005, or covering
50 the period July 1, 2005 to June 30, 2006, or covering the period July 1,
51 2006 to June 30, 2007, or covering the period July 1, 2007 to June 30,
52 2008, or covering the period July 1, 2008 to June 30, 2009, or covering
53 the period July 1, 2009 to June 30, 2010, or covering the period July 1,
54 2010 to June 30, 2011, or covering the period July 1, 2011 to June 30,
55 2012, or covering the period July 1, 2012 to June 30, 2013, or covering
56 the period July 1, 2013 to June 30, 2014, OR COVERING THE PERIOD JULY 1,

2014 TO JUNE 30, 2015 that has made payment to such provider of excess insurance coverage or equivalent excess coverage in accordance with paragraph (b) of this subdivision and of each physician and dentist who has failed, refused or neglected to make such payment.

(e) A provider of excess insurance coverage or equivalent excess coverage shall refund to the hospital excess liability pool any amount allocable to the period July 1, 1992 to June 30, 1993, and to the period July 1, 1993 to June 30, 1994, and to the period July 1, 1994 to June 30, 1995, and to the period July 1, 1995 to June 30, 1996, and to the period July 1, 1996 to June 30, 1997, and to the period July 1, 1997 to June 30, 1998, and to the period July 1, 1998 to June 30, 1999, and to the period July 1, 1999 to June 30, 2000, and to the period July 1, 2000 to June 30, 2001, and to the period July 1, 2001 to October 29, 2001, and to the period April 1, 2002 to June 30, 2002, and to the period July 1, 2002 to June 30, 2003, and to the period July 1, 2003 to June 30, 2004, and to the period July 1, 2004 to June 30, 2005, and to the period July 1, 2005 to June 30, 2006, and to the period July 1, 2006 to June 30, 2007, and to the period July 1, 2007 to June 30, 2008, and to the period July 1, 2008 to June 30, 2009, and to the period July 1, 2009 to June 30, 2010, and to the period July 1, 2010 to June 30, 2011, and to the period July 1, 2011 to June 30, 2012, and to the period July 1, 2012 to June 30, 2013, and to the period July 1, 2013 to June 30, 2014, AND TO THE PERIOD JULY 1, 2014 TO JUNE 30, 2015 received from the hospital excess liability pool for purchase of excess insurance coverage or equivalent excess coverage covering the period July 1, 1992 to June 30, 1993, and covering the period July 1, 1993 to June 30, 1994, and covering the period July 1, 1994 to June 30, 1995, and covering the period July 1, 1995 to June 30, 1996, and covering the period July 1, 1996 to June 30, 1997, and covering the period July 1, 1997 to June 30, 1998, and covering the period July 1, 1998 to June 30, 1999, and covering the period July 1, 1999 to June 30, 2000, and covering the period July 1, 2000 to June 30, 2001, and covering the period July 1, 2001 to October 29, 2001, and covering the period April 1, 2002 to June 30, 2002, and covering the period July 1, 2002 to June 30, 2003, and covering the period July 1, 2003 to June 30, 2004, and covering the period July 1, 2004 to June 30, 2005, and covering the period July 1, 2005 to June 30, 2006, and covering the period July 1, 2006 to June 30, 2007, and covering the period July 1, 2007 to June 30, 2008, and covering the period July 1, 2008 to June 30, 2009, and covering the period July 1, 2009 to June 30, 2010, and covering the period July 1, 2010 to June 30, 2011, and covering the period July 1, 2011 to June 30, 2012, and covering the period July 1, 2012 to June 30, 2013, and covering the period July 1, 2013 to June 30, 2014, AND COVERING THE PERIOD JULY 1, 2014 TO JUNE 30, 2015 for a physician or dentist where such excess insurance coverage or equivalent excess coverage is cancelled in accordance with paragraph (c) of this subdivision.

S 21. Section 40 of chapter 266 of the laws of 1986, amending the civil practice law and rules and other laws relating to malpractice and professional medical conduct, as amended by section 18 of part C of chapter 59 of the laws of 2011, is amended to read as follows:

S 40. The superintendent of insurance shall establish rates for policies providing coverage for physicians and surgeons medical malpractice for the periods commencing July 1, 1985 and ending June 30, [2014] 2015; provided, however, that notwithstanding any other provision of law, the superintendent shall not establish or approve any increase in rates for the period commencing July 1, 2009 and ending June 30, 2010. The super-

1 intendent shall direct insurers to establish segregated accounts for
2 premiums, payments, reserves and investment income attributable to such
3 premium periods and shall require periodic reports by the insurers
4 regarding claims and expenses attributable to such periods to monitor
5 whether such accounts will be sufficient to meet incurred claims and
6 expenses. On or after July 1, 1989, the superintendent shall impose a
7 surcharge on premiums to satisfy a projected deficiency that is attrib-
8 utable to the premium levels established pursuant to this section for
9 such periods; provided, however, that such annual surcharge shall not
10 exceed eight percent of the established rate until July 1, [2014] 2015,
11 at which time and thereafter such surcharge shall not exceed twenty-five
12 percent of the approved adequate rate, and that such annual surcharges
13 shall continue for such period of time as shall be sufficient to satisfy
14 such deficiency. The superintendent shall not impose such surcharge
15 during the period commencing July 1, 2009 and ending June 30, 2010. On
16 and after July 1, 1989, the surcharge prescribed by this section shall
17 be retained by insurers to the extent that they insured physicians and
18 surgeons during the July 1, 1985 through June 30, [2014] 2015 policy
19 periods; in the event and to the extent physicians and surgeons were
20 insured by another insurer during such periods, all or a pro rata share
21 of the surcharge, as the case may be, shall be remitted to such other
22 insurer in accordance with rules and regulations to be promulgated by
23 the superintendent. Surcharges collected from physicians and surgeons
24 who were not insured during such policy periods shall be apportioned
25 among all insurers in proportion to the premium written by each insurer
26 during such policy periods; if a physician or surgeon was insured by an
27 insurer subject to rates established by the superintendent during such
28 policy periods, and at any time thereafter a hospital, health mainte-
29 nance organization, employer or institution is responsible for respond-
30 ing in damages for liability arising out of such physician's or
31 surgeon's practice of medicine, such responsible entity shall also remit
32 to such prior insurer the equivalent amount that would then be collected
33 as a surcharge if the physician or surgeon had continued to remain
34 insured by such prior insurer. In the event any insurer that provided
35 coverage during such policy periods is in liquidation, the
36 property/casualty insurance security fund shall receive the portion of
37 surcharges to which the insurer in liquidation would have been entitled.
38 The surcharges authorized herein shall be deemed to be income earned for
39 the purposes of section 2303 of the insurance law. The superintendent,
40 in establishing adequate rates and in determining any projected defi-
41 ciency pursuant to the requirements of this section and the insurance
42 law, shall give substantial weight, determined in his discretion and
43 judgment, to the prospective anticipated effect of any regulations
44 promulgated and laws enacted and the public benefit of stabilizing
45 malpractice rates and minimizing rate level fluctuation during the peri-
46 od of time necessary for the development of more reliable statistical
47 experience as to the efficacy of such laws and regulations affecting
48 medical, dental or podiatric malpractice enacted or promulgated in 1985,
49 1986, by this act and at any other time. Notwithstanding any provision
50 of the insurance law, rates already established and to be established by
51 the superintendent pursuant to this section are deemed adequate if such
52 rates would be adequate when taken together with the maximum authorized
53 annual surcharges to be imposed for a reasonable period of time whether
54 or not any such annual surcharge has been actually imposed as of the
55 establishment of such rates.

1 S 22. Section 5 and subdivisions (a) and (e) of section 6 of part J of
2 chapter 63 of the laws of 2001, amending chapter 20 of the laws of 2001
3 amending the military law and other laws relating to making appropri-
4 ations for the support of government, as amended by section 20 of part C
5 of chapter 59 of the laws of 2011, are amended to read as follows:

6 S 5. The superintendent of insurance and the commissioner of health
7 shall determine, no later than June 15, 2002, June 15, 2003, June 15,
8 2004, June 15, 2005, June 15, 2006, June 15, 2007, June 15, 2008, June
9 15, 2009, June 15, 2010, June 15, 2011, June 15, 2012, June 15, 2013,
10 [and] June 15, 2014, AND JUNE 15, 2015 the amount of funds available in
11 the hospital excess liability pool, created pursuant to section 18 of
12 chapter 266 of the laws of 1986, and whether such funds are sufficient
13 for purposes of purchasing excess insurance coverage for eligible
14 participating physicians and dentists during the period July 1, 2001 to
15 June 30, 2002, or July 1, 2002 to June 30, 2003, or July 1, 2003 to June
16 30, 2004, or July 1, 2004 to June 30, 2005, or July 1, 2005 to June 30,
17 2006, or July 1, 2006 to June 30, 2007, or July 1, 2007 to June 30,
18 2008, or July 1, 2008 to June 30, 2009, or July 1, 2009 to June 30,
19 2010, or July 1, 2010 to June 30, 2011, or July 1, 2011 to June 30,
20 2012, or July 1, 2012 to June 30, 2013, or July 1, 2013 to June 30,
21 2014, OR JULY 1, 2014 TO JUNE 30, 2015, as applicable.

22 (a) This section shall be effective only upon a determination, pursu-
23 ant to section five of this act, by the superintendent of insurance and
24 the commissioner of health, and a certification of such determination to
25 the state director of the budget, the chair of the senate committee on
26 finance and the chair of the assembly committee on ways and means, that
27 the amount of funds in the hospital excess liability pool, created
28 pursuant to section 18 of chapter 266 of the laws of 1986, is insuffi-
29 cient for purposes of purchasing excess insurance coverage for eligible
30 participating physicians and dentists during the period July 1, 2001 to
31 June 30, 2002, or July 1, 2002 to June 30, 2003, or July 1, 2003 to June
32 30, 2004, or July 1, 2004 to June 30, 2005, or July 1, 2005 to June 30,
33 2006, or July 1, 2006 to June 30, 2007, or July 1, 2007 to June 30,
34 2008, or July 1, 2008 to June 30, 2009, or July 1, 2009 to June 30,
35 2010, or July 1, 2010 to June 30, 2011, or July 1, 2011 to June 30,
36 2012, or July 1, 2012 to June 30, 2013, or July 1, 2013 to June 30,
37 2014, OR JULY 1, 2014 TO JUNE 30, 2015, as applicable.

38 (e) The commissioner of health shall transfer for deposit to the
39 hospital excess liability pool created pursuant to section 18 of chapter
40 266 of the laws of 1986 such amounts as directed by the superintendent
41 of insurance for the purchase of excess liability insurance coverage for
42 eligible participating physicians and dentists for the policy year July
43 1, 2001 to June 30, 2002, or July 1, 2002 to June 30, 2003, or July 1,
44 2003 to June 30, 2004, or July 1, 2004 to June 30, 2005, or July 1, 2005
45 to June 30, 2006, or July 1, 2006 to June 30, 2007, as applicable, and
46 the cost of administering the hospital excess liability pool for such
47 applicable policy year, pursuant to the program established in chapter
48 266 of the laws of 1986, as amended, no later than June 15, 2002, June
49 15, 2003, June 15, 2004, June 15, 2005, June 15, 2006, June 15, 2007,
50 June 15, 2008, June 15, 2009, June 15, 2010, June 15, 2011, June 15,
51 2012, June 15, 2013, [and] June 15, 2014, AND JUNE 15, 2015, as applica-
52 ble.

53 S 23. Notwithstanding any law, rule or regulation to the contrary,
54 only physicians or dentists who were eligible, and for whom the super-
55 intendent of financial services and the commissioner of health, or their
56 designee, purchased, with funds available in the hospital excess liabil-

1 ity pool, a full or partial policy for excess coverage or equivalent
2 excess coverage for the coverage period ending the thirtieth of June,
3 two thousand fourteen, shall be eligible to apply for such coverage for
4 the coverage period beginning the first of July, two thousand fourteen;
5 provided, however, if the total number of physicians or dentists for
6 whom such excess coverage or equivalent excess coverage was purchased
7 for the policy year ending the thirtieth of June, two thousand fourteen
8 exceeds the total number of physicians or dentists certified as eligible
9 for the coverage period beginning the first of July, two thousand four-
10 teen, then the general hospitals may certify additional eligible physi-
11 cians or dentists in a number equal to such general hospital's propor-
12 tional share of the total number of physicians or dentists for whom
13 excess coverage or equivalent excess coverage was purchased with funds
14 available in the hospital excess liability pool as of the thirtieth of
15 June, two thousand fourteen, as applied to the difference between the
16 number of eligible physicians or dentists for whom a policy for excess
17 coverage or equivalent excess coverage was purchased for the coverage
18 period ending the thirtieth of June, two thousand fourteen and the
19 number of such eligible physicians or dentists who have applied for
20 excess coverage or equivalent excess coverage for the coverage period
21 beginning the first of July, two thousand fourteen.

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

28 S 25. Notwithstanding any inconsistent provision of law, rule or regu-
29 lation, the effectiveness of the provisions of sections 2807 and 3614 of
30 the public health law, section 18 of chapter 2 of the laws of 1988, and
31 18 NYCRR 505.14(h), as they relate to time frames for notice, approval
32 or certification of rates of payment, are hereby suspended and without
33 force or effect for purposes of implementing the provisions of this act.

34 S 26. Severability clause. If any clause, sentence, paragraph, subdivi-
35 sion, section or part of this act shall be adjudged by any court of
36 competent jurisdiction to be invalid, such judgment shall not affect,
37 impair or invalidate the remainder thereof, but shall be confined in its
38 operation to the clause, sentence, paragraph, subdivision, section or
39 part thereof directly involved in the controversy in which such judgment
40 shall have been rendered. It is hereby declared to be the intent of the
41 legislature that this act would have been enacted even if such invalid
42 provisions had not been included herein.

43 S 27. This act shall take effect immediately and shall be deemed to
44 have been in full force and effect on and after April 1, 2014, provided
45 that:

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

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

53 (c) the commissioner of health and the superintendent of financial
54 services and any appropriate council may take any steps necessary to
55 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 financial services 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 financial services or any council to adopt or amend or promulgate regulations implementing this act;

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

(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; and

(h) the amendments to subdivision 6 of section 2807-t of the public health law made by section fifteen of this act shall not affect the expiration of such section and shall be deemed to expire therewith.

PART C

Section 1. Subdivision 25 of section 364-j of the social services law, as added by section 55 of part D of chapter 56 of the laws of 2012, is amended to read as follows:

25. Effective January first, two thousand thirteen, notwithstanding any provision of law to the contrary, managed care providers shall cover medically necessary prescription drugs in the atypical antipsychotic therapeutic class, including non-formulary drugs, upon demonstration by the prescriber, after consulting with the managed care provider, that such drugs, in the prescriber's reasonable professional judgment, are medically necessary and warranted, EXCEPT THAT THIS SUBDIVISION SHALL NOT APPLY TO ANY BRAND NAME DRUG FOR WHICH A MULTI-SOURCE THERAPEUTICALLY AND GENERICALLY EQUIVALENT DRUG, AS DETERMINED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION, IS AVAILABLE.

S 2. Subdivision 25-a of section 364-j of the social services law, as added by section 13 of part A of chapter 56 of the laws of 2013, is amended to read as follows:

25-a. Effective July first, two thousand thirteen, notwithstanding any provision of law to the contrary, managed care providers shall cover medically necessary prescription drugs in the anti-depressant, anti-retroviral, anti-rejection, seizure, epilepsy, endocrine, hematologic and immunologic therapeutic classes, including non-formulary drugs, upon demonstration by the prescriber, after consulting with the managed care provider, that such drugs, in the prescriber's reasonable professional judgment, are medically necessary and warranted, EXCEPT THAT THIS SUBDIVISION SHALL NOT APPLY TO ANY BRAND NAME DRUG FOR WHICH A MULTI-SOURCE THERAPEUTICALLY AND GENERICALLY EQUIVALENT DRUG, AS DETERMINED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION, IS AVAILABLE.

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

1 (b) In the event that the patient does not meet the criteria in para-
2 graph (a) of this subdivision, the prescriber may provide additional
3 information to the program to justify the use of a prescription drug
4 that is not on the preferred drug list. The program shall provide a
5 reasonable opportunity for a prescriber to reasonably present his or her
6 justification of prior authorization. If, after consultation with the
7 program, the prescriber, in his or her reasonable professional judgment,
8 determines that the use of a prescription drug that is not on the
9 preferred drug list is warranted, the prescriber's determination shall
10 be final EXCEPT THAT, WITH RESPECT TO ANY BRAND NAME DRUG FOR WHICH A
11 MULTI-SOURCE THERAPEUTICALLY AND GENERICALLY EQUIVALENT DRUG, AS DETER-
12 MINED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION, IS AVAILABLE, THE
13 PROGRAM WILL CONSIDER THE ADDITIONAL INFORMATION AND THE JUSTIFICATION
14 PRESENTED TO DETERMINE WHETHER THE USE OF SUCH BRAND NAME DRUG THAT IS
15 NOT ON THE PREFERRED DRUG LIST IS WARRANTED.

16 S 4. Section 274 of the public health law is amended by adding a new
17 subdivision 15 to read as follows:

18 15. NOTWITHSTANDING ANY INCONSISTENT PROVISION OF THIS SECTION, THE
19 COMMISSIONER MAY REQUIRE PRIOR AUTHORIZATION FOR ANY DRUG AFTER EVALUAT-
20 ING THE FACTORS SET FORTH IN SUBDIVISION THREE OF THIS SECTION AND PRIOR
21 TO OBTAINING THE BOARD'S EVALUATION AND RECOMMENDATION REQUIRED BY
22 SUBDIVISION FOUR OF THIS SECTION. THE BOARD MAY RECOMMEND TO THE COMMIS-
23 SIONER, PURSUANT TO SUBDIVISION SIX OF THIS SECTION, THAT ANY SUCH PRIOR
24 AUTHORIZATION REQUIREMENT BE MODIFIED, CONTINUED OR REMOVED.

