

S. 6914

A. 9205

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

March 29, 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 prenatal clinical health care services; 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 biennial reports for the control of malignant diseases; to amend the state finance law, in relation to the breast cancer research and education fund; to amend the public health law, and the state finance law, in relation to the cancer detection and education program advisory counsel; to amend the vehicle and traffic law, in relation to a distinctive "drive for the cure" license plate; to amend the tax law, in relation to the gift for prostate and testicular research and education; to amend the public health law, in relation to the capital restructuring financing program; to amend the public health law, in relation to delivery system reform incentive payments; to amend the public health law, in relation to eligible applicants for the Medicaid redesign team initiatives; to amend the state finance law, in relation to the Alzheimer's disease assistance fund; to amend the public health law, in relation to participating borrowers; to amend the elder law, in relation to program eligibility for catastrophic coverage; to amend the public health law, in relation to the primary care service corps practitioner loan repayment program; to amend the public health law, in relation to evaluating the state's health information technology infrastructure and systems; to amend the public health law, in relation to the establishment of certain free standing clinics, outpatient health care facilities and ambulatory health care centers in the county of Bronx; in relation to payments submitted by early intervention providers to certain third party payors; to amend the public health law and the insurance law, in relation to safe patient handling; to amend the public health law and

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

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the social services law, in relation to review of criminal history information concerning prospective employees; to amend the public health law, in relation to the provision of contact information relating to long term care; 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 the social services law and the public health law, in relation to streamlining the application process for adult 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; and to repeal certain provisions of the public health law and the state finance law relating thereto (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; directing the department of health to develop new methodology for pharmacy reimbursement; 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 social services law, in relation to emergency and non-emergency transporta-

tion; to amend section 45-c of part A of chapter 56 of the laws of 2013, relating to the report on the transition of behavioral health services as a managed care benefit in the medical assistance program, in relation to reports on the transition of behavior health services; 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 social services law in relation to Community First Choice Option; to amend education law in relation to developing training curricula to educate certain home health aides; to amend public health law in relation to Development Disabilities Individual Care and Support Organization; 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 state finance law, in relation to a basic health program trust fund and a state health innovation plan account; 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 the public health law in relation to potentially preventable negative outcomes; to amend the public health law, in relation to a rural dentistry pilot program; 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; to amend chapter 731 of the laws of 1993, amending the public health law and other laws relating to reimbursement, delivery and capital cost of ambulatory health care services and inpatient hospital services, in relation to the effectiveness thereof; to amend chapter 904 of the laws of 1984, amending the public health law and the social services law relating to encouraging comprehensive health services, in relation to the effectiveness thereof; providing for the repeal of certain provisions relating to the availability of funds upon expiration thereof; 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 and the public health law, in relation to the practice of pharmacy and the compounding of drugs, and establishing requirements for the registration of outsourcing facilities in New York state (Part D); to amend the mental hygiene law, in relation to establishing an integrated employment plan (Part E); directing a report by the office for people with developmental disabilities on the establishment of a direct support professional credentialing pilot program (Part F); to amend the mental hygiene law and the state finance law, in relation to community mental health support and workforce reinvestment funds; and to amend chapter 62 of the laws of 2003, amending the mental hygiene law and the state finance law relating to the community mental health support and workforce reinvestment program, the membership of subcommittees for mental health of community services boards and the duties of such subcommittees and creating the community mental health and workforce reinvestment account, in relation to extending such provisions relating thereto (Part G); to amend the insurance law, the public health law and the financial services law, in relation to establishing protections to prevent surprise medical bills including network adequacy requirements, claim submission requirements, access to out-of-network care and prohibition of excessive emergency charges (Part H); 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 forgoing such adjustment during the 2014-2015 state fiscal year (Part I)

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 I. The effective date for each particular
5 provision contained within such Part is set forth in the last section of
6 such Part. Any provision in any section contained within a Part, includ-
7 ing the effective date of the Part, which makes a reference to a section
8 "of this act", when used in connection with that particular component,
9 shall be deemed to mean and refer to the corresponding section of the
10 Part in which it is found. Section three of this act sets forth the
11 general effective date of this act.

12 PART A

13 Section 1. Paragraph (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
20 and other services appropriate to promote the birth of a healthy baby to
21 a healthy mother, and services to assure that infants, young children,
22 and school age children are enrolled in appropriate health insurance
23 programs and other health benefit programs for which they are eligible,
24 and that the parents or guardians of such children are provided with
25 information concerning health care providers in their area that are
26 willing and able to provide health services to such children. Provision
27 of primary and preventive clinical health care services shall be eligi-
28 ble for state aid for uninsured persons under the age of twenty-one,
29 provided that the municipality makes good faith efforts to assist such
30 persons with insurance enrollment and only until such time as enrollment
31 becomes effective. PROVISION OF PRENATAL CLINICAL HEALTH CARE SERVICES
32 SHALL BE ELIGIBLE FOR STATE AID FOR UNINSURED WOMEN OF ANY AGE, PROVIDED
33 THAT THE MUNICIPALITY MAKES GOOD FAITH EFFORTS TO ASSIST SUCH WOMEN WITH
34 INSURANCE ENROLLMENT AND ONLY UNTIL SUCH TIME AS ENROLLMENT BECOMES
35 EFFECTIVE.

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

40 1. Except as provided in section three thousand one hundred twenty-one
41 of the civil practice law and rules, or unless otherwise specifically
42 authorized or required by a state or federal law, no person shall order
43 the performance of an HIV related test without first having received
44 [the written or, where authorized by this subdivision, oral,] informed
45 consent of the subject of the test who has capacity to consent or, when
46 the subject lacks capacity to consent, of a person authorized pursuant
47 to law to consent to health care for such individual. [When the test

1 being ordered is a rapid HIV test, such informed consent may be obtained
2 orally and shall be documented in the subject of the test's medical
3 record by the person ordering the performance of the test.] IN ORDER FOR
4 THERE TO BE INFORMED CONSENT, THE PERSON ORDERING THE TEST SHALL, PRIOR
5 TO OBTAINING INFORMED CONSENT, AT A MINIMUM ADVISE THE PROTECTED INDI-
6 VIDUAL THAT AN HIV-RELATED TEST IS BEING PERFORMED.

7 2. [Except where subdivision one of this section permits informed
8 consent to be obtained orally, informed consent to HIV related testing
9 shall consist of a statement consenting to HIV related testing signed by
10 the subject of the test who has capacity to consent or, when the subject
11 lacks capacity to consent, by a person authorized pursuant to law to
12 consent to health care for the subject after the subject or such other
13 person has received the information described in subdivision three of
14 this section.

15 2-a. Where a written consent to HIV related testing is included in a
16 signed general consent to medical care for the subject of the test or in
17 a signed consent to any health care service for the subject of the test,
18 the consent form shall have a clearly marked place adjacent to the
19 signature where the subject of the test, or, when the subject lacks
20 capacity to consent, a person authorized pursuant to law to consent to
21 health care for such individual, shall be given an opportunity to
22 specifically decline in writing HIV related testing on such general
23 consent.

24 2-b. A written or oral informed] INFORMED consent for HIV related
25 testing pursuant to this section shall be valid for such testing until
26 such consent is revoked [or expires by its terms]. Each time that an HIV
27 related test is ordered pursuant to informed consent in accordance with
28 this section, the physician or other person authorized pursuant to law
29 to order the performance of the HIV related test, or such person's
30 representative, shall orally notify the subject of the test or, when the
31 subject lacks capacity to consent, a person authorized pursuant to law
32 to consent to health care for such individual, that an HIV related test
33 will be conducted at such time, and shall note the notification in the
34 patient's record.

35 [2-c.] 2-A. The provisions of this section regarding [oral] informed
36 consent [for a rapid HIV test] shall not apply to tests performed in a
37 facility operated under the correction law. FOR TESTS CONDUCTED IN A
38 FACILITY UNDER THE CORRECTION LAW, INDIVIDUAL CONSENT FOR HIV RELATED
39 TESTING MUST BE IN WRITING.

40 3. [Prior to the execution of written, or obtaining and documenting
41 oral, informed consent, a] A person ordering the performance of an HIV
42 related test shall provide either directly or through a representative
43 to the subject of an HIV related test or, if the subject lacks capacity
44 to consent, to a person authorized pursuant to law to consent to health
45 care for the subject, an explanation that:

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

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

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

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

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

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

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

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

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

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

S 2135. Confidentiality. All reports or information secured by the department, municipal health commissioner or district health officer under the provisions of this title shall be confidential except: (a) in so far as is necessary to carry out the provisions of this title; (b) when used in the aggregate, without patient specific identifying information, in programs approved by the commissioner for the improvement of the quality of medical care provided to persons with HIV/AIDS; [or] (c) 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 CURRENTLY TREATING THE PATIENT AS APPROVED BY THE COMMISSIONER.

S 4. Intentionally omitted.