25 S 5. Paragraph (g-1) of subdivision 2 of section 365-a of the social
26 services law, as amended by section 23 of part H of chapter 59 of the
27 laws of 2011, is amended to read as follows:

28 (g-1) drugs provided on an in-patient basis, those drugs contained on
29 the list established by regulation of the commissioner of health pursu-
30 ant to subdivision four of this section, and those drugs which may not
31 be dispensed without a prescription as required by section sixty-eight
32 hundred ten of the education law and which the commissioner of health
33 shall determine to be reimbursable based upon such factors as the avail-
34 ability of such drugs or alternatives at low cost if purchased by a
35 medicaid recipient, or the essential nature of such drugs as described
36 by such commissioner in regulations, provided, however, that such drugs,
37 exclusive of long-term maintenance drugs, shall be dispensed in quanti-
38 ties no greater than a thirty day supply or one hundred doses, whichever
39 is greater; provided further that the commissioner of health is author-
40 ized to require prior authorization for any refill of a prescription
41 when [less than seventy-five percent of the previously dispensed amount
42 per fill should have been used] MORE THAN A SIX DAY SUPPLY OF THE PREVI-
43 OUSLY DISPENSED AMOUNT SHOULD REMAIN were the product used as normally
44 indicated; provided further that the commissioner of health is author-
45 ized to require prior authorization of prescriptions of opioid analges-
46 ics in excess of four prescriptions in a thirty-day period in accordance
47 with section two hundred seventy-three of the public health law; medical
48 assistance shall not include any drug provided on other than an in-pa-
49 tient basis for which a recipient is charged or a claim is made in the
50 case of a prescription drug, in excess of the maximum reimbursable
51 amounts to be established by department regulations in accordance with
52 standards established by the secretary of the United States department
53 of health and human services, or, in the case of a drug not requiring a
54 prescription, in excess of the maximum reimbursable amount established
55 by the commissioner of health pursuant to paragraph (a) of subdivision
56 four of this section;

1 S 6. Paragraph (i) of subdivision 9 of section 367-a of the social
2 services law is REPEALED.

3 S 7. Subdivision 11 of section 272 of the public health law is amended
4 by adding a new paragraph (a-1) to read as follows:

5 (A-1) THE COMMISSIONER MAY REQUIRE A PHARMACEUTICAL MANUFACTURER TO
6 PROVIDE A MINIMUM SUPPLEMENTAL REBATE FOR DRUGS THAT ARE ELIGIBLE FOR
7 STATE PUBLIC HEALTH PLAN REIMBURSEMENT, INCLUDING SUCH DRUGS AS SET
8 FORTH IN PARAGRAPH (G-1) OF SUBDIVISION TWO OF SECTION THREE HUNDRED
9 SIXTY-FIVE-A OF THE SOCIAL SERVICES LAW. IF SUCH A MINIMUM SUPPLEMENTAL
10 REBATE IS NOT PROVIDED BY THE MANUFACTURER, PRIOR AUTHORIZATION MAY BE
11 REQUIRED BY THE COMMISSIONER.

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

14 (A-3) DRUGS THAT MAY NOT BE DISPENSED WITHOUT A PRESCRIPTION THAT ARE
15 PRESCRIBED FOR ANY INDICATION OTHER THAN A MEDICALLY ACCEPTED INDIC-
16 CATION, AS DEFINED BY FEDERAL LAW. THE COMMISSIONER OF HEALTH, A MANAGED
17 CARE PROVIDER OPERATING PURSUANT TO SECTION THREE HUNDRED SIXTY-FOUR-J
18 OF THIS TITLE, OR BOTH, MAY REQUIRE PRIOR AUTHORIZATION FOR ANY COVERED
19 OUTPATIENT DRUG TO DETERMINE WHETHER SUCH DRUG HAS BEEN PRESCRIBED FOR A
20 MEDICALLY ACCEPTED INDICATION AS DEFINED BY FEDERAL LAW, AND MAY DENY
21 PRIOR AUTHORIZATION IF, AFTER GIVING THE PRESCRIBER A REASONABLE OPPOR-
22 TUNITY TO PRESENT A JUSTIFICATION, IT IS DETERMINED THAT THE DRUG HAS
23 BEEN PRESCRIBED FOR OTHER THAN A MEDICALLY ACCEPTED INDICATION, AS
24 DEFINED BY FEDERAL LAW;

25 S 9. Subparagraph (iii) of paragraph (c) of subdivision 6 of section
26 367-a of the social services law, as amended by section 47 of part C of
27 chapter 58 of the laws of 2009, is amended to read as follows:

28 (iii) Notwithstanding any other provision of this paragraph, co-
29 payments charged for each generic prescription drug dispensed shall be
30 one dollar and for each brand name prescription drug dispensed shall be
31 three dollars; provided, however, that the co-payments charged for each
32 brand name prescription drug on the preferred drug list established
33 pursuant to section two hundred seventy-two of the public health law OR,
34 FOR MANAGED CARE PROVIDERS OPERATING PURSUANT TO SECTION THREE HUNDRED
35 SIXTY-FOUR-J OF THIS TITLE, FOR EACH BRAND NAME PRESCRIPTION DRUG ON A
36 MANAGED CARE PROVIDER'S FORMULARY THAT SUCH PROVIDER HAS DESIGNATED AS A
37 PREFERRED DRUG, and the co-payments charged for each brand name
38 prescription drug reimbursed pursuant to subparagraph (ii) of paragraph
39 (a-1) of subdivision four of section three hundred sixty-five-a of this
40 title shall be one dollar.

41 S 10. Notwithstanding any inconsistent provision of law to the contra-
42 ry, funds shall be made available to the commissioner of the office of
43 mental health or the commissioner of the office of alcoholism and
44 substance abuse services, in consultation with the commissioner of
45 health and approved by the director of the budget, and consistent with
46 appropriations made therefor, to implement allocation plans developed by
47 such commissioners which shall describe mental health or substance use
48 disorder services that are designed to meet service needs resulting from
49 the reduction of inpatient behavioral health services provided under the
50 Medicaid program by programs licensed pursuant to article 31 or 32 of
51 the mental hygiene law. Such programs may include programs that are
52 licensed pursuant to both article 31 of the mental hygiene law and arti-
53 cle 28 of the public health law, or certified under both article 32 of
54 the mental hygiene law and article 28 of the public health law.

55 S 11. Section 365-m of the social services law is amended by adding a
56 new subdivision 5 to read as follows:

1 5. THE DEPARTMENT OF HEALTH IS AUTHORIZED TO REINVEST FUNDS ALLOCATED
2 FOR BEHAVIORAL HEALTH SERVICES, WHICH ARE GENERAL FUND SAVINGS DIRECTLY
3 RELATED TO SAVINGS REALIZED THROUGH THE TRANSITION OF POPULATIONS
4 COVERED BY THIS SECTION FROM THE APPLICABLE MEDICAID FEE-FOR-SERVICE
5 SYSTEM TO A MANAGED CARE MODEL, FOR THE PURPOSE OF INCREASING INVESTMENT
6 IN COMMUNITY BASED BEHAVIORAL HEALTH SERVICES, INCLUDING RESIDENTIAL
7 SERVICES CERTIFIED BY THE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE
8 SERVICES. SUCH PROGRAM SHALL BE KNOWN AS THE "COMMUNITY BASED BEHAV-
9 IORAL HEALTH SERVICES REINVESTMENT PROGRAM". THE AMOUNT OF COMMUNITY
10 BASED BEHAVIORAL HEALTH SERVICES REINVESTMENT FUNDS FOR THE DEPARTMENT
11 SHALL BE SUBJECT TO ANNUAL APPROPRIATION. THE METHODOLOGIES USED TO
12 CALCULATE THE SAVINGS SHALL BE DEVELOPED BY THE COMMISSIONER OF HEALTH
13 AND THE DIRECTOR OF THE BUDGET IN CONSULTATION WITH THE COMMISSIONERS OF
14 THE OFFICE OF MENTAL HEALTH AND THE OFFICE OF ALCOHOLISM AND SUBSTANCE
15 ABUSE SERVICES. IN NO EVENT SHALL THE FULL ANNUAL VALUE OF THE COMMUNITY
16 BASED BEHAVIORAL HEALTH SERVICES REINVESTMENT PROGRAM SAVINGS ATTRIBUT-
17 ABLE TO THE TRANSITION TO MANAGED CARE EXCEED THE TWELVE MONTH VALUE OF
18 THE DEPARTMENT OF HEALTH GENERAL FUND REDUCTIONS RESULTING FROM SUCH
19 TRANSITION. WITHIN ANY FISCAL YEAR WHERE APPROPRIATION INCREASES ARE
20 RECOMMENDED FOR THE COMMUNITY BASED BEHAVIORAL HEALTH SERVICES REINVEST-
21 MENT PROGRAM, INSOFAR AS MANAGED CARE TRANSITION SAVINGS DO NOT OCCUR AS
22 ESTIMATED, AND GENERAL FUND SAVINGS DO NOT RESULT, THEN SPENDING FOR THE
23 COMMUNITY BASED BEHAVIORAL HEALTH SERVICES REINVESTMENT PROGRAM MAY BE
24 REDUCED IN THE NEXT YEAR'S ANNUAL BUDGET ITEMIZATION. THE COMMISSIONER
25 OF HEALTH SHALL PROMULGATE REGULATIONS, AND MAY PROMULGATE EMERGENCY
26 REGULATIONS TO EFFECTUATE THIS SUBDIVISION.

27 S 12. Notwithstanding any law, rule, or regulation to the contrary,
28 the commissioner of the department of health, in consultation with the
29 commissioner of the office of mental health, is authorized to establish
30 an evidenced-based, collaborative care clinical delivery model in clin-
31 ics licensed under article 28 of the public health law, for the purpose
32 of improving the detection of depression and other diagnosed mental or
33 substance use disorders and the treatment of individuals with such
34 conditions in an integrated manner. Such commissioners shall be author-
35 ized to develop criteria for the designation of clinics to be providers
36 of collaborative care services. At a minimum, such designated clinics
37 shall provide screening for depression, medical diagnosis of patients
38 who screen positive, evidence-based depression care, ongoing tracking of
39 patient progress, care management, and a designated psychiatric practi-
40 tioner who consults with the care manager and primary care physician.
41 The rates of payment and billing rules for this service will be devel-
42 oped by the commissioner of the department of health, in consultation
43 with the commissioner of the office of mental health, and with the
44 approval of the director of the budget. Such commissioners are author-
45 ized to waive any regulatory requirements as may be necessary to allow
46 this service to function in a rational, effective and efficient manner.

47 S 12-a. Paragraph (c) of subdivision 2 of section 365-a of the social
48 services law, as amended by section 24 of Part A of chapter 56 of the
49 laws of 2013, is amended to read as follows:

50 (c) out-patient hospital or clinic services in facilities operated in
51 compliance with applicable provisions of this chapter, the public health
52 law, the mental hygiene law and other laws, including any provisions
53 thereof requiring an operating certificate or license, including facili-
54 ties authorized by the appropriate licensing authority to provide inte-
55 grated mental health services, and/or alcoholism and substance abuse
56 services, and/or physical health services, and/or services to persons

1 with developmental disabilities, when such services are provided at a
2 single location or service site, or where such facilities are not
3 conveniently accessible, in any hospital located without the state and
4 care and services in a day treatment program operated by the department
5 of mental hygiene or by a voluntary agency under an agreement with such
6 department in that part of a public institution operated and approved
7 pursuant to law as an intermediate care facility for persons with devel-
8 opmental disabilities; AND PROVIDED, THAT THE COMMISSIONERS OF HEALTH,
9 MENTAL HEALTH, ALCOHOLISM AND SUBSTANCE ABUSE SERVICES AND THE OFFICE
10 FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES SHALL HAVE THE AUTHORITY TO
11 ISSUE REGULATIONS, INCLUDING EMERGENCY REGULATIONS, TO EFFECTUATE THE
12 PROVISIONS OF THIS PARAGRAPH;

13 S 13. Section 48-a of part A of chapter 56 of the laws of 2013 amend-
14 ing chapter 59 of the laws of 2011 amending the public health law and
15 other laws relating to general hospital reimbursement for annual rates
16 relating to the cap on local Medicaid expenditures, is amended to read
17 as follows:

18 S 48-a. Notwithstanding any contrary provision of law, the [commis-
19 sioner] COMMISSIONERS OF THE OFFICE of alcoholism and substance abuse
20 services [is] AND OFFICE OF MENTAL HEALTH ARE authorized, subject to the
21 approval of the director of the budget, to transfer to the commissioner
22 of health state funds to be utilized as the state share for the purpose
23 of increasing payments under the medicaid program to managed care organ-
24 izations licensed under article 44 of the public health law or under
25 article 43 of the insurance law. Such managed care organizations shall
26 utilize such funds for the purpose of reimbursing [hospital-based and
27 free-standing chemical dependence outpatient and opioid treatment clin-
28 ics] PROVIDERS licensed pursuant to article 28 of the public health law
29 or article 31 OR 32 of the mental hygiene law for [chemical dependency]
30 AMBULATORY BEHAVIORAL HEALTH services, as determined by the commissioner
31 of health, in consultation with the commissioner of alcoholism and
32 substance abuse services AND THE COMMISSIONER OF THE OFFICE OF MENTAL
33 HEALTH, provided to medicaid eligible outpatients. Such reimbursement
34 shall be in the form of fees for such services which are equivalent to
35 the payments established for such services under the ambulatory patient
36 group (APG) rate-setting methodology as utilized by the department of
37 health [or by], the office of alcoholism and substance abuse services,
38 OR THE OFFICE OF MENTAL HEALTH for rate-setting purposes; provided,
39 however, that the increase to such fees that shall result from the
40 provisions of this section shall not, in the aggregate and as determined
41 by the commissioner of health, in consultation with the commissioner of
42 alcoholism and substance abuse services AND THE COMMISSIONER OF THE
43 OFFICE OF MENTAL HEALTH, be greater than the increased funds made avail-
44 able pursuant to this section. THE INCREASE OF SUCH AMBULATORY BEHAV-
45 IORAL HEALTH FEES TO PROVIDERS AVAILABLE UNDER THIS SECTION SHALL BE FOR
46 ALL RATE PERIODS ON AND AFTER THE EFFECTIVE DATE OF THE AMENDMENTS MADE
47 TO THIS SECTION BY THIS CHAPTER OF THE LAWS OF 2014 THROUGH DECEMBER 31,
48 2016 FOR PATIENTS IN THE CITY OF NEW YORK, FOR ALL RATE PERIODS ON AND
49 AFTER THE EFFECTIVE DATE OF THE AMENDMENTS MADE TO THIS SECTION BY THIS
50 CHAPTER OF THE LAWS OF 2014 THROUGH JUNE 30, 2017 FOR PATIENTS OUTSIDE
51 THE CITY OF NEW YORK, AND FOR ALL RATE PERIODS ON AND AFTER THE EFFEC-
52 TIVE DATE OF THE AMENDMENTS MADE TO THIS SECTION BY THIS CHAPTER OF THE
53 LAWS OF 2014 THROUGH DECEMBER 31, 2017 FOR ALL SERVICES PROVIDED TO
54 PERSONS UNDER THE AGE OF TWENTY-ONE; PROVIDED, HOWEVER, THAT MANAGED
55 CARE ORGANIZATIONS AND PROVIDERS MAY NEGOTIATE DIFFERENT RATES AND METH-
56 ODS OF PAYMENT DURING SUCH PERIODS DESCRIBED ABOVE, SUBJECT TO THE

1 APPROVAL OF THE DEPARTMENT OF HEALTH. THE DEPARTMENT OF HEALTH SHALL
2 CONSULT WITH THE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES AND
3 THE OFFICE OF MENTAL HEALTH IN DETERMINING WHETHER SUCH ALTERNATIVE
4 RATES SHALL BE APPROVED. The commissioner of health may, in consultation
5 with the commissioner of alcoholism and substance abuse services AND THE
6 COMMISSIONER OF THE OFFICE OF MENTAL HEALTH, promulgate regulations,
7 including emergency regulations, as are necessary to implement the
8 provisions of this section.

9 S 14. Subdivision 8 of section 84 of part A of chapter 56 of the laws
10 of 2013, amending chapter 59 of the laws of 2011 amending the public
11 health law and other laws relating to general hospital reimbursement for
12 annual rates relating to the cap on local Medicaid expenditures, is
13 amended to read as follows:

14 8. section forty-eight-a of this act shall expire and be deemed
15 repealed [March 31, 2016] JANUARY 1, 2018;

16 S 15. Section 1 of part H of chapter 111 of the laws of 2010 relating
17 to increasing Medicaid payments to providers through managed care organ-
18 izations and providing equivalent fees through an ambulatory patient
19 group methodology, is amended to read as follows:

20 Section 1. Notwithstanding any contrary provision of law, the
21 [commissioner] COMMISSIONERS of mental health [is] AND ALCOHOLISM AND
22 SUBSTANCE ABUSE SERVICES ARE authorized, subject to the approval of the
23 director of the budget, to transfer to the commissioner of health state
24 funds to be utilized as the state share for the purpose of increasing
25 payments under the medicaid program to managed care organizations
26 licensed under article 44 of the public health law or under article 43
27 of the insurance law. Such managed care organizations shall utilize such
28 funds for the purpose of reimbursing [hospital-based and free-standing
29 clinics] PROVIDERS licensed pursuant to article 28 of the public health
30 law, OR pursuant to article 31 OR ARTICLE 32 of the mental hygiene law
31 [or pursuant to both such provisions of law for outpatient mental health
32 services] FOR AMBULATORY BEHAVIORAL HEALTH SERVICES, as determined by
33 the commissioner of health in consultation with the commissioner of
34 mental health AND COMMISSIONER OF ALCOHOLISM AND SUBSTANCE ABUSE
35 SERVICES, provided to medicaid eligible outpatients. Such reimbursement
36 shall be in the form of fees for such services which are equivalent to
37 the payments established for such services under the ambulatory patient
38 group (APG) rate-setting methodology as utilized by the department of
39 health or by the office of mental health OR OFFICE OF ALCOHOLISM AND
40 SUBSTANCE ABUSE SERVICES for rate-setting purposes; provided, however,
41 that the increase to such fees that shall result from the provisions of
42 this section shall not, in the aggregate and as determined by the
43 commissioner of health in consultation with the [commissioner] COMMIS-
44 SIONERS of mental health AND ALCOHOLISM AND SUBSTANCE ABUSE SERVICES, be
45 greater than the increased funds made available pursuant to this
46 section. THE INCREASE OF SUCH BEHAVIORAL HEALTH FEES TO PROVIDERS
47 AVAILABLE UNDER THIS SECTION SHALL BE FOR ALL RATE PERIODS ON AND AFTER
48 THE EFFECTIVE DATE OF THIS SECTION THROUGH DECEMBER THIRTY-FIRST, TWO
49 THOUSAND SIXTEEN FOR PATIENTS IN THE CITY OF NEW YORK, FOR ALL RATE
50 PERIODS ON AND AFTER THE EFFECTIVE DATE OF THIS SECTION THROUGH JUNE
51 THIRTIETH, TWO THOUSAND SEVENTEEN FOR PATIENTS OUTSIDE THE CITY OF NEW
52 YORK, AND FOR ALL RATE PERIODS ON AND AFTER THE EFFECTIVE DATE OF THIS
53 SECTION THROUGH DECEMBER THIRTY-FIRST, TWO THOUSAND SEVENTEEN FOR ALL
54 SERVICES PROVIDED TO PERSONS UNDER THE AGE OF TWENTY-ONE; PROVIDED,
55 HOWEVER, THAT MANAGED CARE ORGANIZATIONS AND PROVIDERS MAY NEGOTIATE
56 DIFFERENT RATES AND METHODS OF PAYMENT DURING SUCH PERIODS DESCRIBED,

1 SUBJECT TO THE APPROVAL OF THE DEPARTMENT OF HEALTH. THE DEPARTMENT OF
2 HEALTH SHALL CONSULT WITH THE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE
3 SERVICES AND THE OFFICE OF MENTAL HEALTH IN DETERMINING WHETHER SUCH
4 ALTERNATIVE RATES SHALL BE APPROVED. The commissioner of health may, in
5 consultation with the [commissioner] COMMISSIONERS of mental health AND
6 ALCOHOLISM AND SUBSTANCE ABUSE SERVICES, promulgate regulations, includ-
7 ing emergency regulations, as are necessary to implement the provisions
8 of this section.

9 S 16. Section 2 of part H of chapter 111 of the laws of 2010, relating
10 to increasing Medicaid payments to providers through managed care organ-
11 izations and providing equivalent fees through an ambulatory patient
12 group methodology, as amended by section 49 of part A of chapter 56 of
13 the laws of 2013, is amended to read as follows:

14 S 2. This act shall take effect immediately and shall be deemed to
15 have been in full force and effect on and after April 1, 2010, and shall
16 expire on [March 31, 2016] JANUARY 1, 2018.

17 S 17. Notwithstanding sections 112 and 163 of the state finance law
18 and any other inconsistent provision of law and subject to the avail-
19 ability of federal financial participation, the commissioner of health
20 is authorized, within amounts appropriated, to distribute funds to local
21 governmental units, as defined in section 41.03 of the mental hygiene
22 law, to Medicaid managed care plans certified by the department of
23 health, health homes designated by such department, and individual
24 behavioral health providers and consortiums of such providers licensed
25 or certified by the office of mental health or the office of alcoholism
26 and substance abuse services to prepare for the transition of adult and
27 children's behavioral health providers and services into managed care.
28 The use of such funds may include, but not be limited to, infrastructure
29 and organizational modifications and investments in health information
30 technology and training and technical assistance. Such funds shall be
31 distributed pursuant to a plan to be developed by the commissioner of
32 health, in consultation with the commissioners of the office of mental
33 health and the office of alcoholism and substance abuse services. In
34 developing such plan, such commissioners may take into account the size
35 and scope of a grantee's operations as a factor relevant to eligibility
36 for, and the amount of, such funds. The commissioner of health is
37 authorized to audit recipients of funds under this section to ensure
38 compliance and to recoup any funds determined to have been used for
39 purposes other than as described herein or otherwise approved by such
40 commissioners.

41 S 18. Paragraph (a) of subdivision 3 of section 366 of the social
42 services law is REPEALED and a new paragraph (a) is added to read as
43 follows:

44 (A) MEDICAL ASSISTANCE SHALL BE FURNISHED WITHOUT CONSIDERATION OF THE
45 INCOME AND RESOURCES OF AN APPLICANT'S LEGALLY RESPONSIBLE RELATIVE IF
46 THE APPLICANT'S ELIGIBILITY WOULD NORMALLY BE DETERMINED BY COMPARING
47 THE AMOUNT OF AVAILABLE INCOME AND/OR RESOURCES OF THE APPLICANT,
48 INCLUDING AMOUNTS DEEMED AVAILABLE TO THE APPLICANT FROM LEGALLY RESPON-
49 SIBLE RELATIVES, TO AN APPLICABLE ELIGIBILITY STANDARD, AND:

50 (1) (I) THE LEGALLY RESPONSIBLE RELATIVE IS A COMMUNITY SPOUSE, AS
51 DEFINED IN SECTION THREE HUNDRED SIXTY-SIX-C OF THIS TITLE;

52 (II) SUCH RELATIVE IS REFUSING TO MAKE HIS OR HER INCOME AND/OR
53 RESOURCES AVAILABLE TO MEET THE COST OF NECESSARY MEDICAL CARE,
54 SERVICES, AND SUPPLIES; AND

55 (III) THE APPLICANT EXECUTES AN ASSIGNMENT OF SUPPORT FROM THE COMMU-
56 NITY SPOUSE IN FAVOR OF THE SOCIAL SERVICES DISTRICT AND THE DEPARTMENT,

1 UNLESS THE APPLICANT IS UNABLE TO EXECUTE SUCH ASSIGNMENT DUE TO PHYS-
2 ICAL OR MENTAL IMPAIRMENT OR TO DENY ASSISTANCE WOULD CREATE AN UNDUE
3 HARDSHIP, AS DEFINED BY THE COMMISSIONER; OR

4 (2) THE LEGALLY RESPONSIBLE RELATIVE IS ABSENT FROM THE APPLICANT'S
5 HOUSEHOLD, AND FAILS OR REFUSES TO MAKE HIS OR HER INCOME AND/OR
6 RESOURCES AVAILABLE TO MEET THE COST OF NECESSARY MEDICAL CARE,
7 SERVICES, AND SUPPLIES.

8 IN SUCH CASES, HOWEVER, THE FURNISHING OF SUCH ASSISTANCE SHALL CREATE
9 AN IMPLIED CONTRACT WITH SUCH RELATIVE, AND THE COST THEREOF MAY BE
10 RECOVERED FROM SUCH RELATIVE IN ACCORDANCE WITH TITLE SIX OF ARTICLE
11 THREE OF THIS CHAPTER AND OTHER APPLICABLE PROVISIONS OF LAW.

12 S 19. Paragraph (i) of subdivision 38 of section 2 of the social
13 services law, as added by section 63 of part H of chapter 59 of the laws
14 of 2011, is amended to read as follows:

15 (i) "Participating provider" means a certified home health agency,
16 long term home health agency or personal care provider with total medi-
17 caid reimbursements, INCLUDING REIMBURSEMENTS THROUGH THE MANAGED CARE
18 PROGRAM ESTABLISHED PURSUANT TO SECTION THREE HUNDRED SIXTY-FOUR-J OF
19 THIS CHAPTER, exceeding fifteen million dollars per calendar year.

20 S 20. The opening paragraph of section 363-e of the social services
21 law, as added by section 64 of part H of chapter 59 of the laws of 2011,
22 is amended to read as follows:

23 THE DEPARTMENT OF HEALTH AND THE OFFICE OF THE MEDICAID INSPECTOR
24 GENERAL SHALL JOINTLY DEVELOP REQUIREMENTS FOR PRECLAIM REVIEW. Every
25 service or item within a claim OR ENCOUNTER submitted by a participating
26 provider shall be reviewed and verified by a verification organization
27 prior to submission of a claim OR ENCOUNTER to the department of health
28 OR TO A MANAGED CARE PROVIDER AS DEFINED IN PARAGRAPH (B) OF SUBDIVISION
29 ONE OF SECTION THREE HUNDRED SIXTY-FOUR-J OF THIS TITLE. The verifica-
30 tion organization shall declare each service or item to be verified or
31 unverified. Each participating provider shall receive and maintain
32 reports from the verification organization which shall contain data on:

33 S 21. The opening paragraph of subdivision 1 of section 20-c of the
34 social services law, as added by section 151 of part B of chapter 436 of
35 the laws of 1997, is amended to read as follows:

36 (A) Except as otherwise specified in the appropriation for system
37 support and information services program in the office of temporary
38 disability assistance within the department of family assistance, OR AS
39 AUTHORIZED BY SUBDIVISION TWO OF SECTION TWENTY-TWO OF THIS ARTICLE, the
40 department shall not enter into any contract with a private entity under
41 which that entity would perform any of the public assistance and care
42 eligibility determination functions, duties or obligations of the
43 department as set forth in this chapter.

44 S 22. Subdivision 2 of section 22 of the social services law, as added
45 by chapter 473 of the laws of 1978, is amended to read as follows:

46 2. In connection with any appeal pursuant to this section, with or
47 without a fair hearing, the commissioner may designate and authorize one
48 or more appropriate members of his OR HER staff to consider and decide
49 such appeals. Any staff member so designated and authorized shall have
50 authority to decide such appeals on behalf of the commissioner with the
51 same force and effect as if the commissioner had made the decisions.
52 Fair hearings held in connection with such appeals shall be held on
53 behalf of the commissioner by [members of his staff] INDIVIDUALS who are
54 employed OR CONTRACTED for such purposes or who have been designated and
55 authorized by him OR HER therefor. The provisions of this subdivision
56 shall apply to fair hearings conducted pursuant to subdivision eight of

1 section four hundred twenty-two of this chapter, and to any hearing
2 required pursuant to this chapter concerning the denial, suspension or
3 revocation of any permit, certificate or license, and to any hearing
4 held pursuant to section four hundred fifty-five of this chapter.

5 S 23. Subdivision 2-c of section 2808 of the public health law is
6 amended by adding a new paragraph (e) to read as follows:

7 (E) WITH THE EXCEPTION OF THOSE ENROLLEES COVERED UNDER A PAYMENT RATE
8 METHODOLOGY AGREEMENT NEGOTIATED WITH A RESIDENTIAL HEALTH CARE FACILI-
9 TY, PAYMENTS FOR INPATIENT RESIDENTIAL HEALTH CARE FACILITY SERVICES
10 PROVIDED TO PATIENTS ELIGIBLE FOR MEDICAL ASSISTANCE PURSUANT TO TITLE
11 ELEVEN OF ARTICLE FIVE OF THE SOCIAL SERVICES LAW MADE BY ORGANIZATIONS
12 OPERATING IN ACCORDANCE WITH THE PROVISIONS OF ARTICLE FORTY-FOUR OF
13 THIS CHAPTER OR BY HEALTH MAINTENANCE ORGANIZATIONS ORGANIZED AND OPER-
14 ATING IN ACCORDANCE WITH ARTICLE FORTY-THREE OF THE INSURANCE LAW, SHALL
15 BE THE RATES OF PAYMENT THAT WOULD BE PAID FOR SUCH PATIENTS UNDER THE
16 MEDICAL ASSISTANCE PROGRAM AS DETERMINED PURSUANT TO THIS SUBDIVISION
17 AND AS IN EFFECT AT THE TIME SUCH SERVICES WERE PROVIDED. THE PROVISIONS
18 OF THIS PARAGRAPH SHALL NOT APPLY TO PAYMENTS FOR PATIENTS WHOSE PLACE-
19 MENT IN A RESIDENTIAL HEALTH CARE FACILITY IS FOR THE PURPOSE OF RECEIV-
20 ING TIME-LIMITED REHABILITATION SERVICES, TO BE FOLLOWED BY DISCHARGE
21 FROM THE FACILITY.

22 S 24. Subdivision 2-c of section 2808 of the public health law is
23 amended by adding a new paragraph (f) to read as follows:

24 (F) NOTWITHSTANDING ANY INCONSISTENT PROVISION OF THIS SECTION OR ANY
25 OTHER CONTRARY PROVISION OF LAW AND SUBJECT TO THE AVAILABILITY OF
26 FEDERAL FINANCIAL PARTICIPATION, ADJUSTMENTS TO MEDICAID RATES OF
27 PAYMENT BASED ON CHANGES TO A FACILITY'S CASE MIX INDEX SHALL NOT
28 REFLECT ANY CHANGE IN SUCH CASE MIX INDEX IN EXCESS OF TWO PERCENT FOR
29 ANY SIX MONTH PERIOD PRIOR TO PERIODS BEGINNING JANUARY FIRST, TWO THOU-
30 SAND SIXTEEN, OR SUCH EARLIER DATE AS THE COMMISSIONER MAY DETERMINE.

31 S 25. Section 3605 of the public health law is amended by adding a new
32 subdivision 14 to read as follows:

33 14. NOTWITHSTANDING ANY CONTRARY PROVISION OF LAW AND SUBJECT TO THE
34 AVAILABILITY OF FEDERAL FINANCIAL PARTICIPATION, FOR PERIODS ON AND
35 AFTER APRIL FIRST, TWO THOUSAND FOURTEEN, THE COMMISSIONER IS AUTHORIZED
36 TO MAKE TEMPORARY PERIODIC LUMP-SUM MEDICAID PAYMENTS TO LICENSED HOME
37 CARE SERVICE AGENCIES ("LHCSA") PRINCIPALLY ENGAGED IN PROVIDING HOME
38 HEALTH SERVICES TO MEDICAID PATIENTS, IN ACCORDANCE WITH THE FOLLOWING:

39 (A) ELIGIBLE LHCSA PROVIDERS SHALL INCLUDE:

40 (I) PROVIDERS UNDERGOING CLOSURE;

41 (II) PROVIDERS IMPACTED BY THE CLOSURE OF OTHER HEALTH CARE PROVIDERS;

42 (III) PROVIDERS SUBJECT TO MERGERS, ACQUISITIONS, CONSOLIDATIONS OR
43 RESTRUCTURING;

44 (IV) PROVIDERS IMPACTED BY THE MERGER, ACQUISITION, CONSOLIDATION OR
45 RESTRUCTURING OF OTHER HEALTH CARE PROVIDERS; OR

46 (V) PROVIDERS SEEKING TO ENSURE THAT ACCESS TO CARE IS MAINTAINED.

47 (B) PROVIDERS SEEKING MEDICAID PAYMENTS UNDER THIS SUBDIVISION SHALL
48 DEMONSTRATE THROUGH SUBMISSION OF A WRITTEN PROPOSAL TO THE COMMISSIONER
49 THAT THE ADDITIONAL RESOURCES PROVIDED BY SUCH MEDICAID PAYMENTS WILL
50 ACHIEVE ONE OR MORE OF THE FOLLOWING:

51 (I) PROTECT OR ENHANCE ACCESS TO CARE;

52 (II) PROTECT OR ENHANCE QUALITY OF CARE;

53 (III) IMPROVE THE COST EFFECTIVENESS OF THE DELIVERY OF HEALTH CARE
54 SERVICES; OR

55 (IV) OTHERWISE PROTECT OR ENHANCE THE HEALTH CARE DELIVERY SYSTEM, AS
56 DETERMINED BY THE COMMISSIONER.

1 (C) (I) SUCH WRITTEN PROPOSAL SHALL BE SUBMITTED TO THE COMMISSIONER
2 AT LEAST SIXTY DAYS PRIOR TO THE REQUESTED COMMENCEMENT OF SUCH MEDICAID
3 PAYMENTS AND SHALL INCLUDE A PROPOSED BUDGET TO ACHIEVE THE GOALS OF THE
4 PROPOSAL. ANY MEDICAID PAYMENTS ISSUED PURSUANT TO THIS SUBDIVISION
5 SHALL BE MADE OVER A SPECIFIED PERIOD OF TIME, AS DETERMINED BY THE
6 COMMISSIONER, OF UP TO THREE YEARS. AT THE END OF THE SPECIFIED TIME-
7 FRAME SUCH PAYMENTS SHALL CEASE. THE COMMISSIONER MAY ESTABLISH, AS A
8 CONDITION OF RECEIVING SUCH MEDICAID PAYMENTS, BENCHMARKS AND GOALS TO
9 BE ACHIEVED IN CONFORMITY WITH THE PROVIDER'S WRITTEN PROPOSAL AS
10 APPROVED BY THE COMMISSIONER AND MAY ALSO REQUIRE THAT THE PROVIDER
11 SUBMIT SUCH PERIODIC REPORTS CONCERNING THE ACHIEVEMENT OF SUCH BENCH-
12 MARKS AND GOALS AS THE COMMISSIONER DEEMS NECESSARY. FAILURE TO ACHIEVE
13 SATISFACTORY PROGRESS, AS DETERMINED BY THE COMMISSIONER, IN ACCOMPLISH-
14 ING SUCH BENCHMARKS AND GOALS SHALL BE A BASIS FOR ENDING THE PROVIDER'S
15 MEDICAID PAYMENTS PRIOR TO THE END OF THE SPECIFIED TIMEFRAME.

16 (II) THE COMMISSIONER MAY REQUIRE THAT APPLICATIONS SUBMITTED PURSUANT
17 TO THIS SUBDIVISION BE SUBMITTED IN RESPONSE TO AND IN ACCORDANCE WITH A
18 REQUEST FOR APPLICATIONS OR A REQUEST FOR PROPOSALS ISSUED BY THE
19 COMMISSIONER.

20 S 26. Section 3614 of the public health law is amended by adding a new
21 subdivision 14 to read as follows:

22 14. (A) NOTWITHSTANDING ANY CONTRARY PROVISION OF LAW AND SUBJECT TO
23 THE AVAILABILITY OF FEDERAL FINANCIAL PARTICIPATION, FOR PERIODS ON AND
24 AFTER MARCH FIRST, TWO THOUSAND FOURTEEN THE COMMISSIONER SHALL ADJUST
25 MEDICAID RATES OF PAYMENT FOR SERVICES PROVIDED BY CERTIFIED HOME HEALTH
26 AGENCIES TO ADDRESS COST INCREASES STEMMING FROM THE WAGE INCREASES
27 REQUIRED BY IMPLEMENTATION OF THE PROVISIONS OF SECTION THIRTY-SIX
28 HUNDRED FOURTEEN-C OF THIS ARTICLE. SUCH RATE ADJUSTMENTS SHALL BE BASED
29 ON A COMPARISON, AS DETERMINED BY THE COMMISSIONER, OF THE HOURLY
30 COMPENSATION LEVELS FOR HOME HEALTH AIDES AND PERSONAL CARE AIDES AS
31 REFLECTED IN THE EXISTING MEDICAID RATES FOR CERTIFIED HOME HEALTH AGEN-
32 CIES TO THE HOURLY COMPENSATION LEVELS INCURRED AS A RESULT OF COMPLYING
33 WITH THE PROVISIONS OF SECTION THIRTY-SIX HUNDRED FOURTEEN-C OF THIS
34 ARTICLE.

35 (B) NOTWITHSTANDING ANY CONTRARY PROVISION OF LAW AND SUBJECT TO THE
36 AVAILABILITY OF FEDERAL FINANCIAL PARTICIPATION, FOR PERIODS ON AND
37 AFTER MARCH FIRST, TWO THOUSAND FOURTEEN THE COMMISSIONER SHALL ADJUST
38 MEDICAID RATES OF PAYMENT FOR SERVICES PROVIDED BY LONG TERM HOME HEALTH
39 CARE PROGRAMS TO ADDRESS COST INCREASES STEMMING FROM THE WAGE INCREASES
40 REQUIRED BY IMPLEMENTATION OF THE PROVISIONS OF SECTION THIRTY-SIX
41 HUNDRED FOURTEEN-C OF THIS ARTICLE. SUCH RATE ADJUSTMENTS SHALL BE BASED
42 ON A COMPARISON, AS DETERMINED BY THE COMMISSIONER, OF THE HOURLY
43 COMPENSATION LEVELS FOR HOME HEALTH AIDES AND PERSONAL CARE AIDES AS
44 REFLECTED IN THE EXISTING MEDICAID RATES FOR LONG TERM HOME HEALTH CARE
45 PROGRAMS TO THE HOURLY COMPENSATION LEVELS INCURRED AS A RESULT OF
46 COMPLYING WITH THE PROVISIONS OF SECTION THIRTY-SIX HUNDRED FOURTEEN-C
47 OF THIS ARTICLE.