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

1 projects that are currently being conducted and recommendations for
2 future research projects;

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

22 (e) Solicit, receive, and review applications from public and private
23 agencies and organizations and qualified research institutions for
24 grants from the breast cancer research and education fund, created
25 pursuant to section ninety-seven-yy of the state finance law, to conduct
26 research or educational programs which focus on the causes, prevention,
27 screening, treatment and cure of breast cancer and may include, but are
28 not limited to mapping of breast cancer, and basic, behavioral, clin-
29 ical, demographic, environmental, epidemiologic and psychosocial
30 research. The board shall make recommendations to the commissioner, and
31 the commissioner shall, in his or her discretion, grant approval of
32 applications for grants from those applications recommended by the
33 board. The board shall consult with the Centers for Disease Control and
34 Prevention, the National Institutes of Health, the Federal Agency For
35 Health Care Policy and Research, the National Academy of Sciences,
36 breast cancer advocacy groups, and other organizations or entities which
37 may be involved in breast cancer research to solicit both information
38 regarding breast cancer research projects that are currently being
39 conducted and recommendations for future research projects. As used in
40 this section, "qualified research institution" may include academic
41 medical institutions, state or local government agencies, public or
42 private organizations within this state, and any other institution
43 approved by the department, which is conducting a breast cancer research
44 project or educational program. If a board member submits an application
45 for a grant from the breast cancer research and education fund, he or
46 she shall be prohibited from reviewing and making a recommendation on
47 the application;

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

52 (g) After two years of implementation of pesticide reporting pursuant
53 to section 33-1205 of the environmental conservation law, the board
54 shall compare the percentage of agricultural crop production general use
55 pesticides being reported to the total amount of such pesticides being
56 used in this state as estimated by Cornell University, Cornell Cooper-

1 active Extension, the department of environmental conservation, and the
2 Environmental Protection Agency;

3 (h) Meet at least six times in the first year, at the request of the
4 chair and at any other time as the chair deems necessary. The board
5 shall meet at least [four] TWO times a year AND AS NEEDED thereafter.
6 Provided, however, that at least one such meeting a year shall be a
7 public hearing, at which the general public may question and present
8 information and comments to the board with respect to the operation of
9 the health research science board, the breast cancer research and educa-
10 tion fund[, the prostate and testicular cancer research and education
11 fund], and pesticide reporting established pursuant to sections 33-1205
12 and 33-1207 of the environmental conservation law. At such hearing, the
13 commissioner of the department of environmental conservation or his or
14 her designee shall make a report to the board with respect to the effi-
15 ciency and utility of pesticide reporting established pursuant to
16 sections 33-1205 and 33-1207 of the environmental conservation law.
17 SHOULD THE EXISTING BYLAWS BE AMENDED BY THE BOARD, ANY SUCH AMENDMENTS
18 SHALL BE CONSISTENT WITH THE REVISIONS OF THIS PARAGRAPH;

19 S 5-a. Section 2413 of the public health law, as amended by chapter
20 219 of the laws of 1997, is amended to read as follows:

21 S 2413. Biennial report. The commissioner shall submit a report on or
22 before January first commencing in nineteen hundred ninety-nine, and
23 biennially thereafter, to the governor, the temporary president of the
24 senate and the speaker of the assembly concerning the operation of the
25 health research science board. Such report shall include recommendations
26 from the health research science board including, but not limited to,
27 the types of data that would be useful for breast[, prostate or testicu-
28 lar] cancer researchers and whether private citizen use of residential
29 pesticides should be added to the reporting requirements. The report
30 shall also include a summary of research requests granted or denied. In
31 addition, such report shall include an evaluation by the commissioner,
32 the commissioner of the department of environmental conservation and the
33 health research science board of the basis, efficiency and scientific
34 utility of the information derived from pesticide reporting pursuant to
35 sections 33-1205 and 33-1207 of the environmental conservation law and
36 recommend whether such system should be modified or continued. The
37 report shall include a summary of the comments and recommendations
38 presented by the public at the board's public hearings.

39 S 5-b. Section 97-yy of the state finance law is amended by adding a
40 new subdivision 2-b to read as follows:

41 2-B. ON OR BEFORE THE FIRST DAY OF FEBRUARY EACH YEAR, THE COMMISSION-
42 ER OF HEALTH SHALL PROVIDE A WRITTEN REPORT TO THE TEMPORARY PRESIDENT
43 OF THE SENATE, SPEAKER OF THE ASSEMBLY, CHAIR OF THE SENATE FINANCE
44 COMMITTEE, CHAIR OF THE ASSEMBLY WAYS AND MEANS COMMITTEE, CHAIR OF THE
45 SENATE COMMITTEE ON HEALTH, AND CHAIR OF THE ASSEMBLY HEALTH COMMITTEE.
46 SUCH REPORT SHALL INCLUDE HOW THE MONIES OF THE FUND WERE UTILIZED
47 DURING THE PRECEDING CALENDAR YEAR, AND SHALL INCLUDE:

48 (I) THE AMOUNT OF MONEY DISPERSED FROM THE FUND;

49 (II) RECIPIENTS OF AWARDS FROM THE FUND;

50 (III) THE AMOUNT AWARDED TO EACH; AND

51 (IV) THE PURPOSES FOR WHICH SUCH AWARDS WERE GRANTED.

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

55 S 2409-a. Advisory council. 1. There is hereby established in the
56 department the [breast, cervical and ovarian] cancer detection and

1 education program advisory council, for the purpose of advising the
2 commissioner with regards to providing information to consumers,
3 patients, and health care providers relating, but not limited to,
4 breast, cervical, PROSTATE, TESTICULAR and ovarian cancer, including
5 signs and symptoms, risk factors, the benefits of prevention and early
6 detection, guideline concordant cancer screening and disease management,
7 options for diagnostic testing and treatment, new technologies, and
8 survivorship.

9 2. The advisory council shall: (A) make recommendations to the depart-
10 ment regarding the promotion and implementation of programs under
11 sections twenty-four hundred six and twenty-four hundred nine of this
12 title; AND (B) PRIOR TO THE DEPARTMENT PROVIDING GRANTS FROM THE NEW
13 YORK STATE PROSTATE AND TESTICULAR CANCER RESEARCH AND EDUCATION FUND,
14 CREATED PURSUANT TO SECTION NINETY-FIVE-E OF THE STATE FINANCE LAW,
15 ADVISE THE DEPARTMENT ON VARIOUS COMPONENTS OF THE DEPARTMENT'S SOLIC-
16 ITATION TO DISTRIBUTE SUCH FUNDS, INCLUDING BUT NOT LIMITED TO, THE
17 POTENTIAL USES OF THE FUNDS, THE ENTITIES THAT MAY BE ELIGIBLE TO APPLY
18 FOR THE FUNDS, THE RECOMMENDED CONTRACT DELIVERABLES FOR ENTITIES
19 RECEIVING THE FUNDS, THE RECOMMENDED GEOGRAPHIC DISTRIBUTION OF THE
20 FUNDS, AND THE RECOMMENDED AWARD AMOUNTS.

21 3. The commissioner shall appoint twenty-one voting members, which
22 shall include representation of health care professionals, consumers,
23 patients, ONE VOTING MEMBER WHO SHALL BE A PERSON WHO HAS OR HAS HAD
24 PROSTATE OR TESTICULAR CANCER, ONE VOTING MEMBER WHO SHALL BE A PERSON
25 WHO HAS OR HAS HAD BREAST, CERVICAL OR OVARIAN CANCER and other appro-
26 priate [interest] INTERESTS reflective of the diversity of the state,
27 with expertise in breast, cervical, PROSTATE, TESTICULAR and/or ovarian
28 cancer. The commissioner shall appoint one member as a chairperson. The
29 members of the council shall receive no compensation for their services,
30 but shall be allowed their actual and necessary expenses incurred in
31 performance of their duties.

32 4. A majority of the appointed voting membership of the board shall
33 constitute quorum.

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

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

39 S 95-e. New York [state] STATE prostate AND TESTICULAR cancer
40 research[, detection] and education fund. 1. There is hereby established
41 in the joint custody of the commissioner of taxation and finance and the
42 comptroller, a special fund to be known as the "New York [state] STATE
43 prostate AND TESTICULAR cancer research[, detection] and education
44 fund".

45 2. Such fund shall consist of all revenues received pursuant to the
46 provisions of SECTION FOUR HUNDRED FOUR-Q OF THE VEHICLE AND TRAFFIC
47 LAW, AS ADDED BY CHAPTER FIVE HUNDRED TWENTY-EIGHT OF THE LAWS OF NINE-
48 TEEN HUNDRED NINETY-NINE, AND sections two hundred nine-E and six
49 hundred thirty of the tax law, all revenues received pursuant to appro-
50 priations by the legislature, and all moneys appropriated, credited, or
51 transferred thereto from any other fund or source pursuant to law. For
52 each state fiscal year, there shall be appropriated to the fund by the
53 state, in addition to all other moneys required to be deposited into
54 such fund, an amount equal to the amounts of monies collected and depos-
55 ited into the fund pursuant to SECTION FOUR HUNDRED FOUR-Q OF THE VEHI-
56 CLE AND TRAFFIC LAW, AS ADDED BY CHAPTER FIVE HUNDRED TWENTY-EIGHT OF

1 THE LAWS OF NINETEEN HUNDRED NINETY-NINE, AND sections two hundred
2 [nine-e] NINE-E and six hundred thirty of the tax law during the preced-
3 ing calendar year, as certified by the comptroller. Nothing contained
4 herein shall prevent the state from receiving grants, gifts or bequests
5 for the purposes of the fund as defined in this section and depositing
6 them into the fund according to law. Any interest received by the comp-
7 troller on moneys on deposit in such fund shall be retained in and
8 become part of such fund.

9 3. (A) Moneys of the fund [shall be expended only to provide grants to
10 the New York State Coalition to Cure Prostate Cancer, a not-for-profit
11 corporation established in this state which is incorporated], FOLLOWING
12 APPROPRIATION BY THE LEGISLATURE AND ALLOCATION BY THE DIRECTOR OF THE
13 BUDGET, SHALL BE MADE AVAILABLE TO THE COMMISSIONER OF HEALTH TO PROVIDE
14 GRANTS for the purpose of advancing and financing prostate AND TESTICU-
15 LAR cancer research, [detection] SUPPORT PROGRAMS and education
16 projects. [To the extent practicable, the New York State Coalition to
17 Cure Prostate Cancer shall cooperate and coordinate its efforts with the
18 prostate and testicular cancer detection and education advisory council
19 established pursuant to section twenty-four hundred sixteen of the
20 public health law.]