48 S 26-a. Section 4406-c of the public health law is amended by adding a
49 new subdivision 9 to read as follows:

50 9. (A) NOTWITHSTANDING ANY INCONSISTENT PROVISION OF LAW, CONTRACTS
51 WITH NURSING HOMES SHALL REQUIRE THAT STANDARD RATES OF COMPENSATION BE
52 PAID TO EMPLOYEES WHO PROVIDE INPATIENT NURSING HOME SERVICES, INCLUDING
53 NURSES, NURSING AIDES, ORDERLIES, ATTENDANTS, THERAPISTS AND, IN ADDI-
54 TION, TO ANY OTHER OCCUPATIONS DETERMINED BY THE COMMISSIONER, IN
55 CONSULTATION WITH THE COMMISSIONER OF LABOR, TO PROVIDE INPATIENT NURS-
56 ING HOME SERVICES.

(B) SUCH STANDARD RATES OF COMPENSATION SHALL INCLUDE A BASIC HOURLY CASH RATE OF PAY AND A SUPPLEMENTAL BENEFIT RATE, WHICH MAY BE PAID OR PROVIDED; SUCH RATES SHALL BE ANNUALLY DETERMINED BY THE COMMISSIONER OF LABOR, IN CONSULTATION WITH THE COMMISSIONER, UTILIZING WAGE AND FRINGE BENEFIT DATA FROM VARIOUS SOURCES, INCLUDING BUT NOT LIMITED TO DATA AND DETERMINATIONS OF FEDERAL, STATE OR OTHER GOVERNMENTAL AGENCIES.

(C) THE COMMISSIONER SHALL DISTRIBUTE NOTICE OF SUCH RATES TO ALL SUCH NURSING HOMES, WHICH SHALL BE DEEMED TO BE A TERM OF, AND INCLUDED AS PART OF, ALL CONTRACTS SUBJECT TO THIS SECTION.

(D) A FAILURE TO COMPLY WITH THESE PROVISIONS OF THIS SUBDIVISION OR WITH REGULATIONS PROMULGATED THEREUNDER SHALL SUBJECT NON-COMPLIANT EMPLOYERS TO THE SANCTIONS AND ENFORCEMENT PROCESSES SET FORTH IN THE LABOR LAW AND REGULATIONS FOR A FAILURE TO PAY WAGES OR TO PAY OR PROVIDE SUPPLEMENTS, IN ADDITION TO ANY PENALTIES AVAILABLE UNDER THIS TITLE.

(E) IN THE EVENT THE COMMISSIONER DETERMINES, IN CONSULTATION WITH THE COMMISSIONER OF LABOR, THAT A NURSING HOME IS MATERIALLY OUT OF COMPLIANCE WITH THE PROVISIONS OF THIS SUBDIVISION THE COMMISSIONER SHALL REQUIRE THAT SUCH NURSING HOME NOT ACCEPT NEW ADMISSIONS PENDING REMEDIATION OF SUCH NON-COMPLIANCE, PROVIDED, HOWEVER, THAT THE COMMISSIONER MAY WAIVE SUCH ACTION IF THE COMMISSIONER DETERMINES THAT CONTINUED ADMISSIONS TO SUCH NURSING HOME IS REQUIRED TO MAINTAIN SUFFICIENT ACCESS TO NURSING HOMES SERVICES IN THE RELEVANT GEOGRAPHIC AREA.

(F) THIS SUBDIVISION SHALL APPLY TO CONTRACTS WITH NURSING HOMES THAT ARE SUBJECT TO REVIEW BY THE DEPARTMENT UNDER THIS ARTICLE THAT ARE ISSUED, RENEWED, MODIFIED, ALTERED OR AMENDED ON OR AFTER OCTOBER FIRST, TWO THOUSAND FOURTEEN.

(G) THE COMMISSIONER AND THE COMMISSIONER OF LABOR MAY EACH PROMULGATE REGULATIONS, IN CONSULTATION WITH EACH OTHER, TO IMPLEMENT THE PROVISIONS OF THIS SUBDIVISION.

S 27. Subdivisions 9 and 10 of section 3614 of the public health law are REPEALED and subdivisions 11, 12 and 13 are renumbered subdivisions 9, 10 and 11.

S 28. Subdivision 35 of section 2807-c of the public health law is amended by adding a new paragraph (j) to read as follows:

(J) NOTWITHSTANDING ANY CONTRARY PROVISION OF LAW, WITH REGARD TO INPATIENT AND OUTPATIENT MEDICAID RATES OF PAYMENT FOR GENERAL HOSPITAL SERVICES, THE COMMISSIONER MAY MAKE SUCH ADJUSTMENTS TO SUCH RATES AND TO THE METHODOLOGY FOR COMPUTING SUCH RATES AS IS NECESSARY TO ACHIEVE NO AGGREGATE, NET GROWTH IN OVERALL MEDICAID EXPENDITURES RELATED TO THE IMPLEMENTATION OF THE INTERNATIONAL CLASSIFICATION OF DISEASES VERSION 10 (ICD-10) CODING SYSTEM ON OR ABOUT OCTOBER FIRST, TWO THOUSAND FOURTEEN, AS COMPARED TO SUCH AGGREGATE EXPENDITURES FROM THE PERIOD IMMEDIATELY PRIOR TO SUCH IMPLEMENTATION.

S 29. Subparagraph (i) of paragraph (e-1) of subdivision 4 of section 2807-c of the public health law, as amended by section 41 of part B of chapter 58 of the laws of 2010, is amended to read as follows:

(i) For rate periods on and after April first, two thousand ten, the commissioner, in consultation with the commissioner of the office of mental health, shall promulgate regulations, and may promulgate emergency regulations, establishing methodologies for determining the operating cost components of rates of payments for services described in this paragraph. Such regulations shall utilize two thousand five operating costs as submitted to the department prior to July first, two thousand nine and shall provide for methodologies establishing per diem inpatient rates that utilize case mix adjustment mechanisms. Such regulations

1 shall contain criteria for adjustments based on length of stay AND MAY
2 ALSO PROVIDE FOR PERIODIC BASE YEAR UPDATES, PROVIDED, HOWEVER, THAT THE
3 FIRST SUCH BASE YEAR UPDATE SHALL TAKE EFFECT NO LATER THAN JANUARY
4 FIRST, TWO THOUSAND FIFTEEN, AND PROVIDED FURTHER, HOWEVER, THAT THE
5 COMMISSIONER MAY MAKE SUCH ADJUSTMENTS TO SUCH UTILIZATION AND TO THE
6 METHODOLOGY FOR COMPUTING SUCH RATES AS IS NECESSARY TO ACHIEVE NO
7 AGGREGATE, NET GROWTH IN OVERALL MEDICAID EXPENDITURES RELATED TO SUCH
8 RATES, AS COMPARED TO SUCH AGGREGATE EXPENDITURES FROM THE PRIOR YEAR.
9 IN DETERMINING THE UPDATED BASE YEARS TO BE UTILIZED PURSUANT TO THIS
10 SUBPARAGRAPH, THE COMMISSIONER SHALL TAKE INTO ACCOUNT THE BASE YEARS
11 DETERMINED IN ACCORDANCE WITH PARAGRAPH (C) OF SUBDIVISION THIRTY-FIVE
12 OF THIS SECTION.

13 S 30. Subparagraph (vii) of paragraph (e-2) of subdivision 4 of
14 section 2807-c of the public health law, as added by section 13 of part
15 C of chapter 58 of the laws of 2009, is amended to read as follows:

16 (vii) The commissioner may promulgate regulations, including emergency
17 regulations, implementing the provisions of this paragraph, AND,
18 FURTHER, SUCH REGULATIONS MAY PROVIDE FOR THE PERIODIC UPDATING OF THE
19 BASE YEAR COSTS AND STATISTICS USED TO COMPUTE SUCH RATES, PROVIDED,
20 HOWEVER, THAT THE FIRST SUCH BASE YEAR UPDATE SHALL TAKE EFFECT NO LATER
21 THAN JANUARY FIRST, TWO THOUSAND FIFTEEN, AND PROVIDED FURTHER, HOWEVER,
22 THAT THE COMMISSIONER MAY MAKE SUCH ADJUSTMENTS TO SUCH UTILIZATION AND
23 TO THE METHODOLOGY FOR COMPUTING SUCH RATES AS IS NECESSARY TO ACHIEVE
24 NO AGGREGATE, NET GROWTH IN OVERALL MEDICAID EXPENDITURES RELATED TO
25 SUCH RATES, AS COMPARED TO SUCH AGGREGATE EXPENDITURES FROM THE PRIOR
26 YEAR. IN DETERMINING THE UPDATED BASE YEARS TO BE UTILIZED PURSUANT TO
27 THIS SUBPARAGRAPH, THE COMMISSIONER SHALL TAKE INTO ACCOUNT THE BASE
28 YEARS DETERMINED IN ACCORDANCE WITH PARAGRAPH (C) OF SUBDIVISION THIR-
29 TY-FIVE OF THIS SECTION.

30 S 31. Paragraph (l) of subdivision 4 of section 2807-c of the public
31 health law is amended by adding a new subparagraph (v) to read as
32 follows:

33 (V) THE COMMISSIONER MAY PROMULGATE REGULATIONS, INCLUDING EMERGENCY
34 REGULATIONS, PROVIDING FOR THE PERIODIC UPDATING OF THE BASE YEAR COSTS
35 AND STATISTICS USED TO COMPUTE RATES OF PAYMENT PURSUANT TO THIS PARA-
36 GRAPH, PROVIDED, HOWEVER, THAT THE FIRST SUCH BASE YEAR UPDATE SHALL
37 TAKE EFFECT NO LATER THAN JANUARY FIRST, TWO THOUSAND FIFTEEN, AND
38 PROVIDED FURTHER, HOWEVER, THAT THE COMMISSIONER MAY MAKE SUCH ADJUST-
39 MENTS TO SUCH UTILIZATION AND TO THE METHODOLOGY FOR COMPUTING SUCH
40 RATES AS IS NECESSARY TO ACHIEVE NO AGGREGATE, NET GROWTH IN OVERALL
41 MEDICAID EXPENDITURES RELATED TO SUCH RATES, AS COMPARED TO SUCH AGGRE-
42 GATE EXPENDITURES FROM THE PRIOR YEAR. IN DETERMINING THE UPDATED BASE
43 YEARS TO BE UTILIZED PURSUANT TO THIS SUBPARAGRAPH, THE COMMISSIONER
44 SHALL TAKE INTO ACCOUNT THE BASE YEARS DETERMINED IN ACCORDANCE WITH
45 PARAGRAPH (C) OF SUBDIVISION THIRTY-FIVE OF THIS SECTION.

46 S 32. Paragraph (c) of subdivision 35 of section 2807-c of the public
47 health law, as amended by section 26 of part A of chapter 56 of the laws
48 of 2013, is amended to read as follows:

49 (c) The base period reported costs and statistics used for rate-set-
50 ting for operating cost components, including the weights assigned to
51 diagnostic related groups, shall be updated no less frequently than
52 every four years and the new base period shall be no more than four
53 years prior to the first applicable rate period that utilizes such new
54 base period provided, however, that the first updated base period shall
55 begin on [January] OR AFTER APRIL first, two thousand fourteen, BUT NO
56 LATER THAN JULY FIRST, TWO THOUSAND FOURTEEN.

1 S 33. Subdivision 1 of section 92 of part H of chapter 59 of the laws
2 of 2011, amending the public health law and other laws relating to known
3 and projected department of health state fund medicaid expenditures, as
4 amended by section 3 of part A of chapter 56 of the laws of 2013, is
5 amended to read as follows:

6 1. For state fiscal years 2011-12 through [2014-15] 2015-16, the
7 director of the budget, in consultation with the commissioner of health
8 referenced as "commissioner" for purposes of this section, shall assess
9 on a monthly basis, as reflected in monthly reports pursuant to subdivi-
10 sion five of this section known and projected department of health state
11 funds medicaid expenditures by category of service and by geographic
12 regions, as defined by the commissioner, and if the director of the
13 budget determines that such expenditures are expected to cause medicaid
14 disbursements for such period to exceed the projected department of
15 health medicaid state funds disbursements in the enacted budget finan-
16 cial plan pursuant to subdivision 3 of section 23 of the state finance
17 law, the commissioner of health, in consultation with the director of
18 the budget, shall develop a medicaid savings allocation plan to limit
19 such spending to the aggregate limit level specified in the enacted
20 budget financial plan, provided, however, such projections may be
21 adjusted by the director of the budget to account for any changes in the
22 New York state federal medical assistance percentage amount established
23 pursuant to the federal social security act, changes in provider reven-
24 ues, reductions to local social services district medical assistance
25 administration, and beginning April 1, 2012 the operational costs of the
26 New York state medical indemnity fund. Such projections may be adjusted
27 by the director of the budget to account for increased or expedited
28 department of health state funds medicaid expenditures as a result of a
29 natural or other type of disaster, including a governmental declaration
30 of emergency.

31 S 34. Notwithstanding any contrary provision of law and subject to
32 the availability of federal financial participation, for state fiscal
33 years beginning on and after April 1, 2014, the commissioner of health,
34 in consultation with the director of the budget, shall, prior to January
35 first of each year, determine the extent of savings that have been
36 achieved as a result of the application of the provisions of sections 91
37 and 92 of part H of chapter 59 of the laws of 2011, as amended, and
38 shall further determine the availability of such savings for distrib-
39 ution during the last quarter of such state fiscal year. In determining
40 such savings the commissioner of health, in consultation with the direc-
41 tor of the budget, may exempt the medical assistance administration
42 program from distributions under this section. The commissioner of
43 health, in consultation with the director of the budget, may distribute
44 funds up to an amount equal to such available savings in accordance with
45 an allocation plan that utilizes a methodology that distributes such
46 funds proportionately among providers and plans in New York's Medicaid
47 program. Such allocation plan shall utilize three years of the most
48 recently available system-wide expenditure data reflecting both MMIS and
49 managed care encounters. Distributions to managed care plans shall be
50 based on the administrative outlays stemming from participation in the
51 Medicaid program. The commissioner of health may impose minimum thresh-
52 old amounts in determining provider eligibility for distributions pursu-
53 ant to this section. No less than fifty percent of the amount available
54 for distribution shall be made available for the purpose of assisting
55 eligible providers utilizing the methodology outlined above. No greater
56 than fifty percent of the distributions pursuant to this section shall

1 be made available for the purposes of ensuring a minimum level of
2 assistance to financially distressed and critically needed providers as
3 identified by the commissioner. The commissioner of health is authorized
4 to seek such federal approvals as may be required to effectuate the
5 provisions of this section, including, but not limited to, to permit
6 payment of such distributions as lump sums and to secure waivers from
7 otherwise applicable federal upper payment limit restrictions on such
8 payments.

9 S 35. Subdivision 9 of section 365-1 of the social services law, as
10 added by section 6 of part A of chapter 56 of the laws of 2013, is
11 amended to read as follows:

12 9. Any contract or contracts entered into by the commissioner of
13 health prior to January first, two thousand thirteen pursuant to subdi-
14 vision eight of this section may be amended or modified without the need
15 for a competitive bid or request for proposal process, and without
16 regard to the provisions of sections one hundred twelve and one hundred
17 sixty-three of the state finance law, section one hundred forty-two of
18 the economic development law, or any other provision of law, to allow
19 the purchase of additional personnel and services, subject to available
20 funding, for the limited purpose of assisting the department of health
21 with implementing the Balancing Incentive Program, the Fully Integrated
22 Duals Advantage Program, the Vital Access Provider Program, the Medicaid
23 waiver amendment associated with the public hospital transformation, the
24 addition of behavioral health services as a managed care plan benefit,
25 THE DELIVERY SYSTEM REFORM INCENTIVE PAYMENT PLAN, MEDICAID REDESIGN
26 TEAM SUPPORTIVE HOUSING INITIATIVES, ACTIVITIES TO FACILITATE THE TRAN-
27 SITION OF VULNERABLE POPULATIONS TO MANAGED CARE, AND OVERSIGHT, RATES-
28 ETING AND OTHER PROGRAM OPERATIONS ACTIVITIES RELATED TO MANAGED CARE
29 PLANS, and/or any workgroups required to be established by the chapter
30 of the laws of two thousand thirteen that added this subdivision.

31 S 36. Subparagraph (ii) of paragraph (e) of subdivision 4 of section
32 364-j of the social services law, as amended by section 39 of part A of
33 chapter 56 of the laws of 2013, is amended to read as follows:

34 (ii) In any social services district which has implemented a mandatory
35 managed care program pursuant to this section, the requirements of this
36 subparagraph shall apply to the extent consistent with federal law and
37 regulations. The department of health[,] may contract with one or more
38 independent organizations to provide enrollment counseling and enroll-
39 ment services, for participants required to enroll in managed care
40 programs, for each social services district [requesting the services of
41 an enrollment broker] WHICH HAS IMPLEMENTED A MANDATORY MANAGED CARE
42 PROGRAM. To select such organizations, the department of health shall
43 issue a request for proposals (RFP), shall evaluate proposals submitted
44 in response to such RFP and, pursuant to such RFP, shall award a
45 contract to one or more qualified and responsive organizations. Such
46 organizations shall not be owned, operated, or controlled by any govern-
47 mental agency, managed care provider, or medical services provider.

48 S 37. Subparagraph (vii) of paragraph (b) of subdivision 7 of section
49 4403-f of the public health law, as amended by section 40-a of part D of
50 chapter 56 of the laws of 2012, is amended to read as follows:

51 (vii) Managed long term care provided and plans certified or other
52 care coordination model established pursuant to this paragraph shall
53 comply with the provisions of paragraphs (d), (i), (t), and (u) and
54 subparagraph (iii) of paragraph (a) and [subparagraph] SUBPARAGRAPHS
55 (II) AND (iv) of paragraph (e) of subdivision four of section three
56 hundred sixty-four-j of the social services law.

1 S 38. Subdivision (a) of section 90 of part H of chapter 59 of the
2 laws of 2011, amending the public health law and other laws, relating to
3 general hospital inpatient reimbursement for annual rates, as amended by
4 section 1 of part A of chapter 56 of the laws of 2013, is amended to
5 read as follows:

6 (a) (1) Notwithstanding any other provision of law to the contrary,
7 for the state fiscal years beginning April 1, 2011 and ending on March
8 31, [2015] 2014, all Medicaid payments made for services provided on and
9 after April 1, 2011, shall, except as hereinafter provided, be subject
10 to a uniform two percent reduction and such reduction shall be applied,
11 to the extent practicable, in equal amounts during the fiscal year,
12 provided, however, that an alternative method may be considered at the
13 discretion of the commissioner of health and the director of the budget
14 based upon consultation with the health care industry including but not
15 limited to, a uniform reduction in Medicaid rates of payments or other
16 reductions provided that any method selected achieves up to \$345,000,000
17 in Medicaid state share savings in state fiscal year 2011-12 and up to
18 \$357,000,000 annually in state fiscal years 2012-13[,] AND 2013-14 [and
19 2014-15] except as hereinafter provided, for services provided on and
20 after April 1, 2011 through March 31, [2015] 2014. Any alternative meth-
21 ods to achieve the reduction must be provided in writing and shall be
22 filed with the senate finance committee and the assembly ways and means
23 committee not less than thirty days before the date on which implementa-
24 tion is expected to begin. Nothing in this section shall be deemed to
25 prevent all or part of such alternative reduction plan from taking
26 effect retroactively, to the extent permitted by the federal centers for
27 medicare and medicaid services.