21 (B) NOTWITHSTANDING ANY INCONSISTENT PROVISION OF SECTION ONE HUNDRED
22 SIXTY-THREE OF THE STATE FINANCE LAW, THE COMMISSIONER OF HEALTH IS
23 AUTHORIZED TO ENTER INTO A CONTRACT OR CONTRACTS UNDER PARAGRAPH (A) OF
24 THIS SUBDIVISION WITHOUT A COMPETITIVE BID OR REQUEST FOR PROPOSAL PROC-
25 ESS, PROVIDED, HOWEVER, THAT:

26 (I) THE DEPARTMENT OF HEALTH SHALL POST ON ITS WEBSITE, FOR A PERIOD
27 OF NO LESS THAN THIRTY DAYS:

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

30 (2) THE CRITERIA FOR SELECTION OF A CONTRACTOR OR CONTRACTORS;

31 (3) THE PERIOD OF TIME DURING WHICH A PROSPECTIVE CONTRACTOR MAY SEEK
32 SELECTION, WHICH SHALL BE NO LESS THAN THIRTY DAYS AFTER SUCH INFORMA-
33 TION IS FIRST POSTED ON THE WEBSITE; AND

34 (4) THE MANNER BY WHICH A PROSPECTIVE CONTRACTOR MAY SEEK SUCH
35 SELECTION, WHICH MAY INCLUDE SUBMISSION BY ELECTRONIC MEANS;

36 (II) ALL REASONABLE AND RESPONSIVE SUBMISSIONS THAT ARE RECEIVED FROM
37 PROSPECTIVE CONTRACTORS IN TIMELY FASHION SHALL BE REVIEWED BY THE
38 COMMISSIONER OF HEALTH; AND

39 (III) THE COMMISSIONER OF HEALTH SHALL SELECT SUCH CONTRACTOR OR
40 CONTRACTORS THAT, IN HIS OR HER DISCRETION, ARE BEST SUITED TO SERVE THE
41 PURPOSES OF THIS SECTION.

42 4. (A) On or before the first day of February each year, the comp-
43 troller shall certify to the governor, temporary president of the
44 senate, speaker of the assembly, chair of the senate finance committee
45 and chair of the assembly ways and means committee, the amount of money
46 deposited by source in the New York [state] STATE prostate AND TESTICU-
47 LAR cancer research[, detection] and education fund during the preceding
48 calendar year as the result of revenue derived pursuant to SECTION FOUR
49 HUNDRED FOUR-Q OF THE VEHICLE AND TRAFFIC LAW, AS ADDED BY CHAPTER FIVE
50 HUNDRED TWENTY-EIGHT OF THE LAWS OF NINETEEN HUNDRED NINETY-NINE, AND
51 sections two hundred nine-E and six hundred thirty of the tax law and
52 from all other sources.

53 (B) ON OR BEFORE THE FIRST DAY OF FEBRUARY EACH YEAR, THE COMMISSIONER
54 OF HEALTH SHALL PROVIDE A WRITTEN REPORT TO THE TEMPORARY PRESIDENT OF
55 THE SENATE, SPEAKER OF THE ASSEMBLY, CHAIR OF THE SENATE FINANCE COMMIT-
56 TEE, CHAIR OF THE ASSEMBLY WAYS AND MEANS COMMITTEE, CHAIR OF THE SENATE

1 COMMITTEE ON HEALTH, AND CHAIR OF THE ASSEMBLY HEALTH COMMITTEE. SUCH
2 REPORT SHALL INCLUDE HOW MONIES OF THE FUND WERE UTILIZED DURING THE
3 PRECEDING CALENDAR YEAR AND SHALL INCLUDE:

4 (I) THE AMOUNT OF MONEY DISBURSED FROM THE FUND;

5 (II) RECIPIENTS OF AWARDS FROM THE FUND;

6 (III) THE AMOUNT AWARDED TO EACH; AND

7 (IV) THE PURPOSES FOR WHICH SUCH AWARDS WERE GRANTED.

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

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

20 S 7-a. Subdivision 2 of section 404-q of the vehicle and traffic law,
21 as added by chapter 528 of the laws of 1999, is amended to read as
22 follows:

23 2. A distinctive "drive for the cure" license plate issued pursuant to
24 this section shall be issued in the same manner as other number plates
25 upon the payment of the regular registration fee prescribed by section
26 four hundred one of this article, provided, however, that an additional
27 annual service charge of twenty-five dollars shall be charged for such
28 plate. Twelve dollars and fifty cents from each twenty-five dollars
29 received as annual service charges under this section shall be deposited
30 to the credit of the breast cancer research and education fund estab-
31 lished pursuant to section ninety-seven-yy of the state finance law and
32 shall be used for research and education programs undertaken pursuant to
33 section twenty-four hundred ten of the public health law. Twelve dollars
34 and fifty cents from each twenty-five dollars received as annual service
35 charges under this section shall be deposited to the credit of the NEW
36 YORK STATE prostate and testicular cancer research and education fund
37 established pursuant to section [ninety-seven-ccc] NINETY-FIVE-E of the
38 state finance law and shall be used for research and education programs
39 undertaken pursuant to section [ninety-seven-ccc] NINETY-FIVE-E of the
40 state finance law. Provided, however that one year after the effective
41 date of this section funds in the amount of six thousand dollars, or so
42 much thereof as may be available, shall be allocated to the department
43 to offset costs associated with the production of such license plates.

44 S 7-b. Section 97-ccc of the state finance law is REPEALED.

45 S 7-c. Section 209-E of the tax law, as added by chapter 273 of the
46 laws of 2004, is amended to read as follows:

47 S 209-E. Gift for prostate AND TESTICULAR cancer research[, detection]
48 and education. Effective for any tax year commencing on or after Janu-
49 ary first, two thousand four, a taxpayer in any taxable year may elect
50 to contribute to the support of the New York [state] STATE prostate AND
51 TESTICULAR cancer research[, detection] and education fund. Such
52 contribution shall be in any whole dollar amount and shall not reduce
53 the amount of the state tax owed by such taxpayer. The commissioner
54 shall include space on the corporate income tax return to enable a
55 taxpayer to make such contribution. Notwithstanding any other provision
56 of law, all revenues collected pursuant to this section shall be credit-

ed to the New York [state] STATE prostate AND TESTICULAR cancer research[, detection] and education fund and shall be used only for those purposes enumerated in section ninety-five-e of the state finance law.

S 7-d. Section 630 of the tax law, as added by chapter 273 of the laws of 2004, is amended to read as follows:

S 630. Gift for prostate AND TESTICULAR cancer research[, detection] and education. Effective for any tax year commencing on or after January first, two thousand four, an individual in any taxable year may elect to contribute to the New York [state] STATE prostate AND TESTICULAR cancer research[, detection] and education fund. Such contribution shall be in any whole dollar amount and shall not reduce the amount of state tax owed by such individual. The commissioner shall include space on the personal income tax return to enable a taxpayer to make such contribution. Notwithstanding any other provision of law all revenues collected pursuant to this section shall be credited to the New York [state] STATE prostate AND TESTICULAR cancer research[, detection] and education fund and used only for those purposes enumerated in section ninety-five-e of the state finance law.

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

S 2825. CAPITAL RESTRUCTURING FINANCING PROGRAM. 1. A CAPITAL RESTRUCTURING FINANCING PROGRAM IS HEREBY ESTABLISHED UNDER THE JOINT ADMINISTRATION OF THE COMMISSIONER AND THE PRESIDENT OF THE DORMITORY AUTHORITY OF THE STATE OF NEW YORK FOR THE PURPOSE OF ENHANCING THE QUALITY, FINANCIAL VIABILITY AND EFFICIENCY OF NEW YORK'S HEALTH CARE DELIVERY SYSTEM BY TRANSFORMING THE SYSTEM INTO A MORE RATIONAL PATIENT-CENTERED CARE SYSTEM THAT PROMOTES POPULATION HEALTH AND IMPROVED WELL-BEING FOR ALL NEW YORKERS. THE ISSUANCE OF ANY BONDS OR NOTES HEREUNDER SHALL FURTHER BE SUBJECT TO THE APPROVAL OF THE DIRECTOR OF THE DIVISION OF THE BUDGET, AND ANY PROJECTS FUNDED THROUGH THE ISSUANCE OF BONDS OR NOTES HEREUNDER SHALL BE APPROVED BY THE NEW YORK STATE PUBLIC AUTHORITIES CONTROL BOARD, AS REQUIRED UNDER SECTION FIFTY-ONE OF THE PUBLIC AUTHORITIES LAW.

2. FOR THE PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND TWENTY-ONE, FUNDS MADE AVAILABLE FOR EXPENDITURE PURSUANT TO THIS SECTION MAY BE DISTRIBUTED BY THE COMMISSIONER AND THE PRESIDENT OF THE AUTHORITY, IN CONSULTATION WITH THE COMMISSIONERS OF THE OFFICE OF MENTAL HEALTH, OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES AND OFFICE FOR ALCOHOLISM AND SUBSTANCE ABUSE SERVICES, AS APPLICABLE, FOR:

(A) CAPITAL GRANTS TO GENERAL HOSPITALS, RESIDENTIAL HEALTH CARE FACILITIES, DIAGNOSTICS AND TREATMENT CENTERS, AND CLINICS LICENSED PURSUANT TO THIS CHAPTER OR THE MENTAL HYGIENE LAW, ASSISTED LIVING PROGRAMS, PRIMARY CARE PROVIDERS, AND HOME CARE PROVIDERS CERTIFIED OR LICENSED PURSUANT TO ARTICLE THIRTY-SIX OF THIS CHAPTER (COLLECTIVELY "APPLICANTS") THAT QUALIFY FOR PAYMENTS UNDER THE DELIVERY SYSTEM REFORM INCENTIVE PAYMENT PROGRAM (DSRIP), IN WHICH CASE FUNDING UNDER THIS PARAGRAPH SHALL BE REQUESTED IN SUCH APPLICANT'S DSRIP APPLICATION. SUCH CAPITAL GRANT PROJECTS INCLUDE, BUT ARE NOT LIMITED TO; CLOSURES, MERGERS, RESTRUCTURING, IMPROVEMENTS TO INFRASTRUCTURE, DEVELOPMENT OF PRIMARY CARE SERVICE CAPACITY, DEVELOPMENT OF TELEHEALTH INFRASTRUCTURE, THE PROMOTION OF INTEGRATED DELIVERY SYSTEMS THAT STRENGTHEN AND PROTECT CONTINUED ACCESS TO ESSENTIAL HEALTH CARE SERVICES AND OTHER TRANSFORMATIONAL PROJECTS AS DETERMINED BY THE COMMISSIONER AND THE PRESIDENT OF THE AUTHORITY.

1 (B) CAPITAL GRANTS TO GENERAL HOSPITALS, RESIDENTIAL HEALTH CARE
2 FACILITIES, DIAGNOSTIC AND TREATMENT CENTERS, AND CLINICS LICENSED
3 PURSUANT TO THIS CHAPTER OR THE MENTAL HYGIENE LAW, ASSISTED LIVING
4 PROGRAMS, PRIMARY CARE PROVIDERS, HOME CARE PROVIDERS, CERTIFIED OR
5 LICENSED PURSUANT TO ARTICLE THIRTY-SIX OF THIS CHAPTER (COLLECTIVELY
6 "APPLICANTS") THAT ARE NON-QUALIFYING AND NON-PARTICIPATING APPLICANTS
7 UNDER PARAGRAPH (A) OF THIS SUBDIVISION, FOR CAPITAL NON-OPERATIONAL
8 WORKS OR PURPOSES THAT SUPPORT THE PURPOSES SET FORTH IN THIS SECTION.
9 SUCH CAPITAL GRANT PROJECTS INCLUDE, BUT ARE NOT LIMITED TO; CLOSURES,
10 MERGERS, RESTRUCTURING, IMPROVEMENTS TO INFRASTRUCTURE, DEVELOPMENT OF
11 PRIMARY CARE SERVICE CAPACITY, DEVELOPMENT OF TELEHEALTH INFRASTRUCTURE,
12 THE PROMOTION OF INTEGRATED DELIVERY SYSTEMS THAT STRENGTHEN AND PROTECT
13 CONTINUED ACCESS TO ESSENTIAL HEALTH CARE SERVICES.

14 3. THE COMMISSIONER AND THE PRESIDENT OF THE AUTHORITY SHALL ENTER
15 INTO AN AGREEMENT, SUBJECT TO APPROVAL BY THE DIRECTOR OF THE BUDGET AND
16 SUBJECT TO SECTION SIXTEEN HUNDRED EIGHTY-R OF THE PUBLIC AUTHORITIES
17 LAW, AS ADDED BY A CHAPTER OF THE LAWS OF TWO THOUSAND FOURTEEN, FOR THE
18 PURPOSES OF AWARDING, DISTRIBUTING, AND ADMINISTERING THE FUNDS MADE
19 AVAILABLE PURSUANT TO THIS SECTION.

20 (A) FOR CAPITAL GRANT PROJECTS UNDER PARAGRAPH (A) OF SUBDIVISION TWO
21 OF THIS SECTION, THE EVALUATION OF APPLICATIONS SHALL BE SUBMITTED
22 PURSUANT TO THE PROCESS DESCRIBED IN PARAGRAPH (B) OF SUBDIVISION TWENTY
23 OF SECTION TWENTY-EIGHT HUNDRED SEVEN OF THIS ARTICLE; PROVIDED, HOWEV-
24 ER, THAT SUCH CAPITAL GRANT PROJECTS SHALL NOT BE SUBJECT TO REVIEW BY
25 THE FEDERAL CENTERS FOR MEDICARE AND MEDICAID SERVICES.

26 (B) FOR MONIES ALLOCATED UNDER PARAGRAPH (B) OF SUBDIVISION TWO OF
27 THIS SECTION:

28 (I) THE DEPARTMENT SHALL POST ON ITS WEBSITE, FOR A PERIOD OF NO LESS
29 THAN THIRTY DAYS:

30 (A) THE PROCESS BY WHICH SUCH APPLICATIONS SHALL BE REVIEWED;

31 (B) THE CRITERIA BY WHICH SUCH APPLICATIONS SHALL BE JUDGED; AND

32 (C) A LIST OF APPROVED AND DENIED APPLICATIONS SUBSEQUENT TO SUCH
33 DETERMINATION.

34 (II) THE EVALUATION OF APPLICATIONS SHALL BE REVIEWED BY THE DEPART-
35 MENT, PURSUANT TO A PROCESS TO BE DETERMINED BY THE DEPARTMENT. APPLICA-
36 TIONS SHALL THEN BE SUBJECT TO REVIEW BY THE PANEL ESTABLISHED PURSUANT
37 TO PARAGRAPH (B) OF SUBDIVISION TWENTY OF SECTION TWENTY-EIGHT HUNDRED
38 SEVEN OF THIS ARTICLE, WHICH SHALL SUBMIT ITS RECOMMENDATIONS TO THE
39 COMMISSIONER FOR FINAL DETERMINATION. DETERMINATION OF AWARDS FOR FUNDS
40 ALLOCATED UNDER PARAGRAPH (B) OF SUBDIVISION TWO OF THIS SECTION, SHALL
41 INCLUDE, BUT NOT BE LIMITED TO THE FOLLOWING CRITERIA:

42 (A) ELIGIBILITY REQUIREMENTS FOR APPLICANTS;

43 (B) STATEWIDE GEOGRAPHIC DISTRIBUTION OF FUNDS;

44 (C) MINIMUM AND MAXIMUM AMOUNTS OF FUNDING TO BE AWARDED UNDER THE
45 PROGRAM;

46 (D) THE RELATIONSHIP BETWEEN THE PROJECT PROPOSED BY AN APPLICANT AND
47 IDENTIFIED COMMUNITY NEED;

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

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

52 (G) THE EXTENT THAT THE PROPOSED PROJECT FURTHERS THE DEVELOPMENT OF
53 PRIMARY CARE;

54 (H) THE EXTENT TO WHICH THE PROPOSED PROJECT BENEFITS MEDICAID ENROL-
55 LEES AND UNINSURED INDIVIDUALS;

1 (I) THE EXTENT TO WHICH THE PROPOSED PROJECT ADDRESSES POTENTIAL RISK
2 TO PATIENT SAFETY AND WELFARE;

3 (J) THE EXTENT THAT THE PROPOSED PROJECT INVOLVES AN APPLICANT THAT
4 RECEIVES OR HAS APPLIED FOR A TEMPORARY RATE ADJUSTMENT PURSUANT TO
5 APPLICABLE REGULATIONS; AND

6 (K) THE EXTENT TO WHICH THE PROPOSED PROJECT WILL CONTRIBUTE TO THE
7 LONG TERM SUSTAINABILITY OF THE APPLICANT.

8 THE COMMISSIONER SHALL PROVIDE A REPORT ON A QUARTERLY BASIS TO THE
9 CHAIRS OF THE SENATE FINANCE, ASSEMBLY WAYS AND MEANS, SENATE HEALTH AND
10 ASSEMBLY HEALTH COMMITTEES. SUCH REPORTS SHALL BE SUBMITTED NO LATER
11 THAN SIXTY DAYS AFTER THE CLOSE OF THE QUARTER, AND SHALL CONFORM TO THE
12 REPORTING REQUIREMENTS OF SUBDIVISION TWENTY OF SECTION TWENTY-EIGHT
13 HUNDRED SEVEN OF THIS ARTICLE, AS APPLICABLE.

14 S 8-a. Subdivision 20 of section 2807 of the public health law, as
15 added by section 9 of part Q of chapter 56 of the laws of 2013, is
16 amended to read as follows:

17 20. (A) Notwithstanding any contrary provision of law and subject to
18 the receipt of all necessary federal approvals and the availability of
19 federal financial participation, the commissioner is authorized to enter
20 into agreements with SUNY downstate medical center, other public general
21 hospitals, and/or with the sponsoring local governments of such other
22 public general hospitals, under which such facilities and/or such local
23 government shall, by intergovernmental transfer, fund the non-federal
24 share of Medicaid funds made available for Delivery System Reform Incen-
25 tive Payments ("[DSRIPS] DSRIP") to such facilities. Such non-federal
26 share payments shall be deemed voluntary and, further, such payments
27 shall be excluded from computations made pursuant to section one of part
28 C of chapter fifty-eight of the laws of two thousand five, as amended.
29 In addition, the facilities, and/or the sponsoring local governments of
30 such facilities or the state may, by written notification to the other
31 parties to the agreement, cancel such agreement at any time prior to the
32 payment of the DSRIP funds. THE COMMISSIONER SHALL, TO THE MAXIMUM
33 DEGREE PRACTICABLE, AND TO THE EXTENT PERMITTED BY THE FEDERAL CENTERS
34 FOR MEDICARE AND MEDICAID SERVICES ("CMS"), ENSURE THAT THE DSRIP
35 PROGRAM IS IMPLEMENTED THROUGHOUT THE ENTIRE STATE.