28 (2) ALTERNATIVE METHODS OF COST CONTAINMENT AS AUTHORIZED AND IMPLE-
29 MENTED PURSUANT TO PARAGRAPH ONE OF THIS SUBDIVISION SHALL CONTINUE TO
30 BE APPLIED AND MAINTAINED FOR PERIODS ON AND AFTER APRIL 1, 2014,
31 PROVIDED, HOWEVER, THAT THE COMMISSIONER OF HEALTH, IN CONSULTATION WITH
32 THE DIRECTOR OF THE BUDGET, IS AUTHORIZED TO TERMINATE SUCH ALTERNATIVE
33 METHODS UPON A FINDING THAT THEY ARE NO LONGER NECESSARY TO MAINTAIN
34 ESSENTIAL COST SAVINGS.

35 S 39. Subdivision (a) of section 364-jj of the social services law, as
36 amended by section 80-a of part A of chapter 56 of the laws of 2013, is
37 amended to read as follows:

38 (a) There is hereby established a special advisory review panel on
39 Medicaid managed care. The panel shall consist of [twelve] SIXTEEN
40 members who shall be appointed as follows: [four] SIX by the governor,
41 one of which shall serve as the chair; [three] FOUR each by the tempo-
42 rary president of the senate and the speaker of the assembly; and one
43 each by the minority leader of the senate and the minority leader of the
44 assembly. At least three members of such panel shall be members of the
45 joint advisory panel established under section 13.40 of the mental
46 hygiene law. THE PANEL SHALL INCLUDE A CONSUMER REPRESENTATIVE FOR INDI-
47 VIDUALS WITH BEHAVIORAL HEALTH NEEDS, A CONSUMER REPRESENTATIVE FOR
48 INDIVIDUALS WHO ARE DUALY ELIGIBLE FOR MEDICARE AND MEDICAID, A REPRE-
49 SENTATIVE OF ENTITIES THAT PROVIDE OR ARRANGE FOR THE PROVISION OF
50 SERVICES TO INDIVIDUALS WITH BEHAVIORAL HEALTH NEEDS, AND A REPRESEN-
51 TATIVE OF ENTITIES THAT PROVIDE OR ARRANGE FOR THE PROVISION OF SERVICES
52 TO INDIVIDUALS WHO ARE DUALY ELIGIBLE FOR MEDICARE AND MEDICAID.
53 Members shall serve without compensation but shall be reimbursed for
54 appropriate expenses. The department shall provide technical assistance
55 and access to data as is required for the panel to effectuate the
56 mission and purposes established herein.

1 S 40. Subdivision 6 of section 368-d of the social services law, as
2 amended by section 37 of part D of chapter 56 of the laws of 2012, is
3 amended to read as follows:

4 6. The commissioner shall evaluate the results of the study conducted
5 pursuant to subdivision four of this section to determine, after iden-
6 tification of actual direct and indirect costs incurred by public school
7 districts [and state operated and state supported schools for blind and
8 deaf students], whether it is advisable to claim federal reimbursement
9 for expenditures under this section as certified public expenditures. In
10 the event such claims are submitted, if federal reimbursement received
11 for certified public expenditures on behalf of medical assistance recip-
12 ients whose assistance and care are the responsibility of a social
13 services district results in a decrease in the state share of annual
14 expenditures pursuant to this section for such recipients, then to the
15 extent that the amount of any such decrease when combined with any
16 decrease in the state share of annual expenditures described in subdivi-
17 sion five of section three hundred sixty-eight-e of this title exceeds
18 one hundred fifty million dollars for the period April 1, 2011 through
19 March 31, 2013, or exceeds one hundred million dollars in state fiscal
20 [year 2012-13 or any fiscal year thereafter] YEARS 2013-14 AND 2014-15,
21 the excess amount shall be transferred to such public school districts
22 [and state operated and state supported schools for blind and deaf
23 students] in amounts proportional to their percentage contribution to
24 the statewide savings; AN AMOUNT EQUAL TO THIRTEEN AND FIVE HUNDREDTHS
25 PERCENT OF ANY DECREASE IN THE STATE SHARE OF ANNUAL EXPENDITURES PURSU-
26 ANT TO THIS SECTION FOR SUCH RECIPIENTS IN STATE FISCAL YEAR 2015-16 AND
27 ANY FISCAL YEAR THEREAFTER SHALL BE TRANSFERRED TO SUCH PUBLIC SCHOOL
28 DISTRICTS IN AMOUNTS PROPORTIONAL TO THEIR PERCENTAGE CONTRIBUTION TO
29 THE STATEWIDE SAVINGS. Any [such excess] amount transferred PURSUANT TO
30 THIS SECTION shall not be considered a revenue received by such social
31 services district in determining the district's actual medical assist-
32 ance expenditures for purposes of paragraph (b) of section one of part C
33 of chapter fifty-eight of the laws of two thousand five.

34 S 41. Subdivision 5 of section 368-e of the social services law, as
35 amended by section 38 of part D of chapter 56 of the laws of 2012, is
36 amended to read as follows:

37 5. The commissioner shall evaluate the results of the study conducted
38 pursuant to subdivision three of this section to determine, after iden-
39 tification of actual direct and indirect costs incurred by counties for
40 medical care, services, and supplies furnished to pre-school children
41 with handicapping conditions, whether it is advisable to claim federal
42 reimbursement for expenditures under this section as certified public
43 expenditures. In the event such claims are submitted, if federal
44 reimbursement received for certified public expenditures on behalf of
45 medical assistance recipients whose assistance and care are the respon-
46 sibility of a social services district, results in a decrease in the
47 state share of annual expenditures pursuant to this section for such
48 recipients, then to the extent that the amount of any such decrease when
49 combined with any decrease in the state share of annual expenditures
50 described in subdivision six of section three hundred sixty-eight-d of
51 this title exceeds one hundred fifty million dollars for the period
52 April 1, 2011 through March 31, 2013, or exceeds one hundred million
53 dollars in state fiscal [year 2012-13 or any fiscal year thereafter]
54 YEARS 2013-14 AND 2014-15, the excess amount shall be transferred to
55 such counties in amounts proportional to their percentage contribution
56 to the statewide savings; AN AMOUNT EQUAL TO THIRTEEN AND FIVE

1 HUNDREDTHS PERCENT OF ANY DECREASE IN THE STATE SHARE OF ANNUAL EXPENDI-
2 TURES PURSUANT TO THIS SECTION FOR SUCH RECIPIENTS IN STATE FISCAL YEAR
3 2015-16 AND ANY FISCAL YEAR THEREAFTER SHALL BE TRANSFERRED TO SUCH
4 COUNTIES IN AMOUNTS PROPORTIONAL TO THEIR PERCENTAGE CONTRIBUTION TO THE
5 STATEWIDE SAVINGS. Any [such excess] amount transferred PURSUANT TO
6 THIS SECTION shall not be considered a revenue received by such social
7 services district in determining the district's actual medical assist-
8 ance expenditures for purposes of paragraph (b) of section one of part C
9 of chapter fifty-eight of the laws of two thousand five.

10 S 42. Section 365-1 of the social services law is amended by adding a
11 new subdivision 2-b to read as follows:

12 2-B. NOTWITHSTANDING SECTIONS ONE HUNDRED TWELVE AND ONE HUNDRED
13 SIXTY-THREE OF THE STATE FINANCE LAW OR ANY INCONSISTENT PROVISION OF
14 LAW AND SUBJECT TO THE AVAILABILITY OF FEDERAL FINANCIAL PARTICIPATION,
15 THE COMMISSIONER OF HEALTH IS AUTHORIZED TO DISTRIBUTE FUNDS FROM A
16 GROSS AMOUNT OF FIVE MILLION DOLLARS, TO ESTABLISH COORDINATION BETWEEN
17 HEALTH HOMES AND THE CRIMINAL JUSTICE SYSTEM. SUCH FUNDS MAY BE USED FOR
18 THE INTEGRATION OF INFORMATION OF HEALTH HOMES WITH STATE AND LOCAL
19 CORRECTIONAL FACILITIES, TO THE EXTENT PERMITTED BY LAW; INCLUDING, BUT
20 NOT LIMITED TO, THE DEVELOPMENT OF A LIAISON SERVICE BETWEEN SUCH HOMES
21 AND FACILITIES AND THE ESTABLISHMENT OF A CRIMINAL JUSTICE AND HEALTH
22 HOME LEARNING COLLABORATIVE TO PROVIDE TRAINING AND FACILITATE BEST
23 PRACTICES. HEALTH HOMES RECEIVING SUCH FUNDS SHALL BE REQUIRED TO DOCU-
24 MENT AND DEMONSTRATE THE EFFECTIVE USE OF FUNDS DISTRIBUTED HEREIN.

25 S 43. Section 365-1 of the social services law is amended by adding a
26 new subdivision 2-c to read as follows:

27 2-C. NOTWITHSTANDING SECTIONS ONE HUNDRED TWELVE AND ONE HUNDRED
28 SIXTY-THREE OF THE STATE FINANCE LAW, AND SUBJECT TO FEDERAL FINANCIAL
29 PARTICIPATION, AND SUBJECT TO AMOUNTS APPROPRIATED FOR PURPOSES HEREIN,
30 THE DEPARTMENT OF HEALTH MAY DISTRIBUTE FUNDS TO PROVIDERS UNDER THIS
31 SECTION FOR MEMBER ENGAGEMENT, STAFF TRAINING AND RETRAINING, HEALTH
32 INFORMATION TECHNOLOGY IMPLEMENTATION, JOINT GOVERNANCE TECHNICAL
33 ASSISTANCE, AND OTHER SUCH PURPOSES AS THE COMMISSIONER OF HEALTH, IN
34 CONSULTATION WITH THE COMMISSIONERS OF THE OFFICE OF MENTAL HEALTH AND
35 THE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES, DETERMINES. THE
36 COMMISSIONER OF HEALTH, IN CONSULTATION WITH THE COMMISSIONERS OF THE
37 OFFICE OF MENTAL HEALTH AND THE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE
38 SERVICES, SHALL APPROVE APPLICATIONS FOR SUCH FUNDS PURSUANT TO CRITERIA
39 DEVELOPED BY THE DEPARTMENT OF HEALTH. APPLICATIONS WHICH ADDRESS IMPE-
40 LEMENTATION CHALLENGES, LEVERAGE REGIONAL PARTNERSHIPS, LINK CARE COORDI-
41 NATION NETWORKS AND DO NOT OTHERWISE DUPLICATE FUNDS AVAILABLE THROUGH
42 OTHER PROGRAMS MAY BE PRIORITIZED. THE COMMISSIONER OF HEALTH MAY
43 PROMULGATE REGULATIONS, INCLUDING EMERGENCY REGULATIONS, TO EFFECTUATE
44 THE PROVISIONS OF THIS SUBDIVISION.

45 S 44. The social services law is amended by adding a new section 398-b
46 to read as follows:

47 S 398-B. TRANSITION TO MANAGED CARE. 1. NOTWITHSTANDING SECTIONS ONE
48 HUNDRED TWELVE AND ONE HUNDRED SIXTY-THREE OF THE STATE FINANCE LAW AND
49 ANY OTHER INCONSISTENT PROVISION OF LAW AND SUBJECT TO THE AVAILABILITY
50 OF FEDERAL FINANCIAL PARTICIPATION, THE COMMISSIONER OF HEALTH IS
51 AUTHORIZED TO DISTRIBUTE FUNDS FROM A GROSS AMOUNT OF FIVE MILLION
52 DOLLARS TO FACILITATE THE TRANSITION OF FOSTER CARE CHILDREN PLACED WITH
53 VOLUNTARY FOSTER CARE AGENCIES TO MANAGED CARE. THE USE OF SUCH FUNDS
54 MAY INCLUDE PROVIDING TRAINING AND CONSULTING SERVICES TO VOLUNTARY
55 AGENCIES TO ASSESS READINESS AND MAKE NECESSARY INFRASTRUCTURE AND
56 ORGANIZATIONAL MODIFICATIONS, COLLECTING SERVICE UTILIZATION AND OTHER

1 DATA FROM VOLUNTARY AGENCIES AND OTHER ENTITIES, AND MAKING INVESTMENTS
2 IN HEALTH INFORMATION TECHNOLOGY, INCLUDING THE INFRASTRUCTURE NECESSARY
3 TO ESTABLISH AND MAINTAIN ELECTRONIC HEALTH RECORDS. SUCH FUNDS SHALL BE
4 DISTRIBUTED PURSUANT TO A FORMULA TO BE DEVELOPED BY THE COMMISSIONER OF
5 HEALTH, IN CONSULTATION WITH THE COMMISSIONER OF THE OFFICE OF CHILDREN
6 AND FAMILY SERVICES. IN DEVELOPING SUCH FORMULA THE COMMISSIONERS MAY
7 TAKE INTO ACCOUNT SIZE AND SCOPE OF PROVIDER OPERATIONS AS A FACTOR
8 RELEVANT TO ELIGIBILITY FOR SUCH FUNDS. EACH RECIPIENT OF SUCH FUNDS
9 SHALL BE REQUIRED TO DOCUMENT AND DEMONSTRATE THE EFFECTIVE USE OF FUNDS
10 DISTRIBUTED HEREIN.

11 2. DATA PROVIDED BY VOLUNTARY FOSTER CARE AGENCIES SHALL BE COMPLIANT
12 WITH THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT, AND SHALL
13 BE TRANSMITTED SECURELY USING EMEDS OR OTHER MECHANISMS TO BE DETERMINED
14 BY THE DEPARTMENT OF HEALTH. SUCH DATA MAY BE USED BY THE DEPARTMENT OF
15 HEALTH TO ESTABLISH RATES OF PAYMENT FOR MANAGED CARE ORGANIZATIONS FOR
16 SERVICES PROVIDED TO CHILDREN IN FOSTER CARE.

17 S 45. Subdivision 3 of section 365-n of the social services law, as
18 added by section 6 of part F of chapter 56 of the Laws of 2012, is
19 amended to read as follows:

20 3. Notwithstanding sections sixty-one, sixty-three, seventy, seventy-
21 eight, seventy-nine, eighty-one and [eight-one-a] EIGHTY-ONE-A of the
22 civil service law or any provisions to the contrary contained in any
23 general, special, or local laws, all lawful appointees of a county
24 performing the functions established in subdivision two of this section
25 as of the effective date of this section OR ANY SUCH APPOINTEES WHO MEET
26 THE OPEN COMPETITIVE QUALIFICATIONS FOR POSITIONS ESTABLISHED TO PERFORM
27 THESE FUNCTIONS will be eligible for voluntary transfer to appropriate
28 positions, in the department, that are classified to perform such func-
29 tions without further examination, qualification, or probationary peri-
30 od; and, upon such transfer, will have all the rights and privileges of
31 the jurisdictional classification to which such positions are allocated
32 in the classified service of the state.

33 S 46. Section 365-n of the social services law is amended by adding a
34 new subdivision 5-a to read as follows:

35 5-A. (A) THE COMMISSIONER MAY TAKE NECESSARY ACTION TO REVIEW THE
36 ACCURACY OF DETERMINATIONS OF INITIAL AND ONGOING ELIGIBILITY UNDER THE
37 MEDICAL ASSISTANCE PROGRAM, AND TO IDENTIFY AND ELIMINATE INAPPROPRIATE
38 INSTANCES OF CONCURRENT OR DUPLICATE BENEFITS AND AUTHORIZATIONS. THE
39 COMMISSIONER IS AUTHORIZED TO CONTRACT WITH ONE OR MORE ENTITIES TO
40 ASSIST THE STATE IN IMPLEMENTING THE PROVISIONS OF THIS SUBDIVISION.

41 (B) NOTWITHSTANDING THE PROVISIONS OF SECTIONS ONE HUNDRED TWELVE AND
42 ONE HUNDRED SIXTY-THREE OF THE STATE FINANCE LAW, OR SECTION ONE HUNDRED
43 FORTY-TWO OF THE ECONOMIC DEVELOPMENT LAW, OR ANY CONTRARY PROVISION OF
44 LAW, THE COMMISSIONER IS AUTHORIZED TO ENTER INTO A CONTRACT OR
45 CONTRACTS UNDER PARAGRAPH (A) OF THIS SUBDIVISION WITHOUT A COMPETITIVE
46 BID OR REQUEST FOR PROPOSAL PROCESS, PROVIDED, HOWEVER, THAT:

47 (1) THE DEPARTMENT OF HEALTH SHALL POST ON ITS WEBSITE, FOR A PERIOD
48 OF NO LESS THAN THIRTY DAYS:

49 (1) A DESCRIPTION OF THE PROPOSED SERVICES TO BE PROVIDED PURSUANT TO
50 THE CONTRACT OR CONTRACTS;

51 (2) THE CRITERIA FOR SELECTION OF A CONTRACTOR OR CONTRACTORS;

52 (3) THE PERIOD OF TIME DURING WHICH A PROSPECTIVE CONTRACTOR MAY SEEK
53 SELECTION, WHICH SHALL BE NO LESS THAN THIRTY DAYS AFTER SUCH INFORMA-
54 TION IS FIRST POSTED ON THE WEBSITE; AND

55 (4) THE MANNER BY WHICH A PROSPECTIVE CONTRACTOR MAY SEEK SUCH
56 SELECTION, WHICH MAY INCLUDE SUBMISSION BY ELECTRONIC MEANS;

1 (II) ALL REASONABLE AND RESPONSIVE SUBMISSIONS THAT ARE RECEIVED FROM
2 PROSPECTIVE CONTRACTORS IN TIMELY FASHION SHALL BE REVIEWED BY THE
3 COMMISSIONER; AND

4 (III) THE COMMISSIONER SHALL SELECT SUCH CONTRACTOR OR CONTRACTORS
5 THAT, IN HIS OR HER DISCRETION, ARE BEST SUITED TO SERVE THE PURPOSES OF
6 THIS SECTION.