36 (B) THE COMMISSIONER SHALL ESTABLISH AN ADVISORY PANEL TO PROVIDE
37 ASSISTANCE WITH REGARD TO THE DSRIP PROGRAM. THE PANEL SHALL BE CHARGED
38 WITH REVIEWING RECOMMENDATIONS FOR DSRIP FUNDING MADE BY THE STATE'S
39 CONTRACTED DSRIP ASSESSOR AND ADVISING THE COMMISSIONER REGARDING THE
40 RESULTS OF SUCH REVIEW. SUCH PANEL SHALL ALSO REVIEW APPLICATIONS UNDER
41 PARAGRAPH (B) OF SUBDIVISION TWO OF SECTION TWENTY-EIGHT HUNDRED TWEN-
42 TY-FIVE OF THIS ARTICLE. PANEL MEMBERSHIP SHALL BE COMPRISED OF INDIVID-
43 UALS WITH SIGNIFICANT HEALTH CARE SYSTEM EXPERIENCE. MEMBERS MAY NOT BE
44 ELECTED OFFICIALS OR EMPLOYED BY PROVIDERS THAT WOULD BENEFIT FROM DSRIP
45 FUNDING, AND MUST NOT HAVE ANY CONFLICT OF INTEREST THAT WOULD PREVENT
46 THEM FROM PROVIDING AN IMPARTIAL REVIEW OF DSRIP ASSESSOR RECOMMENDA-
47 TIONS. THE PANEL SHALL CONSIST OF MEMBERS APPOINTED BY THE COMMISSIONER
48 AND SHALL IN ADDITION CONSIST OF ONE MEMBER APPOINTED BY THE MAJORITY
49 LEADER OF THE NEW YORK STATE SENATE, AND ONE MEMBER APPOINTED BY THE
50 SPEAKER OF THE NEW YORK STATE ASSEMBLY. THE PANEL SHALL CARRY OUT THE
51 REVIEW OF DSRIP RECOMMENDATIONS IN STRICT ACCORDANCE WITH ALL REQUIRE-
52 MENTS SET FORTH IN THE STATE'S FEDERAL 1115 MEDICAID WAIVER STANDARD
53 TERMS AND CONDITIONS. THE PANEL SHALL SUBMIT ITS RECOMMENDATIONS TO THE
54 COMMISSIONER FOR FINAL DETERMINATION, IN ACCORDANCE WITH ALL REQUIRE-
55 MENTS SET FORTH IN THE STATE'S FEDERAL 1115 MEDICAID WAIVER STANDARD
56 TERMS AND CONDITIONS. THE COMMISSIONER MAY MODIFY THE REQUIREMENTS OF

THIS PARAGRAPH AND PARAGRAPH (C) OF THIS SUBDIVISION IF SUCH MODIFICATIONS ARE REQUIRED BY THE FEDERAL CMS.

(C) FOR PERIODS ON AND AFTER APRIL FIRST, TWO THOUSAND FOURTEEN, THE COMMISSIONER SHALL PROVIDE A REPORT ON A QUARTERLY BASIS TO THE CHAIRS OF THE SENATE FINANCE, ASSEMBLY WAYS AND MEANS, SENATE HEALTH AND ASSEMBLY HEALTH COMMITTEES WITH REGARD TO THE STATUS OF THE DSRIP PROGRAM. SUCH REPORTS SHALL BE SUBMITTED NO LATER THAN SIXTY DAYS AFTER THE CLOSE OF THE QUARTER, AND SHALL INCLUDE THE MOST CURRENT INFORMATION SUBMITTED BY PROVIDERS TO THE STATE AND THE FEDERAL CMS. THE REPORTS SHALL INCLUDE:

- (I) ANALYSIS OF PROGRESS MADE TOWARD DSRIP GOALS;
- (II) THE IMPACT ON THE STATE'S HEALTH CARE DELIVERY SYSTEM;
- (III) INFORMATION ON THE NUMBER AND TYPES OF PROVIDERS WHO PARTICIPATE;
- (IV) PLANS AND PROGRESS FOR MONITORING PROVIDER COMPLIANCE WITH REQUIREMENTS;
- (V) A STATUS UPDATE ON PROJECT MILESTONE PROGRESS;
- (VI) INFORMATION ON PROJECT SPENDING AND BUDGET;
- (VII) ANALYSIS OF IMPACT ON MEDICAID BENEFICIARIES SERVED;
- (VIII) A SUMMARY OF PUBLIC ENGAGEMENT AND PUBLIC COMMENTS RECEIVED;
- (IX) A DESCRIPTION OF DSRIP FUNDING APPLICATIONS THAT WERE DENIED;
- (X) A DESCRIPTION OF ALL REGULATION WAIVERS ISSUED PURSUANT TO PARAGRAPH (E) OF THIS SUBDIVISION; AND
- (XI) A SUMMARY OF THE STATEWIDE GEOGRAPHIC DISTRIBUTION OF FUNDS.

(D) FOR PERIODS ON AND AFTER APRIL FIRST, TWO THOUSAND FOURTEEN THE COMMISSIONER SHALL PROMPTLY MAKE ALL DSRIP GOVERNING DOCUMENTS, INCLUDING 1115 WAIVER STANDARD TERMS AND CONDITIONS, SUPPORTING ATTACHMENTS AND DETAILED PROJECT DESCRIPTIONS, AND ALL MATERIALS MADE AVAILABLE TO THE LEGISLATURE PURSUANT TO PARAGRAPH (C) OF THIS SUBDIVISION, AVAILABLE ON THE DEPARTMENT'S WEBSITE. THE COMMISSIONER SHALL ALSO PROVIDE A DETAILED OVERVIEW ON THE DEPARTMENT'S WEBSITE OF THE OPPORTUNITIES FOR PUBLIC COMMENT ON THE DSRIP PROGRAM.

(E) NOTWITHSTANDING ANY PROVISION OF LAW TO THE CONTRARY, THE COMMISSIONERS OF THE DEPARTMENT OF HEALTH, THE OFFICE OF MENTAL HEALTH, THE OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES, AND THE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES ARE AUTHORIZED TO WAIVE ANY REGULATORY REQUIREMENTS AS ARE NECESSARY, CONSISTENT WITH APPLICABLE LAW, TO ALLOW APPLICANTS UNDER THIS SUBDIVISION AND PARAGRAPH (A) OF SUBDIVISION TWO OF SECTION TWENTY-EIGHT HUNDRED TWENTY-FIVE OF THIS ARTICLE TO AVOID DUPLICATION OF REQUIREMENTS AND TO ALLOW THE EFFICIENT IMPLEMENTATION OF THE PROPOSED PROJECT; PROVIDED, HOWEVER, THAT REGULATIONS PERTAINING TO PATIENT SAFETY MAY NOT BE WAIVED, NOR SHALL ANY REGULATIONS BE WAIVED IF SUCH WAIVER WOULD RISK PATIENT SAFETY. SUCH WAIVER SHALL NOT EXCEED THE LIFE OF THE PROJECT OR SUCH SHORTER TIME PERIODS AS THE AUTHORIZING COMMISSIONER MAY DETERMINE. ANY REGULATORY RELIEF GRANTED PURSUANT TO THIS SUBDIVISION SHALL BE DESCRIBED, INCLUDING EACH REGULATIONS WAIVED AND THE PROJECT IT RELATES TO, IN THE REPORT PROVIDED PURSUANT TO PARAGRAPH (C) OF THIS SUBDIVISION.

S 8-b. Subdivision 21 of section 2807 of the public health law, as added by section 10 of part Q of chapter 56 of the laws of 2013, is amended to read as follows:

21. (A) Notwithstanding any contrary provision of law and subject to the receipt of all necessary federal approvals and the availability of federal financial participation, the commissioner is authorized to enter into agreements with SUNY downstate medical center, other public general hospitals, and/or with the sponsoring local governments of such other

1 public general hospitals, under which such facilities and/or such local
2 government shall, by intergovernmental transfer, fund the non-federal
3 share of Medicaid funds made available for implementation of Medicaid
4 Redesign Team initiatives. Such non-federal share payments shall be
5 deemed voluntary and, further, such payments shall be excluded from
6 computations made pursuant to section one of part C of chapter fifty-
7 eight of the laws of two thousand five, as amended. In addition, the
8 facilities, and/or the sponsoring local governments of such facilities
9 or the state may, by written notification to the other parties to the
10 agreement, cancel such agreement at any time prior to the payment of the
11 Medicaid Redesign Team initiatives funds.

12 (B) APPLICATIONS BY ELIGIBLE APPLICANTS FOR MEDICAID REDESIGN TEAM
13 INITIATIVES FUNDED BY MONIES MADE AVAILABLE PURSUANT TO PARAGRAPH (A) OF
14 THIS SUBDIVISION SHALL BE SUBMITTED FOR REVIEW TO THE ADVISORY PANEL
15 ESTABLISHED PURSUANT TO PARAGRAPH (B) OF SUBDIVISION TWENTY OF THIS
16 SECTION AND SUCH PANEL SHALL SUBMIT THEIR RECOMMENDATIONS TO THE COMMIS-
17 SIONER FOR FINAL DETERMINATION. FOR PERIODS ON AND AFTER APRIL FIRST,
18 TWO THOUSAND FOURTEEN, THE COMMISSIONER SHALL PROVIDE A REPORT ON A
19 QUARTERLY BASIS TO THE MAJORITY LEADER OF THE NEW YORK STATE SENATE AND
20 TO THE SPEAKER OF THE NEW YORK STATE ASSEMBLY WITH REGARD TO THE STATUS
21 OF SUCH APPLICATIONS AND APPROVED PROJECTS. SUCH REPORTS SHALL BE
22 SUBMITTED NO LATER THAN SIXTY DAYS AFTER THE CLOSE OF THE QUARTER, AND
23 SHALL INCLUDE THE MOST CURRENT INFORMATION SUBMITTED BY APPLICANTS TO
24 THE STATE. THE REPORTS SHALL BE SUBMITTED IN CONJUNCTION WITH AND AS A
25 PART OF THE REPORTS SUBMITTED PURSUANT TO PARAGRAPH (C) OF SUBDIVISION
26 TWENTY OF THIS SECTION AND SHALL INCLUDE:

27 (I) ANALYSIS OF PROGRESS MADE TOWARD PROJECT GOALS;

28 (II) THE IMPACT ON THE STATE'S HEALTH CARE DELIVERY SYSTEM;

29 (III) INFORMATION ON THE NUMBER AND TYPES OF PROVIDERS WHO PARTIC-
30 IPATE;

31 (IV) PLANS AND PROGRESS FOR MONITORING PROVIDER COMPLIANCE WITH
32 REQUIREMENTS;

33 (V) A STATUS UPDATE ON PROJECT MILESTONE PROGRESS;

34 (VI) INFORMATION ON PROJECT SPENDING AND BUDGET;

35 (VII) ANALYSIS OF IMPACT ON MEDICAID BENEFICIARIES SERVED;

36 (VIII) A SUMMARY OF PUBLIC ENGAGEMENT AND PUBLIC COMMENTS RECEIVED;

37 (IX) A DESCRIPTION OF APPLICATIONS THAT WERE DENIED;

38 (X) A DESCRIPTION OF ALL REGULATION WAIVERS ISSUED PURSUANT TO PARA-
39 GRAPH (E) OF THIS SUBDIVISION; AND

40 (XI) A SUMMARY OF THE STATEWIDE GEOGRAPHIC DISTRIBUTION OF FUNDS.

41 (C) THE COMMISSIONER SHALL MAKE ALL REPORTS PREPARED PURSUANT TO PARA-
42 GRAPH (B) OF THIS SUBDIVISION AND ALL SUPPORTING ATTACHMENTS AND MATERI-
43 ALS AVAILABLE ON THE DEPARTMENT'S WEBSITE.

44 (D) NOTWITHSTANDING ANY INCONSISTENT LAW TO THE CONTRARY, AND SUBJECT
45 TO FEDERAL FINANCIAL PARTICIPATION, AND SUBJECT TO AMOUNTS APPROPRIATED
46 FOR PURPOSES HEREIN, THE DEPARTMENT MAY DISTRIBUTE FUNDS TO MAKE RATE
47 ADJUSTMENTS FOR HEALTH HOME PROVIDERS AS DESCRIBED IN SECTION THREE
48 HUNDRED SIXTY-FIVE-L OF THE SOCIAL SERVICES LAW FOR MEMBER ENGAGEMENT,
49 STAFF TRAINING AND RETRAINING, HEALTH INFORMATION TECHNOLOGY IMPLEMENTA-
50 TION, JOINT GOVERNANCE TECHNICAL ASSISTANCE, AND OTHER SUCH PURPOSES AS
51 THE COMMISSIONER, IN CONSULTATION WITH THE COMMISSIONERS OF THE OFFICE
52 OF MENTAL HEALTH AND THE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE
53 SERVICES DETERMINES.

54 (E) NOTWITHSTANDING ANY PROVISIONS OF LAW TO THE CONTRARY, THE COMMIS-
55 SIONERS OF THE DEPARTMENT OF HEALTH, THE OFFICE OF MENTAL HEALTH, THE
56 OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES, AND THE OFFICE OF

1 ALCOHOLISM AND SUBSTANCE ABUSE SERVICES ARE AUTHORIZED TO WAIVE ANY
2 REGULATORY REQUIREMENTS AS ARE NECESSARY, CONSISTENT WITH APPLICABLE
3 LAW, TO ALLOW APPLICANTS UNDER THIS SUBDIVISION AND PARAGRAPH (A) OF
4 SUBDIVISION TWO OF SECTION TWENTY-EIGHT HUNDRED TWENTY-FIVE OF THIS
5 ARTICLE TO AVOID DUPLICATION OF REQUIREMENTS AND TO ALLOW THE EFFICIENT
6 IMPLEMENTATION OF THE PROPOSED PROJECT; PROVIDED, HOWEVER, THAT REGU-
7 LATIONS PERTAINING TO PATIENT SAFETY MAY NOT BE WAIVED, NOT SHALL ANY
8 REGULATION BE WAIVED IF SUCH WAIVER WOULD RISK PATIENT SAFETY. SUCH
9 WAIVER SHALL NOT EXCEED THE LIFE OF THE PROJECT OR SUCH SHORTER TIME
10 PERIOD AS THE AUTHORIZING COMMISSIONER ANY DETERMINE. ANY REGULATORY
11 RELIEF GRANTED PURSUANT TO THIS SUBDIVISION SHALL BE DESCRIBED, INCLUD-
12 ING EACH REGULATION WAIVED AND THE PROJECT IT RELATES TO, IN THE REPORT
13 PROVIDED PURSUANT TO PARAGRAPH (B) OF THIS SUBDIVISION.

14 S 9. Section 89-e of the state finance law is amended by adding a new
15 subdivision 2-b to read as follows:

16 (2-B) ON OR BEFORE THE FIRST DAY OF FEBRUARY EACH YEAR, THE COMMIS-
17 SIONER OF HEALTH SHALL PROVIDE A WRITTEN REPORT TO THE TEMPORARY PRESI-
18 DENT OF THE SENATE, SPEAKER OF THE ASSEMBLY, CHAIR OF THE SENATE FINANCE
19 COMMITTEE, CHAIR OF THE ASSEMBLY WAYS AND MEANS COMMITTEE, CHAIR OF THE
20 SENATE COMMITTEE ON HEALTH, AND CHAIR OF THE ASSEMBLY HEALTH COMMITTEE.
21 SUCH REPORT SHALL INCLUDE HOW THE MONIES OF THE FUND WERE UTILIZED
22 DURING THE PRECEDING CALENDAR YEAR AND SHALL INCLUDE:

- 23 (I) THE AMOUNT OF MONEY DISPERSED FROM THE FUND;
- 24 (II) RECIPIENTS OF AWARDS FROM THE FUND;
- 25 (III) THE AMOUNT AWARDED TO EACH; AND
- 26 (IV) THE PURPOSES FOR WHICH SUCH AWARDS WERE GRANTED.

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

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

37 S 11. Paragraphs (b), (c), and (d) of subdivision 3 and subdivisions
38 3-a, 4, 5, and 6 of section 2815 of the public health law, as added by
39 chapter 639 of the laws of 1996, subdivision 3-a as added by chapter 1
40 of the laws of 1999, are amended to read as follows:

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

47 (c) for the expenditure or loan of funds by the authority from the
48 restructuring pool to reimburse the authority or the agency, where
49 appropriate, for the costs of engaging management, legal or accounting
50 consultants to identify, develop and implement improved strategies for
51 one or more participating [general hospitals] BORROWERS for implementing
52 the recommendations of such consultants, where appropriate, and for the
53 payment of debt service on bonds, notes or other obligations issued or
54 incurred by the authority or the agency to fund loans to one or more
55 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 shall be repaid to the restructuring pool from repayments received by the authority, or the agency where applicable, from a participating [general hospital] BORROWER pursuant to the terms of any financing agreement, mortgage or loan document permitting the recovery from the participating [general hospital] BORROWER of such expenditures. The authority shall record and account for all such payments, which shall be deposited in the restructuring pool.

5. Loans from the restructuring pool shall be made pursuant to an agreement with the participating [general hospital] BORROWER specifying the terms thereof, including repayment terms. The authority shall record and account for all such repayments, which shall be deposited in the restructuring pool. The authority shall notify the chair of the senate finance committee, the director of the division of budget, the chair of the assembly ways and means committee, THE CHAIR OF THE SENATE COMMITTEE ON HEALTH, AND THE CHAIR OF THE ASSEMBLY HEALTH COMMITTEE, five days prior to the making of a loan from the restructuring pool. The authority shall also report quarterly to such chairpersons on the transactions in the pool, including but not limited to RECEIPTS OR deposits to the pool, DISBURSEMENTS OR loans made from the pool, investment income, and the balance on hand as of the end of the month for each such quarter.

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

S 12. Subdivision 2 of section 242 of the elder law, as added by section 5 of part T of chapter 56 of the laws of 2012, is amended to read as follows:

2. Persons eligible for catastrophic coverage under section two hundred forty-eight of this title shall include:

(a) any unmarried resident who is at least sixty-five years of age and whose income for the calendar year immediately preceding the effective date of the annual coverage period beginning on or after January first, two thousand one, is more than twenty thousand and less than or equal to [thirty-five] SEVENTY-FIVE thousand dollars. After the initial determination of eligibility, each eligible individual must be redetermined eligible at least every twenty-four months; and

(b) any married resident who is at least sixty-five years of age and whose income for the calendar year immediately preceding the effective date of the annual coverage period when combined with the income in the same calendar year of such married person's spouse beginning on or after January first, two thousand one, is more than twenty-six thousand

1 dollars and less than or equal to [fifty] ONE HUNDRED thousand dollars.
2 After the initial determination of eligibility, each eligible individual
3 must be redetermined eligible at least every twenty-four months.