7 S 47. Section 206 of the public health law is amended by adding a new
8 subdivision 29 to read as follows:

9 29. NOTWITHSTANDING ANY PROVISION OF LAW TO THE CONTRARY, THE COMMIS-
10 SIONERS OF THE DEPARTMENT OF HEALTH, THE OFFICE OF MENTAL HEALTH, THE
11 OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES, AND THE OFFICE OF
12 ALCOHOLISM AND SUBSTANCE ABUSE SERVICES ARE AUTHORIZED TO WAIVE ANY
13 REGULATORY REQUIREMENTS AS ARE NECESSARY TO ALLOW PROVIDERS PARTICIPAT-
14 ING IN JOINT PROJECTS UNDER THE DELIVERY SYSTEM REFORM INCENTIVE
15 PAYMENTS PROGRAM TO AVOID DUPLICATION OF REQUIREMENTS AND TO ALLOW THE
16 INTEGRATED DELIVERY OF SERVICES IN A RATIONAL AND EFFICIENT MANNER.

17 S 48. Notwithstanding the provisions of sections 112 and 163 of the
18 state finance law, or any other contrary provision of law, the commis-
19 sioner of health is authorized to negotiate the extension of contract
20 number C025673 with Mercer Health and Benefits, LLC, as currently in
21 effect through October of 2014, through a period ending no later than
22 December 31, 2016, without a competitive bid or request for proposal
23 process.

24 S 49. Section 364-j of the social services law is amended by adding a
25 new subdivision 29 to read as follows:

26 29. NOTWITHSTANDING THE PROVISIONS OF SECTIONS ONE HUNDRED TWELVE AND
27 ONE HUNDRED SIXTY-THREE OF THE STATE FINANCE LAW, OR SECTIONS ONE
28 HUNDRED FORTY-TWO AND ONE HUNDRED FORTY-THREE OF THE ECONOMIC DEVELOP-
29 MENT LAW, OR ANY CONTRARY PROVISION OF LAW, IN THE EVENT THAT THE
30 DEPARTMENT RECEIVES APPROVAL FROM THE CENTERS FOR MEDICARE AND MEDICAID
31 SERVICES TO AMEND ITS 1115 WAIVER KNOWN AS THE PARTNERSHIP PLAN OR
32 RECEIVES APPROVAL FOR A NEW 1115 WAIVER FOR THE PURPOSE OF REINVESTING
33 SAVINGS RESULTING FROM THE REDESIGN OF THE MEDICAL ASSISTANCE PROGRAM,
34 THE COMMISSIONER IS AUTHORIZED TO ENTER INTO CONTRACTS, AND/OR TO AMEND
35 THE TERMS OF CONTRACTS AWARDED PRIOR TO THE EFFECTIVE DATE OF THIS
36 SUBDIVISION, WITHOUT A COMPETITIVE BID OR REQUEST FOR PROPOSAL PROCESS,
37 FOR THE PURPOSE OF ASSISTING THE DEPARTMENT OF HEALTH WITH IMPLEMENTING
38 PROJECTS AUTHORIZED UNDER SUCH WAIVER APPROVAL; PROVIDED, HOWEVER, IN
39 THE CASE OF A CONTRACT ENTERED INTO AFTER THE EFFECTIVE DATE OF THIS
40 SUBDIVISION, THAT:

41 (A) THE DEPARTMENT OF HEALTH SHALL POST ON ITS WEBSITE, FOR A PERIOD
42 OF NO LESS THAN THIRTY DAYS:

43 (I) A DESCRIPTION OF THE PROPOSED SERVICES TO BE PROVIDED PURSUANT TO
44 THE CONTRACT OR CONTRACTS;

45 (II) THE CRITERIA FOR SELECTION OF A CONTRACTOR OR CONTRACTORS;

46 (III) THE PERIOD OF TIME DURING WHICH A PROSPECTIVE CONTRACTOR MAY
47 SEEK SELECTION, WHICH SHALL BE NO LESS THAN THIRTY DAYS AFTER SUCH
48 INFORMATION IS FIRST POSTED ON THE WEBSITE; AND

49 (IV) THE MANNER BY WHICH A PROSPECTIVE CONTRACTOR MAY SEEK SUCH
50 SELECTION, WHICH MAY INCLUDE SUBMISSION BY ELECTRONIC MEANS;

51 (B) ALL REASONABLE AND RESPONSIVE SUBMISSIONS THAT ARE RECEIVED FROM
52 PROSPECTIVE CONTRACTORS IN TIMELY FASHION SHALL BE REVIEWED BY THE
53 COMMISSIONER OF HEALTH; AND

54 (C) THE COMMISSIONER OF HEALTH SHALL SELECT SUCH CONTRACTOR OR
55 CONTRACTORS THAT, IN HIS OR HER DISCRETION, ARE BEST SUITED TO SERVE THE
56 PURPOSES OF THIS SECTION.

1 S 50. Subdivision 1 of section 366 of the social services law is
2 amended by adding a new paragraph (g) to read as follows:

3 (G) COVERAGE OF CERTAIN NONCITIZENS. (1) APPLICANTS AND RECIPIENTS WHO
4 ARE LAWFULLY ADMITTED FOR PERMANENT RESIDENCE, OR WHO ARE PERMANENTLY
5 RESIDING IN THE UNITED STATES UNDER COLOR OF LAW; WHO ARE MAGI ELIGIBLE
6 PURSUANT TO PARAGRAPH (B) OF THIS SUBDIVISION; AND WHO WOULD BE INELIGI-
7 BLE FOR MEDICAL ASSISTANCE COVERAGE UNDER SUBDIVISIONS ONE AND TWO OF
8 SECTION THREE HUNDRED SIXTY-FIVE-A OF THIS TITLE SOLELY DUE TO THEIR
9 IMMIGRATION STATUS IF THE PROVISIONS OF SECTION ONE HUNDRED TWENTY-TWO
10 OF THIS CHAPTER WERE APPLIED, SHALL BE REQUIRED TO ENROLL IN A STANDARD
11 HEALTH PLAN OFFERED BY A BASIC HEALTH PROGRAM ESTABLISHED PURSUANT TO
12 SECTION THREE HUNDRED SIXTY-NINE-GG OF THIS ARTICLE IF SUCH PROGRAM IS
13 ESTABLISHED AND OPERATING.

14 (2) WITH RESPECT TO A PERSON DESCRIBED IN SUBPARAGRAPH ONE OF THIS
15 PARAGRAPH WHO IS ENROLLED IN A STANDARD HEALTH PLAN, MEDICAL ASSISTANCE
16 COVERAGE SHALL MEAN:

17 (I) PAYMENT OF REQUIRED PREMIUMS AND OTHER COST-SHARING OBLIGATIONS
18 UNDER THE STANDARD HEALTH PLAN THAT EXCEED THE PERSON'S CO-PAYMENT OBLI-
19 GATION UNDER SUBDIVISION SIX OF SECTION THREE HUNDRED SIXTY-SEVEN-A OF
20 THIS TITLE; AND

21 (II) PAYMENT FOR SERVICES AND SUPPLIES DESCRIBED IN SUBDIVISION ONE OR
22 TWO OF SECTION THREE HUNDRED SIXTY-FIVE-A OF THIS TITLE, AS APPLICABLE,
23 BUT ONLY TO THE EXTENT THAT SUCH SERVICES AND SUPPLIES ARE NOT COVERED
24 BY THE STANDARD HEALTH PLAN.

25 (3) NOTHING IN THIS SUBDIVISION SHALL PREVENT A PERSON DESCRIBED IN
26 SUBPARAGRAPH ONE OF THIS PARAGRAPH FROM QUALIFYING FOR OR RECEIVING
27 MEDICAL ASSISTANCE FOR PERIODS PRIOR TO HIS OR HER ENROLLMENT IN A STAN-
28 DARD HEALTH PLAN, IN ACCORDANCE WITH APPLICABLE PROVISIONS OF THIS
29 TITLE.

30 S 51. The social services law is amended by adding a new section 369-
31 gg to read as follows:

32 S 369-GG. BASIC HEALTH PROGRAM. 1. DEFINITIONS. FOR PURPOSES OF THIS
33 SECTION:

34 (A) "ELIGIBLE ORGANIZATION" MEANS AN INSURER LICENSED PURSUANT TO
35 ARTICLE THIRTY-TWO OR FORTY-TWO OF THE INSURANCE LAW, A CORPORATION OR
36 AN ORGANIZATION UNDER ARTICLE FORTY-THREE OF THE INSURANCE LAW, OR AN
37 ORGANIZATION CERTIFIED UNDER ARTICLE FORTY-FOUR OF THE PUBLIC HEALTH
38 LAW, INCLUDING PROVIDERS CERTIFIED UNDER SECTION FORTY-FOUR HUNDRED
39 THREE-E OF THE PUBLIC HEALTH LAW;

40 (B) "APPROVED ORGANIZATION" MEANS AN ELIGIBLE ORGANIZATION APPROVED BY
41 THE COMMISSIONER TO UNDERWRITE A BASIC HEALTH INSURANCE PLAN PURSUANT TO
42 THIS TITLE;

43 (C) "HEALTH CARE SERVICES" MEANS THE SERVICES AND SUPPLIES AS DEFINED
44 BY THE COMMISSIONER IN CONSULTATION WITH THE SUPERINTENDENT OF FINANCIAL
45 SERVICES, AND SHALL BE CONSISTENT WITH AND SUBJECT TO THE ESSENTIAL
46 HEALTH BENEFITS AS DEFINED BY THE COMMISSIONER IN ACCORDANCE WITH THE
47 PROVISIONS OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (P.L. 111-
48 148) AND CONSISTENT WITH THE BENEFITS PROVIDED BY THE REFERENCE PLAN
49 SELECTED BY THE COMMISSIONER FOR THE PURPOSES OF DEFINING SUCH BENEFITS;

50 (D) "QUALIFIED HEALTH PLAN" MEANS A HEALTH PLAN THAT MEETS THE CRITE-
51 RIA FOR CERTIFICATION DESCRIBED IN S 1311(C) OF THE PATIENT PROTECTION
52 AND AFFORDABLE CARE ACT (P.L. 111-148), AND IS OFFERED TO INDIVIDUALS
53 THROUGH THE HEALTH INSURANCE EXCHANGE MARKETPLACE; AND

54 (E) "BASIC HEALTH INSURANCE PLAN" MEANS A STANDARD HEALTH PLAN, SEPA-
55 RATE AND APART FROM QUALIFIED HEALTH PLANS, THAT IS ISSUED BY AN
56 APPROVED ORGANIZATION AND CERTIFIED IN ACCORDANCE WITH THIS SECTION.

2. AUTHORIZATION. IF IT IS IN THE FINANCIAL INTEREST OF THE STATE TO DO SO, THE COMMISSIONER OF HEALTH IS AUTHORIZED, WITH THE APPROVAL OF THE DIRECTOR OF THE BUDGET, TO ESTABLISH A BASIC HEALTH PROGRAM. THE COMMISSIONER'S AUTHORITY PURSUANT TO THIS SECTION IS CONTINGENT UPON OBTAINING AND MAINTAINING ALL NECESSARY APPROVALS FROM THE SECRETARY OF HEALTH AND HUMAN SERVICES TO OFFER A BASIC HEALTH PROGRAM IN ACCORDANCE WITH 42 U.S.C. 18051. THE COMMISSIONER MAY TAKE ANY AND ALL ACTIONS NECESSARY TO OBTAIN SUCH APPROVALS.

3. ELIGIBILITY. A PERSON IS ELIGIBLE TO RECEIVE COVERAGE FOR HEALTH CARE SERVICES PURSUANT TO THIS TITLE IF HE OR SHE:

(A) RESIDES IN NEW YORK STATE AND IS UNDER SIXTY-FIVE YEARS OF AGE;

(B) IS NOT ELIGIBLE FOR MEDICAL ASSISTANCE UNDER TITLE ELEVEN OF THIS ARTICLE OR FOR THE CHILD HEALTH INSURANCE PLAN DESCRIBED IN TITLE ONE-A OF ARTICLE TWENTY-FIVE OF THE PUBLIC HEALTH LAW;

(C) IS NOT ELIGIBLE FOR MINIMUM ESSENTIAL COVERAGE, AS DEFINED IN SECTION 5000A(F) OF THE INTERNAL REVENUE SERVICE CODE OF 1986, OR IS ELIGIBLE FOR AN EMPLOYER-SPONSORED PLAN THAT IS NOT AFFORDABLE, IN ACCORDANCE WITH SECTION 5000A OF SUCH CODE; AND

(D) (I) HAS HOUSEHOLD INCOME AT OR BELOW TWO HUNDRED PERCENT OF THE FEDERAL POVERTY LINE DEFINED AND ANNUALLY REVISED BY THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES FOR A HOUSEHOLD OF THE SAME SIZE; AND (II) HAS HOUSEHOLD INCOME THAT EXCEEDS ONE HUNDRED THIRTY-THREE PERCENT OF THE FEDERAL POVERTY LINE DEFINED AND ANNUALLY REVISED BY THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES FOR A HOUSEHOLD OF THE SAME SIZE; HOWEVER, MAGI ELIGIBLE ALIENS LAWFULLY PRESENT IN THE UNITED STATES WITH HOUSEHOLD INCOMES AT OR BELOW ONE HUNDRED THIRTY-THREE PERCENT OF THE FEDERAL POVERTY LINE SHALL BE ELIGIBLE TO RECEIVE COVERAGE FOR HEALTH CARE SERVICES PURSUANT TO THE PROVISIONS OF THIS TITLE IF SUCH ALIEN WOULD BE INELIGIBLE FOR MEDICAL ASSISTANCE UNDER TITLE ELEVEN OF THIS ARTICLE DUE TO HIS OR HER IMMIGRATION STATUS.

AN APPLICANT WHO FAILS TO MAKE AN APPLICABLE PREMIUM PAYMENT SHALL LOSE ELIGIBILITY TO RECEIVE COVERAGE FOR HEALTH CARE SERVICES IN ACCORDANCE WITH TIME FRAMES AND PROCEDURES DETERMINED BY THE COMMISSIONER.

4. ENROLLMENT. (A) SUBJECT TO FEDERAL APPROVAL, THE COMMISSIONER IS AUTHORIZED TO ESTABLISH AN APPLICATION AND ENROLLMENT PROCEDURE FOR PROSPECTIVE ENROLLEES. SUCH PROCEDURE SHALL INCLUDE A VERIFICATION SYSTEM FOR APPLICANTS, WHICH SHALL BE CONSISTENT WITH 42 USC S 1320B-7.

(B) SUCH PROCEDURE SHALL ALLOW FOR CONTINUOUS ENROLLMENT FOR ENROLLEES TO THE BASIC HEALTH PROGRAM WHERE AN INDIVIDUAL MAY APPLY AND ENROLL FOR COVERAGE AT ANY POINT.

(C) UPON AN APPLICANT'S ENROLLMENT IN A BASIC HEALTH INSURANCE PLAN, COVERAGE FOR HEALTH CARE SERVICES PURSUANT TO THE PROVISIONS OF THIS TITLE SHALL BE PROSPECTIVE. COVERAGE SHALL BEGIN IN A MANNER CONSISTENT WITH THE REQUIREMENTS FOR QUALIFIED HEALTH PLANS OFFERED THROUGH THE HEALTH INSURANCE EXCHANGE MARKETPLACE, AS DELINEATED IN FEDERAL REGULATION AT 42 CFR 155.420(B)(1) OR ANY SUCCESSOR REGULATION THEREOF.

(D) A PERSON WHO HAS ENROLLED FOR COVERAGE PURSUANT TO THIS TITLE, AND WHO LOSES ELIGIBILITY TO ENROLL IN THE BASIC HEALTH PROGRAM FOR A REASON OTHER THAN CITIZENSHIP STATUS, LACK OF STATE RESIDENCE, FAILURE TO PROVIDE A VALID SOCIAL SECURITY NUMBER, PROVIDING INACCURATE INFORMATION THAT WOULD AFFECT ELIGIBILITY WHEN REQUESTING OR RENEWING HEALTH COVERAGE PURSUANT TO THIS TITLE, OR FAILURE TO MAKE AN APPLICABLE PREMIUM PAYMENT, BEFORE THE END OF A TWELVE MONTH PERIOD BEGINNING ON THE EFFECTIVE DATE OF THE PERSON'S INITIAL ELIGIBILITY FOR COVERAGE, OR BEFORE THE END OF A TWELVE MONTH PERIOD BEGINNING ON THE DATE OF ANY SUBSEQUENT

1 DETERMINATION OF ELIGIBILITY, SHALL HAVE HIS OR HER ELIGIBILITY FOR
2 COVERAGE CONTINUED UNTIL THE END OF SUCH TWELVE MONTH PERIOD, PROVIDED
3 THAT THE STATE RECEIVES FEDERAL APPROVAL FOR USING FUNDS FROM THE BASIC
4 HEALTH PROGRAM TRUST FUND, ESTABLISHED UNDER SECTION 97-0000 OF THE
5 STATE FINANCE LAW, FOR THE COSTS ASSOCIATED WITH SUCH ASSISTANCE.

6 5. PREMIUMS AND COST SHARING. (A) SUBJECT TO FEDERAL APPROVAL, THE
7 COMMISSIONER SHALL ESTABLISH PREMIUM PAYMENTS ENROLLEES SHALL PAY TO
8 APPROVED ORGANIZATIONS FOR COVERAGE OF HEALTH CARE SERVICES PURSUANT TO
9 THIS TITLE. SUCH PREMIUM PAYMENTS SHALL BE ESTABLISHED IN THE FOLLOWING
10 MANNER:

11 (I) UP TO TWENTY DOLLARS MONTHLY FOR AN INDIVIDUAL WITH A HOUSEHOLD
12 INCOME ABOVE ONE HUNDRED AND FIFTY PERCENT OF THE FEDERAL POVERTY LINE
13 BUT AT OR BELOW TWO HUNDRED PERCENT OF THE FEDERAL POVERTY LINE DEFINED
14 AND ANNUALLY REVISED BY THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN
15 SERVICES FOR A HOUSEHOLD OF THE SAME SIZE; AND

16 (II) NO PAYMENT IS REQUIRED FOR INDIVIDUALS WITH A HOUSEHOLD INCOME AT
17 OR BELOW ONE HUNDRED AND FIFTY PERCENT OF THE FEDERAL POVERTY LINE
18 DEFINED AND ANNUALLY REVISED BY THE UNITED STATES DEPARTMENT OF HEALTH
19 AND HUMAN SERVICES FOR A HOUSEHOLD OF THE SAME SIZE.

20 (B) THE COMMISSIONER SHALL ESTABLISH COST SHARING OBLIGATIONS FOR
21 ENROLLEES, SUBJECT TO FEDERAL APPROVAL.

22 6. ANY FUNDS TRANSFERRED BY THE SECRETARY OF HEALTH AND HUMAN SERVICES
23 TO THE STATE PURSUANT TO 42 U.S.C. 18051(D) SHALL BE DEPOSITED IN TRUST.
24 FUNDS FROM THE TRUST SHALL BE USED FOR PROVIDING HEALTH BENEFITS THROUGH
25 AN APPROVED ORGANIZATION, WHICH, AT A MINIMUM, SHALL INCLUDE ESSENTIAL
26 HEALTH BENEFITS AS DEFINED IN 42 U.S.C. 18022(B); TO REDUCE THE PREMIUMS
27 AND COST SHARING OF PARTICIPANTS IN THE BASIC HEALTH PROGRAM; OR FOR
28 SUCH OTHER PURPOSES AS MAY BE ALLOWED BY THE SECRETARY OF HEALTH AND
29 HUMAN SERVICES. HEALTH BENEFITS AVAILABLE THROUGH THE BASIC HEALTH
30 PROGRAM SHALL BE PROVIDED BY ONE OR MORE APPROVED ORGANIZATIONS PURSUANT
31 TO AN AGREEMENT WITH THE DEPARTMENT OF HEALTH AND SHALL MEET THE
32 REQUIREMENTS OF APPLICABLE FEDERAL AND STATE LAWS AND REGULATIONS.

33 7. AN INDIVIDUAL WHO IS LAWFULLY ADMITTED FOR PERMANENT RESIDENCE OR
34 PERMANENTLY RESIDING IN THE UNITED STATES UNDER COLOR OF LAW, AND WHO
35 WOULD BE INELIGIBLE FOR MEDICAL ASSISTANCE UNDER TITLE ELEVEN OF THIS
36 ARTICLE DUE TO HIS OR HER IMMIGRATION STATUS IF THE PROVISIONS OF
37 SECTION ONE HUNDRED TWENTY-TWO OF THIS CHAPTER WERE APPLIED, SHALL BE
38 CONSIDERED TO BE INELIGIBLE FOR MEDICAL ASSISTANCE FOR PURPOSES OF PARA-
39 GRAPHS (B) AND (C) OF SUBDIVISION THREE OF THIS SECTION.

40 S 52. Subparagraph 2 of paragraph (e) of subdivision 3 of section
41 367-a of the social services law, as added by section 16 of part D of
42 chapter 56 of the laws of 2013, is amended to read as follows:

43 (2) Payment pursuant to this paragraph shall be for premium obli-
44 gations of the individual under the qualified health plan and shall
45 continue only if and for so long as the individual's MAGI household
46 income exceeds one hundred thirty-three percent, but does not exceed one
47 hundred fifty percent, of the federal poverty line for the applicable
48 family size, OR, IF EARLIER, UNTIL THE INDIVIDUAL IS ELIGIBLE FOR
49 ENROLLMENT IN A STANDARD HEALTH PLAN PURSUANT TO SECTION THREE HUNDRED
50 SIXTY-NINE-GG OF THIS ARTICLE.

51 S 53. The state finance law is amended by adding a new section 97-0000
52 to read as follows:

53 S 97-0000. BASIC HEALTH PROGRAM TRUST FUND. 1. THERE IS HEREBY ESTAB-
54 LISHED IN THE JOINT CUSTODY OF THE COMPTROLLER AND THE COMMISSIONER OF
55 TAXATION AND FINANCE A FUND, TO BE KNOWN AS THE "BASIC HEALTH PROGRAM
56 TRUST FUND".

2. SUCH FUND SHALL CONSIST OF MONEYS TRANSFERRED FROM THE FEDERAL GOVERNMENT PURSUANT TO 42 U.S.C. S 18051(D) FOR THE PURPOSE OF REDUCING THE PREMIUMS AND COST-SHARING OF, OR PROVIDING BENEFITS FOR, ELIGIBLE INDIVIDUALS ENROLLED IN THE BASIC HEALTH PROGRAM, ESTABLISHED PURSUANT TO SECTION THREE HUNDRED SIXTY-NINE-GG OF THE SOCIAL SERVICES LAW.

3. UPON FEDERAL APPROVAL, ALL MONIES IN SUCH FUND SHALL BE USED TO IMPLEMENT AND OPERATE THE BASIC HEALTH PLAN, PURSUANT TO SECTION THREE HUNDRED SIXTY-NINE-GG OF THE SOCIAL SERVICES LAW, EXCEPT TO THE EXTENT THAT THE PROVISIONS OF SUCH SECTION CONFLICT OR ARE INCONSISTENT WITH FEDERAL LAW, IN WHICH CASE THE PROVISIONS OF SUCH FEDERAL LAW SHALL SUPERSEDE SUCH STATE LAW PROVISIONS.

S 54. Subdivision 12 of section 367-a of the social services law, as amended by section 63-a of part C of chapter 58 of the laws of 2007, is amended to read as follows:

12. Prior to receiving medical assistance under subparagraphs [twelve] FIVE and [thirteen] SIX of paragraph [(a)] (C) of subdivision one of section three hundred sixty-six of this title, a person whose net available income is at least one hundred fifty percent of the applicable federal income official poverty line, as defined and updated by the United States department of health and human services, must pay a monthly premium, in accordance with a procedure to be established by the commissioner. The amount of such premium shall be twenty-five dollars for an individual who is otherwise eligible for medical assistance under such subparagraphs, and fifty dollars for a couple, both of whom are otherwise eligible for medical assistance under such subparagraphs. No premium shall be required from a person whose net available income is less than one hundred fifty percent of the applicable federal income official poverty line, as defined and updated by the United States department of health and human services.

S 55. Section 364-i of the social services law is amended by adding a new subdivision 8 to read as follows:

8. (A) THE FOLLOWING INDIVIDUALS SHALL BE PRESUMED TO BE ELIGIBLE FOR MEDICAL ASSISTANCE UNDER THIS TITLE BEGINNING ON THE DATE THAT A QUALIFIED HOSPITAL, AS DEFINED IN PARAGRAPH (B) OF THIS SUBDIVISION, DETERMINES, ON THE BASIS OF PRELIMINARY INFORMATION, THAT:

(1) A CHILD HAS MAGI HOUSEHOLD INCOME THAT DOES NOT EXCEED THE APPLICABLE LEVEL FOR ELIGIBILITY AS PROVIDED FOR PURSUANT TO SUBPARAGRAPH TWO OR THREE OF PARAGRAPH (B) OF SUBDIVISION ONE OF SECTION THREE HUNDRED SIXTY-SIX OF THIS TITLE;

(2) A PREGNANT WOMAN HAS MAGI HOUSEHOLD INCOME THAT DOES NOT EXCEED THE MAGI-EQUIVALENT OF TWO HUNDRED PERCENT OF THE FEDERAL POVERTY LINE FOR THE APPLICABLE FAMILY SIZE;

(3) A PARENT OR CARETAKER RELATIVE HAS MAGI HOUSEHOLD INCOME THAT DOES NOT EXCEED THE MAGI-EQUIVALENT OF ONE HUNDRED THIRTY PERCENT OF THE HIGHEST AMOUNT THAT ORDINARILY WOULD HAVE BEEN PAID TO A PERSON WITHOUT ANY INCOME OR RESOURCES UNDER THE FAMILY ASSISTANCE PROGRAM AS IT EXISTED ON THE FIRST DAY OF NOVEMBER, NINETEEN HUNDRED NINETY-SEVEN, OR HAS NET AVAILABLE INCOME, INCLUDING AVAILABLE SUPPORT FROM RESPONSIBLE RELATIVES, THAT DOES NOT EXCEED THE AMOUNTS SET FORTH IN PARAGRAPH (A) OF SUBDIVISION TWO OF SECTION THREE HUNDRED SIXTY-SIX OF THIS TITLE;

(4) AN INDIVIDUAL IN NEED OF TREATMENT OF BREAST, CERVICAL, COLON, OR PROSTATE CANCER MEETS THE REQUIREMENTS OF PARAGRAPH (D) OR (E) OF SUBDIVISION FOUR OF SECTION THREE HUNDRED SIXTY-SIX OF THIS TITLE;

(5) AN INDIVIDUAL AGE NINETEEN OR OLDER AND UNDER AGE SIXTY-FIVE MEETS THE REQUIREMENTS OF SUBPARAGRAPH ONE OF PARAGRAPH (B) OF SUBDIVISION ONE OF SECTION THREE HUNDRED SIXTY-SIX OF THIS TITLE;

(6) AN INDIVIDUAL UNDER TWENTY-SIX YEARS OF AGE MEETS THE REQUIREMENTS OF SUBPARAGRAPH NINE OF PARAGRAPH (C) OF SUBDIVISION ONE OF SECTION THREE HUNDRED SIXTY-SIX OF THIS TITLE; AND

(7) AN INDIVIDUAL HAS INCOME THAT DOES NOT EXCEED THE MAGI-EQUIVALENT OF TWO HUNDRED PERCENT OF THE FEDERAL POVERTY LINE FOR THE APPLICABLE FAMILY SIZE, AND THE INDIVIDUAL MEETS THE REQUIREMENTS OF SUBPARAGRAPH SIX OF PARAGRAPH (B) OF SUBDIVISION ONE OF SECTION THREE HUNDRED SIXTY-SIX OF THIS TITLE; COVERAGE PURSUANT TO THIS SUBPARAGRAPH SHALL BE LIMITED TO FAMILY PLANNING SERVICES REIMBURSED BY THE FEDERAL GOVERNMENT AT A RATE OF NINETY PERCENT.

(B) FOR THE PURPOSES OF THIS SUBDIVISION, "QUALIFIED HOSPITAL" MEANS A HOSPITAL THAT:

(1) IS LICENSED UNDER ARTICLE TWENTY-EIGHT OF THE PUBLIC HEALTH LAW;

(2) IS ENROLLED AS A PROVIDER IN THE PROGRAM OF MEDICAL ASSISTANCE UNDER THIS TITLE;

(3) HAS NOTIFIED THE DEPARTMENT OF HEALTH OF ITS ELECTION TO MAKE PRESUMPTIVE ELIGIBILITY DETERMINATIONS UNDER THIS SUBDIVISION, AND AGREES TO MAKE SUCH DETERMINATIONS IN ACCORDANCE WITH POLICIES AND PROCEDURES ESTABLISHED BY THE DEPARTMENT;

(4) HAS BEEN DESIGNATED BY THE DEPARTMENT OF HEALTH AS A CERTIFIED APPLICATION COUNSELOR TO PROVIDE INFORMATION TO INDIVIDUALS CONCERNING QUALIFIED HEALTH PLANS OFFERED THROUGH A HEALTH INSURANCE EXCHANGE AND OTHER INSURANCE AFFORDABILITY PROGRAMS, ASSIST INDIVIDUALS TO APPLY FOR COVERAGE THROUGH A QUALIFIED HEALTH PLAN OR INSURANCE AFFORDABILITY PROGRAM, AND HELP FACILITATE THE ENROLLMENT OF ELIGIBLE INDIVIDUALS IN SUCH PLANS OR PROGRAMS; AND

(5) HAS NOT BEEN DISQUALIFIED BY THE DEPARTMENT OF HEALTH PURSUANT TO PARAGRAPH (C) OF THIS SUBDIVISION.

(C) THE DEPARTMENT OF HEALTH MAY DISQUALIFY A HOSPITAL AS A QUALIFIED HOSPITAL IF THE DEPARTMENT DETERMINES THAT THE HOSPITAL IS NOT:

(1) MAKING, OR IS NOT CAPABLE OF MAKING, PRESUMPTIVE ELIGIBILITY DETERMINATIONS IN ACCORDANCE WITH THE POLICIES AND PROCEDURES ESTABLISHED BY THE DEPARTMENT; OR

(2) MEETING SUCH STANDARDS AS MAY BE ESTABLISHED BY THE DEPARTMENT WITH RESPECT TO THE PROPORTION OF INDIVIDUALS DETERMINED PRESUMPTIVELY ELIGIBLE BY THE HOSPITAL WHO ARE FOUND BY THE MEDICAL ASSISTANCE PROGRAM TO BE ELIGIBLE FOR ONGOING MEDICAL ASSISTANCE AFTER THE END OF THE PRESUMPTIVE ELIGIBILITY PERIOD.

(D) CARE, SERVICES AND SUPPLIES, AS SET FORTH IN SECTION THREE HUNDRED SIXTY-FIVE-A OF THIS TITLE, THAT ARE FURNISHED TO AN INDIVIDUAL DURING A PRESUMPTIVE ELIGIBILITY PERIOD UNDER THIS SUBDIVISION BY AN ENTITY THAT IS ELIGIBLE FOR PAYMENTS UNDER THIS TITLE SHALL BE DEEMED TO BE MEDICAL ASSISTANCE FOR PURPOSES OF PAYMENT AND STATE REIMBURSEMENT.

S 56. Subdivision 1 of section 366 of the social services law is amended by adding a new paragraph (f) to read as follows:

(F) NOTWITHSTANDING ANY INCONSISTENT PROVISION OF THIS TITLE, FOR AN INDIVIDUAL WHO HAS INCOME IN EXCESS OF AN APPLICABLE INCOME ELIGIBILITY STANDARD AND IS ALLOWED TO ACHIEVE ELIGIBILITY FOR MEDICAL ASSISTANCE UNDER THIS TITLE BY INCURRING MEDICAL EXPENSES EQUAL TO THE AMOUNT OF SUCH EXCESS INCOME, THE AMOUNT OF EXCESS INCOME MAY BE CALCULATED BY COMPARING THE INDIVIDUAL'S MAGI HOUSEHOLD INCOME TO THE MAGI-EQUIVALENT OF THE APPLICABLE INCOME ELIGIBILITY STANDARD; PROVIDED, HOWEVER, THAT MEDICAL ASSISTANCE SHALL BE FURNISHED PURSUANT TO THIS PARAGRAPH ONLY IF, FOR SO LONG AS, AND TO THE EXTENT THAT FEDERAL FINANCIAL PARTICIPATION IS AVAILABLE THEREFOR. THE COMMISSIONER OF HEALTH SHALL MAKE ANY AMENDMENTS TO THE STATE PLAN FOR MEDICAL ASSISTANCE, OR APPLY FOR ANY

1 WAIVER OR APPROVAL UNDER THE FEDERAL SOCIAL SECURITY ACT THAT ARE NECES-
2 SARY TO CARRY OUT THE PROVISIONS OF THIS PARAGRAPH.

3 S 56-a. Section 364-j of the social services law is amended by adding
4 a new subdivision 30 to read as follows:

5 30. NOTWITHSTANDING THE PROVISIONS OF SECTIONS ONE HUNDRED TWELVE AND
6 ONE HUNDRED SIXTY-THREE OF THE STATE FINANCE LAW, OR SECTIONS ONE
7 HUNDRED FORTY-TWO AND ONE HUNDRED FORTY-THREE OF THE ECONOMIC DEVELOP-
8 MENT LAW, OR ANY CONTRARY PROVISION OF LAW, IN THE EVENT THAT THE STATE
9 RECEIVES PRIOR APPROVAL AND ENHANCED FINANCIAL PARTICIPATION FROM THE
10 CENTERS FOR MEDICAID AND MEDICARE SERVICES, ADMINISTRATION FOR CHILDREN
11 AND FAMILIES AND THE FEDERAL FOOD AND NUTRITION SERVICES FOR REIMBURSE-
12 MENT PURSUANT TO AN A-87 COST ALLOCATION WAIVER FOR ENHANCED FUNDING FOR
13 INTEGRATED ELIGIBILITY SYSTEMS, THE STATE IS AUTHORIZED TO ENTER INTO
14 CONTRACTS, AND/OR TO AMEND THE TERMS OF CONTRACTS AWARDED PRIOR TO THE
15 EFFECTIVE DATE OF THIS SUBDIVISION, WITHOUT A COMPETITIVE BID OR REQUEST
16 FOR PROPOSAL PROCESS, CONSISTENT WITH FEDERAL REQUIREMENTS, FOR THE
17 PURPOSE OF IMPLEMENTING PROJECTS AUTHORIZED UNDER SUCH WAIVER AMENDMENT;
18 PROVIDED, HOWEVER, IN THE CASE OF A CONTRACT ENTERED INTO AFTER THE
19 EFFECTIVE DATE OF THIS SUBDIVISION, THAT:

20 (A) THE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE, OR ANOTHER
21 STATE AGENCY, SHALL POST ON ITS WEBSITE, FOR A PERIOD OF NO LESS THAN
22 THIRTY DAYS:

23 (I) A DESCRIPTION OF THE PROPOSED SERVICES TO BE PROVIDED PURSUANT TO
24 THE CONTRACT OR CONTRACTS;

25 (II) THE CRITERIA FOR SELECTION OF A CONTRACTOR OR CONTRACTORS;

26 (III) THE PERIOD OF TIME DURING WHICH A PROSPECTIVE CONTRACTOR MAY
27 SEEK SELECTION, WHICH SHALL BE NO LESS THAN THIRTY DAYS AFTER SUCH
28 INFORMATION IS FIRST POSTED ON THE WEBSITE; AND

29 (IV) THE MANNER BY WHICH A PROSPECTIVE CONTRACTOR MAY SEEK SUCH
30 SELECTION, WHICH MAY INCLUDE SUBMISSION BY ELECTRONIC MEANS;

31 (B) ALL REASONABLE AND RESPONSIVE SUBMISSIONS THAT ARE RECEIVED FROM
32 PROSPECTIVE CONTRACTORS IN TIMELY FASHION SHALL BE REVIEWED BY THE
33 COMMISSIONER OF TEMPORARY AND DISABILITY ASSISTANCE OR OTHER STATE AGEN-
34 CY; AND

35 (C) THE COMMISSIONERS OF THE DEPARTMENT OF HEALTH, THE OFFICE OF
36 TEMPORARY AND DISABILITY ASSISTANCE AND THE OFFICE OF CHILDREN AND FAMI-
37 LY SERVICES, WORKING IN COOPERATION WITH THE STATE CHIEF INFORMATION
38 OFFICER, SHALL SELECT SUCH CONTRACTOR OR CONTRACTORS THAT, IN THEIR
39 DISCRETION, ARE BEST SUITED TO SERVICE THE PURPOSES OF THIS SECTION.

40 S 57. Paragraph (e) of subdivision 8 of section 2511 of the public
41 health law, as added by section 21-a of part B of chapter 109 of the
42 laws of 2010, is amended and a new paragraph (h) is added to read as
43 follows:

44 (e) The commissioner shall adjust subsidy payments to approved organ-
45 izations made on and after April first, two thousand ten THROUGH MARCH
46 THIRTY-FIRST, TWO THOUSAND FOURTEEN, so that the amount of each such
47 payment, as otherwise calculated pursuant to this subdivision, is
48 reduced by twenty-eight percent of the amount by which such calculated
49 payment exceeds the statewide average subsidy payment for all approved
50 organizations in effect on April first, two thousand ten. Such statewide
51 average subsidy payment shall be calculated by the commissioner and
52 shall not reflect adjustments made pursuant to this paragraph.