4 S 13. Paragraphs (a) and (b) of subdivision 2 of section 248 of the
5 elder law, as added by section 17 of part T of chapter 56 of the laws of
6 2012, are amended to read as follows:

7 (a) Annual personal covered drug expenditures for unmarried individual
8 eligible program participants:

9	individual income of \$20,001 to \$21,000	\$530
10	individual income of \$21,001 to \$22,000	\$550
11	individual income of \$22,001 to \$23,000	\$580
12	individual income of \$23,001 to \$24,000	\$720
13	individual income of \$24,001 to \$25,000	\$750
14	individual income of \$25,001 to \$26,000	\$780
15	individual income of \$26,001 to \$27,000	\$810
16	individual income of \$27,001 to \$28,000	\$840
17	individual income of \$28,001 to \$29,000	\$870
18	individual income of \$29,001 to \$30,000	\$900
19	individual income of \$30,001 to \$31,000	\$930
20	individual income of \$31,001 to \$32,000	\$960
21	individual income of \$32,001 to \$33,000	\$1,160
22	individual income of \$33,001 to \$34,000	\$1,190
23	individual income of \$34,001 to \$35,000	\$1,230
24	INDIVIDUAL INCOME OF \$35,001 TO \$36,000	\$1,260
25	INDIVIDUAL INCOME OF \$36,001 TO \$37,000	\$1,290
26	INDIVIDUAL INCOME OF \$37,001 TO \$38,000	\$1,320
27	INDIVIDUAL INCOME OF \$38,001 TO \$39,000	\$1,350
28	INDIVIDUAL INCOME OF \$39,001 TO \$40,000	\$1,380
29	INDIVIDUAL INCOME OF \$40,001 TO \$41,000	\$1,410
30	INDIVIDUAL INCOME OF \$41,001 TO \$42,000	\$1,440
31	INDIVIDUAL INCOME OF \$42,001 TO \$43,000	\$1,470
32	INDIVIDUAL INCOME OF \$43,001 TO \$44,000	\$1,500
33	INDIVIDUAL INCOME OF \$44,001 TO \$45,000	\$1,530
34	INDIVIDUAL INCOME OF \$45,001 TO \$46,000	\$1,560
35	INDIVIDUAL INCOME OF \$46,001 TO \$47,000	\$1,590
36	INDIVIDUAL INCOME OF \$47,001 TO \$48,000	\$1,620
37	INDIVIDUAL INCOME OF \$48,001 TO \$49,000	\$1,650
38	INDIVIDUAL INCOME OF \$49,001 TO \$50,000	\$1,680
39	INDIVIDUAL INCOME OF \$50,001 TO \$51,000	\$1,710
40	INDIVIDUAL INCOME OF \$51,001 TO \$52,000	\$1,740
41	INDIVIDUAL INCOME OF \$52,001 TO \$53,000	\$1,770
42	INDIVIDUAL INCOME OF \$53,001 TO \$54,000	\$1,800
43	INDIVIDUAL INCOME OF \$54,001 TO \$55,000	\$1,830
44	INDIVIDUAL INCOME OF \$55,001 TO \$56,000	\$1,860
45	INDIVIDUAL INCOME OF \$56,001 TO \$57,000	\$1,890
46	INDIVIDUAL INCOME OF \$57,001 TO \$58,000	\$1,920
47	INDIVIDUAL INCOME OF \$58,001 TO \$59,000	\$1,950
48	INDIVIDUAL INCOME OF \$59,001 TO \$60,000	\$1,980
49	INDIVIDUAL INCOME OF \$60,001 TO \$61,000	\$2,010
50	INDIVIDUAL INCOME OF \$61,001 TO \$62,000	\$2,040
51	INDIVIDUAL INCOME OF \$62,001 TO \$63,000	\$2,070
52	INDIVIDUAL INCOME OF \$63,001 TO \$64,000	\$2,100
53	INDIVIDUAL INCOME OF \$64,001 TO \$65,000	\$2,130
54	INDIVIDUAL INCOME OF \$65,001 TO \$66,000	\$2,160
55	INDIVIDUAL INCOME OF \$66,001 TO \$67,000	\$2,190
56	INDIVIDUAL INCOME OF \$67,001 TO \$68,000	\$2,220

1	INDIVIDUAL INCOME OF \$68,001 TO \$69,000	\$2,250
2	INDIVIDUAL INCOME OF \$69,001 TO \$70,000	\$2,280
3	INDIVIDUAL INCOME OF \$70,001 TO \$71,000	\$2,310
4	INDIVIDUAL INCOME OF \$71,001 TO \$72,000	\$2,340
5	INDIVIDUAL INCOME OF \$72,001 TO \$73,000	\$2,370
6	INDIVIDUAL INCOME OF \$73,001 TO \$74,000	\$2,400
7	INDIVIDUAL INCOME OF \$74,001 TO \$75,000	\$2,430
8	(b) Annual personal covered drug expenditures for each married	
9	individual eligible program participant:	
10	joint income of \$26,001 to \$27,000	\$650
11	joint income of \$27,001 to \$28,000	\$675
12	joint income of \$28,001 to \$29,000	\$700
13	joint income of \$29,001 to \$30,000	\$725
14	joint income of \$30,001 to \$31,000	\$900
15	joint income of \$31,001 to \$32,000	\$930
16	joint income of \$32,001 to \$33,000	\$960
17	joint income of \$33,001 to \$34,000	\$990
18	joint income of \$34,001 to \$35,000	\$1,020
19	joint income of \$35,001 to \$36,000	\$1,050
20	joint income of \$36,001 to \$37,000	\$1,080
21	joint income of \$37,001 to \$38,000	\$1,110
22	joint income of \$38,001 to \$39,000	\$1,140
23	joint income of \$39,001 to \$40,000	\$1,170
24	joint income of \$40,001 to \$41,000	\$1,200
25	joint income of \$41,001 to \$42,000	\$1,230
26	joint income of \$42,001 to \$43,000	\$1,260
27	joint income of \$43,001 to \$44,000	\$1,290
28	joint income of \$44,001 to \$45,000	\$1,320
29	joint income of \$45,001 to \$46,000	\$1,575
30	joint income of \$46,001 to \$47,000	\$1,610
31	joint income of \$47,001 to \$48,000	\$1,645
32	joint income of \$48,001 to \$49,000	\$1,680
33	joint income of \$49,001 to \$50,000	\$1,715
34	JOINT INCOME OF \$50,001 TO \$51,000	\$1,745
35	JOINT INCOME OF \$51,001 TO \$52,000	\$1,775
36	JOINT INCOME OF \$52,001 TO \$53,000	\$1,805
37	JOINT INCOME OF \$53,001 TO \$54,000	\$1,835
38	JOINT INCOME OF \$54,001 TO \$55,000	\$1,865
39	JOINT INCOME OF \$55,001 TO \$56,000	\$1,895
40	JOINT INCOME OF \$56,001 TO \$57,000	\$1,925
41	JOINT INCOME OF \$57,001 TO \$58,000	\$1,955
42	JOINT INCOME OF \$58,001 TO \$59,000	\$1,985
43	JOINT INCOME OF \$59,001 TO \$60,000	\$2,015
44	JOINT INCOME OF \$60,001 TO \$61,000	\$2,045
45	JOINT INCOME OF \$61,001 TO \$62,000	\$2,075
46	JOINT INCOME OF \$62,001 TO \$63,000	\$2,105
47	JOINT INCOME OF \$63,001 TO \$64,000	\$2,135
48	JOINT INCOME OF \$64,001 TO \$65,000	\$2,165
49	JOINT INCOME OF \$65,001 TO \$66,000	\$2,195
50	JOINT INCOME OF \$66,001 TO \$67,000	\$2,225
51	JOINT INCOME OF \$67,001 TO \$68,000	\$2,255
52	JOINT INCOME OF \$68,001 TO \$69,000	\$2,285
53	JOINT INCOME OF \$69,001 TO \$70,000	\$2,315
54	JOINT INCOME OF \$70,001 TO \$71,000	\$2,345
55	JOINT INCOME OF \$71,001 TO \$72,000	\$2,375
56	JOINT INCOME OF \$72,001 TO \$73,000	\$2,405

1	JOINT INCOME OF \$73,001 TO \$74,000	\$2,435
2	JOINT INCOME OF \$74,001 TO \$75,000	\$2,465
3	JOINT INCOME OF \$75,001 TO \$76,000	\$2,495
4	JOINT INCOME OF \$76,001 TO \$77,000	\$2,525
5	JOINT INCOME OF \$77,001 TO \$78,000	\$2,555
6	JOINT INCOME OF \$78,001 TO \$79,000	\$2,585
7	JOINT INCOME OF \$79,001 TO \$80,000	\$2,615
8	JOINT INCOME OF \$80,001 TO \$81,000	\$2,645
9	JOINT INCOME OF \$81,001 TO \$82,000	\$2,675
10	JOINT INCOME OF \$82,001 TO \$83,000	\$2,705
11	JOINT INCOME OF \$83,001 TO \$84,000	\$2,735
12	JOINT INCOME OF \$84,001 TO \$85,000	\$2,765
13	JOINT INCOME OF \$85,001 TO \$86,000	\$2,795
14	JOINT INCOME OF \$86,001 TO \$87,000	\$2,825
15	JOINT INCOME OF \$87,001 TO \$88,000	\$2,855
16	JOINT INCOME OF \$88,001 TO \$89,000	\$2,885
17	JOINT INCOME OF \$89,001 TO \$90,000	\$2,915
18	JOINT INCOME OF \$90,001 TO \$91,000	\$2,945
19	JOINT INCOME OF \$91,001 TO \$92,000	\$2,975
20	JOINT INCOME OF \$92,001 TO \$93,000	\$3,005
21	JOINT INCOME OF \$93,001 TO \$94,000	\$3,035
22	JOINT INCOME OF \$94,001 TO \$95,000	\$3,065
23	JOINT INCOME OF \$95,001 TO \$96,000	\$3,095
24	JOINT INCOME OF \$96,001 TO \$97,000	\$3,125
25	JOINT INCOME OF \$97,001 TO \$98,000	\$3,155
26	JOINT INCOME OF \$98,001 TO \$99,000	\$3,185
27	JOINT INCOME OF \$99,001 TO \$100,000	\$3,215