53 (H) NOTWITHSTANDING ANY INCONSISTENT PROVISION OF THIS TITLE, ARTICLES
54 THIRTY-TWO AND FORTY-THREE OF THE INSURANCE LAW AND SUBSECTION (E) OF
55 SECTION ELEVEN HUNDRED TWENTY OF THE INSURANCE LAW, EFFECTIVE APRIL
56 FIRST, TWO THOUSAND FOURTEEN:

1 (I) THE COMMISSIONER SHALL, SUBJECT TO APPROVAL OF THE DIRECTOR OF THE
2 DIVISION OF THE BUDGET, DEVELOP REIMBURSEMENT METHODOLOGIES FOR DETER-
3 MINING THE AMOUNT OF SUBSIDY PAYMENTS MADE TO APPROVED ORGANIZATIONS FOR
4 THE COST OF COVERED HEALTH CARE SERVICES COVERAGE PROVIDED PURSUANT TO
5 THIS TITLE.

6 (II) THE COMMISSIONER, IN CONSULTATION WITH ENTITIES REPRESENTING
7 APPROVED ORGANIZATIONS, SHALL SELECT AND CONTRACT WITH AN INDEPENDENT
8 ACTUARY TO REVIEW SUCH REIMBURSEMENT METHODOLOGIES; PROVIDED, HOWEVER,
9 NOTWITHSTANDING SECTION ONE HUNDRED SIXTY-THREE OF THE STATE FINANCE
10 LAW, THE COMMISSIONER MAY SELECT AND CONTRACT WITH THE INDEPENDENT ACTU-
11 ARY SELECTED PURSUANT TO SUBDIVISION EIGHTEEN OF SECTION THREE HUNDRED
12 SIXTY-FOUR-J OF THE SOCIAL SERVICES LAW, WITHOUT A COMPETITIVE BID OR
13 REQUEST FOR PROPOSAL PROCESS. SUCH INDEPENDENT ACTUARY SHALL REVIEW AND
14 MAKE RECOMMENDATIONS CONCERNING APPROPRIATE ACTUARIAL ASSUMPTIONS RELE-
15 VANT TO THE ESTABLISHMENT OF REIMBURSEMENT METHODOLOGIES, INCLUDING BUT
16 NOT LIMITED TO THE ADEQUACY OF SUBSIDY PAYMENT AMOUNTS IN RELATION TO
17 THE POPULATION TO BE SERVED ADJUSTED FOR CASE MIX, THE SCOPE OF SERVICES
18 APPROVED ORGANIZATIONS MUST PROVIDE, THE UTILIZATION OF SUCH SERVICES
19 AND THE NETWORK OF PROVIDERS REQUIRED TO MEET STATE STANDARDS.

20 (III) FOR THE PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN THROUGH MARCH
21 THIRTY-FIRST, TWO THOUSAND FIFTEEN, SUBSIDY PAYMENTS MADE TO APPROVED
22 ORGANIZATIONS SHALL BE AT AMOUNTS APPROVED PRIOR TO APRIL FIRST, TWO
23 THOUSAND FOURTEEN. ON AND AFTER APRIL FIRST, TWO THOUSAND FIFTEEN,
24 SUBSIDY PAYMENTS MADE TO APPROVED ORGANIZATIONS SHALL BE AT AMOUNTS
25 DETERMINED BY THE COMMISSIONER IN ACCORDANCE WITH THIS PARAGRAPH.

26 S 58. Paragraph (b) of subdivision 7 of section 2511 of the public
27 health law, as amended by chapter 923 of the laws of 1990, is amended to
28 read as follows:

29 (b) The commissioner, in consultation with the superintendent, shall
30 make a determination whether to approve, disapprove or recommend modifi-
31 cation of the proposal. In order for a proposal to be approved by the
32 commissioner, the proposal must also be approved by the superintendent
33 with respect to the provisions of subparagraphs (viii) [through], (IX)
34 AND (xii) of paragraph (a) of this subdivision.

35 S 59. Paragraph (d) of subdivision 2 of section 2511 of the public
36 health law is REPEALED.

37 S 60. Subparagraphs (iv) and (v) of paragraph (b) of subdivision 9 of
38 section 2511 of the public health law, subparagraph (iv) as amended by
39 section 33 of part D of chapter 56 of the laws of 2013 and subparagraph
40 (v) as amended by chapter 2 of the laws of 1998, are amended to read as
41 follows:

42 (iv) outstationing of persons who are authorized to provide assistance
43 to families in completing the enrollment application process under this
44 title and title eleven of article five of the social services law, in
45 locations, such as community settings, which are geographically accessi-
46 ble to large numbers of children who may be eligible for benefits under
47 such titles, and at times, including evenings and weekends, when large
48 numbers of children who may be eligible for benefits under such titles
49 are likely to be encountered. Persons outstationed in accordance with
50 this subparagraph shall be authorized to make determinations of presump-
51 tive eligibility in accordance with paragraph [(g)] (F) of subdivision
52 two of THIS section [two thousand five hundred and eleven of this
53 title]; and

54 (v) notice by local social services districts to medical assistance
55 applicants of the availability of benefits under paragraph [(g)] (F) of

1 subdivision two of THIS section [two thousand five hundred and eleven of
2 this title].

3 S 61. Subdivisions 3, 4 and 5 of section 47 of chapter 2 of the laws
4 of 1998, amending the public health law and other laws relating to
5 expanding the child health insurance plan, as amended by section 19 of
6 part D of chapter 59 of the laws of 2011, are amended to read as
7 follows:

8 3. section six of this act shall take effect January 1, 1999;
9 [provided, however, that subparagraph (iii) of paragraph (c) of subdivi-
10 sion 9 of section 2510 of the public health law, as added by this act,
11 shall expire on July 1, 2014;]

12 4. sections two, three, four, seven, eight, nine, fourteen, fifteen,
13 sixteen, eighteen, eighteen-a, [twenty-three,] twenty-four, and twenty-
14 nine of this act shall take effect January 1, 1999 and SECTION EIGH-
15 TEEN-A shall expire on July 1, 2014; section twenty-five of this act
16 shall take effect on January 1, 1999 and shall expire on April 1, 2005;

17 5. section twelve of this act shall take effect January 1, 1999;
18 [provided, however, paragraphs (g) and (h) of subdivision 2 of section
19 2511 of the public health law, as added by such section, shall expire on
20 July 1, 2014;]

21 S 62. Subdivision (g) of section 129 of part C of chapter 58 of the
22 laws of 2009, amending the public health law relating to the ADIRONDACK
23 MEDICAL HOME MULTIPAYOR DEMONSTRATION PROGRAM, is amended to read as
24 follows:

25 (g) section twenty-six-a of this act shall expire and be deemed
26 repealed April 1, [2014] 2017;

27 S 63. Section 4 of chapter 779 of the laws of 1986, amending the
28 social services law relating to authorizing services for non-residents
29 in adult homes, residences for adults and enriched housing programs, as
30 amended by chapter 108 of the laws of 2011, is amended to read as
31 follows:

32 S 4. This act shall take effect on the one hundred twentieth day after
33 it shall have become a law and shall remain in full force and effect
34 until July 1, [2014] 2017, provided however, that effective immediately,
35 the addition, amendment and/or repeal of any rules or regulations neces-
36 sary for the implementation of the foregoing sections of this act on its
37 effective date are authorized and directed to be made and completed on
38 or before such effective date.

39 S 64. Subdivision (i-1) of section 79 of part C of chapter 58 of the
40 laws of 2008, amending the social services law and the public health law
41 relating to adjustments of rates, as amended by section 21 of part D of
42 chapter 59 of the laws of 2011, is amended to read as follows:

43 (i-1) section thirty-one-a of this act shall be deemed repealed July
44 1, [2014] 2017;

45 S 65. Section 4 of chapter 19 of the laws of 1998, amending the social
46 services law relating to limiting the method of payment for prescription
47 drugs under the medical assistance program, as amended by section 107 of
48 part H of chapter 59 of the laws of 2011, is amended to read as follows:

49 S 4. This act shall take effect 120 days after it shall have become a
50 law and shall expire and be deemed repealed March 31, [2014] 2017.

51 S 66. Paragraph (e-1) of subdivision 12 of section 2808 of the public
52 health law, as amended by section 63 of part A of chapter 56 of the laws
53 of 2013, is amended to read as follows:

54 (e-1) Notwithstanding any inconsistent provision of law or regulation,
55 the commissioner shall provide, in addition to payments established
56 pursuant to this article prior to application of this section, addi-

1 tional payments under the medical assistance program pursuant to title
2 eleven of article five of the social services law for non-state operated
3 public residential health care facilities, including public residential
4 health care facilities located in the county of Nassau, the county of
5 Westchester and the county of Erie, but excluding public residential
6 health care facilities operated by a town or city within a county, in
7 aggregate annual amounts of up to one hundred fifty million dollars in
8 additional payments for the state fiscal year beginning April first, two
9 thousand six and for the state fiscal year beginning April first, two
10 thousand seven and for the state fiscal year beginning April first, two
11 thousand eight and of up to three hundred million dollars in such aggre-
12 gate annual additional payments for the state fiscal year beginning
13 April first, two thousand nine, and for the state fiscal year beginning
14 April first, two thousand ten and for the state fiscal year beginning
15 April first, two thousand eleven, and for the state fiscal years begin-
16 ning April first, two thousand twelve and April first, two thousand
17 thirteen, AND FOR THE STATE FISCAL YEARS BEGINNING APRIL FIRST, TWO
18 THOUSAND FOURTEEN, APRIL FIRST, TWO THOUSAND FIFTEEN AND APRIL FIRST,
19 TWO THOUSAND SIXTEEN. The amount allocated to each eligible public resi-
20 dential health care facility for this period shall be computed in
21 accordance with the provisions of paragraph (f) of this subdivision,
22 provided, however, that patient days shall be utilized for such computa-
23 tion reflecting actual reported data for two thousand three and each
24 representative succeeding year as applicable, and provided further,
25 however, that, in consultation with impacted providers, of the funds
26 allocated for distribution in the state fiscal year beginning April
27 first, two thousand thirteen, up to thirty-two million dollars may be
28 allocated in accordance with paragraph (f-1) of this subdivision.

29 S 67. Paragraph (i) of subdivision 3 of section 461-1 of the social
30 services law, as amended by section 4 of part D of chapter 56 of the
31 laws of 2012, is amended to read as follows:

32 (i) The commissioner of health is authorized to add up to six thousand
33 assisted living program beds to the gross number of assisted living
34 program beds having been determined to be available as of April first,
35 two thousand nine. Nothing herein shall be interpreted as prohibiting
36 any eligible applicant from submitting an application for any assisted
37 living program bed so added. The commissioner of health shall not be
38 required to review on a comparative basis applications submitted for
39 assisted living program beds made available under this paragraph. The
40 commissioner of health shall only authorize the addition of six thousand
41 beds pursuant to a [five] SEVEN year plan.

42 S 68. Notwithstanding any inconsistent provision of law, rule or regu-
43 lation, for purposes of implementing the provisions of the public health
44 law and the social services law, references to titles XIX and XXI of the
45 federal social security act in the public health law and the social
46 services law shall be deemed to include and also to mean any successor
47 titles thereto under the federal social security act.

48 S 69. Notwithstanding any inconsistent provision of law, rule or regu-
49 lation, the effectiveness of the provisions of sections 2807 and 3614 of
50 the public health law, section 18 of chapter 2 of the laws of 1988, and
51 18 NYCRR 505.14(h), as they relate to time frames for notice, approval
52 or certification of rates of payment, are hereby suspended and without
53 force or effect for purposes of implementing the provisions of this act.

54 S 70. Severability clause. If any clause, sentence, paragraph, subdi-
55 vision, section or part of this act shall be adjudged by any court of
56 competent jurisdiction to be invalid, such judgment shall not affect,

1 impair or invalidate the remainder thereof, but shall be confined in its
2 operation to the clause, sentence, paragraph, subdivision, section or
3 part thereof directly involved in the controversy in which such judgment
4 shall have been rendered. It is hereby declared to be the intent of the
5 legislature that this act would have been enacted even if such invalid
6 provisions had not been included herein.

7 S 71. This act shall take effect immediately and shall be deemed to
8 have been in full force and effect on and after April 1, 2013 provided
9 that:

10 1. sections one, two, three, four, five, fifty-nine and sixty of this
11 act shall take effect July 1, 2014;

12 2. section eight of this act shall take effect October 1, 2014;

13 3. section twenty-six of this act shall take effect immediately and be
14 deemed to have been in full force and effect on and after March 1, 2014;

15 4. section nine of this act shall take effect May 1, 2014; provided,
16 however, that the amendments to subparagraph (iii) of paragraph (c) of
17 subdivision 6 of section 367-a of the social services law made by
18 section nine of this act shall not affect the repeal of such paragraph
19 and shall be deemed repealed therewith;

20 5. section ten of this act shall expire and be deemed repealed March
21 31, 2016;

22 5-a. the amendments to section 1 of part H of chapter 111 of the laws
23 of 2010 made by section fifteen of this act shall not affect the expira-
24 tion of such section and shall be deemed expired therewith;

25 6. section fifty-five of this act shall take effect January 1, 2015;

26 7. the amendments to section 364-j of the social services law made by
27 sections one, two, thirty-six, forty-nine and fifty-six-a of this act
28 shall not affect the repeal of such section and shall be deemed repealed
29 therewith;

30 8. the amendments to subparagraph (vii) of paragraph (b) of subdivi-
31 sion 7 of section 4403-f of the public health law made by section thir-
32 ty-seven of this act shall not affect the expiration of such paragraph
33 and the repeal of such section and shall be deemed expired and repealed
34 therewith;

35 8-a. the amendments to section 48-a of part A of chapter 56 of the
36 laws of 2013 made by section thirteen of this act shall not affect the
37 repeal of such section and shall be deemed repealed therewith;

38 9. the amendments to subdivision (a) of section 364-jj of the social
39 services law made by section thirty-nine of this act shall not affect
40 the expiration of such section and shall be deemed expired therewith;

41 9-a. the amendments to subdivision 9 of section 2511 of the public
42 health law made by section sixty of this act shall not affect the expi-
43 ration of such subdivision and shall expire therewith;

44 10. 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 11. 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 12. the commissioner of health and the superintendent of the depart-
52 ment of financial services and any appropriate council may take any
53 steps necessary to implement this act prior to its effective date;

54 13. 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 the department of

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

5 14. the provisions of this act shall become effective notwithstanding
6 the failure of the commissioner of health or the superintendent of the
7 department of financial services or any council to adopt or amend or
8 promulgate regulations implementing this act.

9

PART D

10 Section 1. Subparagraph (iv) of paragraph a of subdivision 1 of
11 section 6908 of the education law, as amended by chapter 160 of the laws
12 of 2003, is amended and a new subparagraph (v) is added to read as
13 follows:

14 (iv) the furnishing of nursing assistance in case of an emergency; OR

15 (V) TASKS PROVIDED BY A DIRECT SUPPORT STAFF IN PROGRAMS FUNDED,
16 AUTHORIZED OR APPROVED BY THE OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISA-
17 BILITIES, WHEN PERFORMED UNDER THE SUPERVISION OF A REGISTERED PROFES-
18 SIONAL NURSE, INCLUDING TRAINING AND PERIODIC INSPECTION OF SUCH TASKS,
19 IN ACCORDANCE WITH AN AUTHORIZED PRACTITIONER'S ORDERED CARE;

20 S 2. This act shall take effect immediately.

21

PART E

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

27 S 3. This act shall take effect immediately; and shall expire and be
28 deemed repealed June 30, [2014] 2017.

29 S 2. This act shall take effect immediately.

30

PART F

31 Section 1. Subdivisions (d), (e), (f) and (g) of section 41.44 of the
32 mental hygiene law are relettered subdivisions (e), (f), (g), and (h)
33 and a new subdivision (d) is added to read as follows:

34 (D) THE COMMISSIONER IS AUTHORIZED TO RECOVER FUNDING FROM PROVIDERS
35 OF COMMUNITY RESIDENCES LICENSED BY THE OFFICE OF MENTAL HEALTH,
36 CONSISTENT WITH CONTRACTUAL OBLIGATIONS OF SUCH PROVIDERS, AND NOTWITH-
37 STANDING ANY OTHER INCONSISTENT PROVISION OF LAW TO THE CONTRARY, SUCH
38 RECOVERY AMOUNT SHALL EQUAL FIFTY PERCENT OF THE MEDICAID REVENUE
39 RECEIVED BY SUCH PROVIDERS WHICH EXCEEDS THE FIXED AMOUNT OF ANNUAL
40 MEDICAID REVENUE LIMITATIONS, AS ESTABLISHED BY THE COMMISSIONER.

41 S 2. This act shall take effect immediately, and shall be deemed to
42 have been in full force and effect on and after April 1, 2014.

43

PART G

44 Section 1. Subdivisions 3-b and 3-c of section 1 and section 4 of part
45 C of chapter 57 of the laws of 2006, relating to establishing a cost of
46 living adjustment for designated human services programs, as amended by
47 section 1 of part N of chapter 56 of the laws of 2013, are amended to
48 read as follows:

1 3-b. Notwithstanding any inconsistent provision of law, beginning
2 April 1, 2009 and ending March 31, [2014] 2015, the commissioners shall
3 not include a COLA for the purpose of establishing rates of payments,
4 contracts or any other form of reimbursement.

5 3-c. Notwithstanding any inconsistent provision of law, beginning
6 April 1, [2014] 2015 and ending March 31, [2017] 2018, the commissioners
7 shall develop the COLA under this section using the actual U.S. consumer
8 price index for all urban consumers (CPI-U) published by the United
9 States department of labor, bureau of labor statistics for the twelve
10 month period ending in July of the budget year prior to such state
11 fiscal year, for the purpose of establishing rates of payments,
12 contracts or any other form of reimbursement.

13 S 4. This act shall take effect immediately and shall be deemed to
14 have been in full force and effect on and after April 1, 2006; provided
15 section one of this act shall expire and be deemed repealed April 1,
16 [2017] 2018; provided, further, that sections two and three of this act
17 shall expire and be deemed repealed December 31, 2009.

18 S 2. This act shall take effect immediately and shall be deemed to
19 have been in full force and effect on and after April 1, 2014; provided,
20 however, that the amendments to section 1 of part C of chapter 57 of the
21 laws of 2006 made by section one of this act shall not affect the repeal
22 of such section and shall be deemed repealed therewith.

23 S 2. Severability clause. If any clause, sentence, paragraph, subdivi-
24 sion, section or part of this act shall be adjudged by any court of
25 competent jurisdiction to be invalid, such judgment shall not affect,
26 impair, or invalidate the remainder thereof, but shall be confined in
27 its operation to the clause, sentence, paragraph, subdivision, section
28 or part thereof directly involved in the controversy in which such judg-
29 ment shall have been rendered. It is hereby declared to be the intent of
30 the legislature that this act would have been enacted even if such
31 invalid provisions had not been included herein.

32 S 3. This act shall take effect immediately provided, however, that
33 the applicable effective date of Parts A through G of this act shall be
34 as specifically set forth in the last section of such Parts.