28 S 14. Paragraphs (a) and (b) of subdivision 4 of section 248 of the
 29 elder law, as added by section 17 of part T of chapter 56 of the laws of
 30 2012, are amended to read as follows:

31 (a) Limits on co-payments by unmarried individual eligible program
 32 participants:

33	individual income of \$20,001 to \$21,000	no more than \$1,050
34	individual income of \$21,001 to \$22,000	no more than \$1,100
35	individual income of \$22,001 to \$23,000	no more than \$1,150
36	individual income of \$23,001 to \$24,000	no more than \$1,200
37	individual income of \$24,001 to \$25,000	no more than \$1,250
38	individual income of \$25,001 to \$26,000	no more than \$1,300
39	individual income of \$26,001 to \$27,000	no more than \$1,350
40	individual income of \$27,001 to \$28,000	no more than \$1,400
41	individual income of \$28,001 to \$29,000	no more than \$1,450
42	individual income of \$29,001 to \$30,000	no more than \$1,500
43	individual income of \$30,001 to \$31,000	no more than \$1,550
44	individual income of \$31,001 to \$32,000	no more than \$1,600
45	individual income of \$32,001 to \$33,000	no more than \$1,650
46	individual income of \$33,001 to \$34,000	no more than \$1,700
47	individual income of \$34,001 to	no more than \$1,750

48 [\$35,000] \$75,000

49 (b) Limits on co-payments by each married individual eligible program
 50 participant:

51	joint income of \$26,001 to \$27,000	no more than \$1,080
52	joint income of \$27,001 to \$28,000	no more than \$1,120
53	joint income of \$28,001 to \$29,000	no more than \$1,160
54	joint income of \$29,001 to \$30,000	no more than \$1,200
55	joint income of \$30,001 to \$31,000	no more than \$1,240
56	joint income of \$31,001 to \$32,000	no more than \$1,280

1	joint income of \$32,001 to \$33,000	no more than \$1,320
2	joint income of \$33,001 to \$34,000	no more than \$1,360
3	joint income of \$34,001 to \$35,000	no more than \$1,400
4	joint income of \$35,001 to \$36,000	no more than \$1,440
5	joint income of \$36,001 to \$37,000	no more than \$1,480
6	joint income of \$37,001 to \$38,000	no more than \$1,520
7	joint income of \$38,001 to \$39,000	no more than \$1,560
8	joint income of \$39,001 to \$40,000	no more than \$1,600
9	joint income of \$40,001 to \$41,000	no more than \$1,640
10	joint income of \$41,001 to \$42,000	no more than \$1,680
11	joint income of \$42,001 to \$43,000	no more than \$1,720
12	joint income of \$43,001 to \$44,000	no more than \$1,760
13	joint income of \$44,001 to \$45,000	no more than \$1,800
14	joint income of \$45,001 to \$46,000	no more than \$1,840
15	joint income of \$46,001 to \$47,000	no more than \$1,880
16	joint income of \$47,001 to \$48,000	no more than \$1,920
17	joint income of \$48,001 to \$49,000	no more than \$1,960
18	joint income of \$49,001 to	no more than \$2,000
19	[\$50,000] \$100,000	

20 S 15. Subdivision 1 of section 924 of the public health law, as added
21 by section 23 of part D of chapter 56 of the laws of 2012, is amended to
22 read as follows:

23 1. [The] NOTWITHSTANDING ANY CONTRARY PROVISION OF THIS SECTION,
24 SECTIONS ONE HUNDRED TWELVE AND ONE HUNDRED SIXTY-THREE OF THE STATE
25 FINANCE LAW, OR ANY OTHER CONTRARY PROVISION OF LAW, THE commissioner is
26 authorized, within amounts available therefor, to make loan repayment
27 awards to eligible primary care service corps practitioners who agree to
28 practice full-time in an underserved area in New York state, in amounts
29 to be determined by the commissioner, but not to exceed thirty-two thou-
30 sand dollars per year for any year in which such practitioners provide
31 full-time eligible obligated service, WITHOUT COMPETITIVE BID OR REQUEST
32 FOR PROPOSAL PROCESS.

33 S 16. Paragraph (b) of subdivision 18-a of section 206 of the public
34 health law, as amended by section 38-a of part H of chapter 59 of the
35 laws of 2011, is amended and paragraph (c) is added to read as follows:

36 (b) The commissioner shall:

37 (I) CONVENE A WORKGROUP TO:

38 (A) EVALUATE THE STATE'S HEALTH INFORMATION TECHNOLOGY INFRASTRUCTURE
39 AND SYSTEMS, AS WELL AS OTHER RELATED PLANS AND PROJECTS DESIGNED TO
40 MAKE IMPROVEMENTS OR MODIFICATIONS TO SUCH INFRASTRUCTURE AND SYSTEMS
41 INCLUDING, BUT NOT LIMITED TO, THE ALL PAYOR DATABASE (APD), THE STATE
42 PLANNING AND RESEARCH COOPERATIVE SYSTEM (SPARCS), REGIONAL HEALTH
43 INFORMATION ORGANIZATIONS (RHIOs), THE STATEWIDE HEALTH INFORMATION
44 NETWORK OF NEW YORK (SHIN-NY) AND MEDICAL ASSISTANCE ELIGIBILITY
45 SYSTEMS; AND

46 (B) DEVELOP RECOMMENDATIONS FOR THE STATE TO MOVE TOWARD A COMPREHEN-
47 SIVE HEALTH CLAIMS AND CLINICAL DATABASE AIMED AT IMPROVING QUALITY OF
48 CARE, EFFICIENCY, COST OF CARE AND PATIENT SATISFACTION AVAILABLE IN A
49 SELF-SUSTAINABLE, NON-DUPLICATIVE, INTERACTIVE AND INTEROPERABLE MANNER
50 THAT ENSURES SAFEGUARDS FOR PRIVACY, CONFIDENTIALITY AND SECURITY;

51 (II) SUBMIT A REPORT TO THE GOVERNOR AND THE TEMPORARY PRESIDENT OF
52 THE SENATE AND THE SPEAKER OF THE ASSEMBLY, WHICH SHALL FULLY CONSIDER
53 THE EVALUATION AND RECOMMENDATIONS OF THE WORKGROUP, ON OR BEFORE DECEM-
54 BER FIRST, TWO THOUSAND FOURTEEN.

55 (C) THE MEMBERS OF THE WORKGROUP SHALL INCLUDE, AT A MINIMUM, THREE
56 MEMBERS WHO REPRESENT RHIOs, TWO MEMBERS EMPLOYED BY THE DEPARTMENT WHO

1 ARE INVOLVED IN THE DEVELOPMENT OF THE SHIN-NY AND THE APD, TWO MEMBERS
2 WHO REPRESENT PHYSICIANS, TWO MEMBERS WHO REPRESENT HOSPITALS, ONE
3 MEMBER WHO REPRESENTS FEDERALLY QUALIFIED HEALTH CENTERS, THE CHAIR OF
4 THE SENATE HEALTH COMMITTEE OR HIS OR HER DESIGNEE, THE CHAIR OF THE
5 ASSEMBLY HEALTH COMMITTEE OR HIS OR HER DESIGNEE, AND OTHER INDIVIDUALS
6 WITH EXPERTISE IN MATTERS RELEVANT TO THE CHARGE OF THE WORKGROUP.

7 (D) THE COMMISSIONER MAY make such rules and regulations as may be
8 necessary to implement federal policies and disburse funds as required
9 by the American Recovery and Reinvestment Act of 2009 and to promote the
10 development of a [statewide health information network of New York (]
11 SELF-SUFFICIENT SHIN-NY[)] to enable widespread, NON-DUPLICATIVE inter-
12 operability among disparate health information systems, including elec-
13 tronic health records, personal health records, health care claims,
14 PAYMENT and other administrative data, and public health information
15 systems, while protecting privacy and security. Such rules and regu-
16 lations shall include, but not be limited to, requirements for organiza-
17 tions covered by 42 U.S.C. 17938 or any other organizations that
18 exchange health information through the SHIN-NY OR ANY OTHER STATEWIDE
19 HEALTH INFORMATION SYSTEM RECOMMENDED BY THE WORKGROUP. THE COMMISSIONER
20 SHALL CONSIDER THE RECOMMENDATIONS OF THE WORKGROUP. IF THE COMMISSIONER
21 ACTS IN A MANNER INCONSISTENT WITH THE RECOMMENDATIONS OF THE WORKGROUP,
22 HE OR SHE SHALL PROVIDE THE REASONS THEREFOR.

23 S 17. Section 2818 of the public health law is amended to add a new
24 subdivision 8 to read as follows:

25 8. ON OR BEFORE DECEMBER FIRST, TWO THOUSAND FOURTEEN, THE DEPARTMENT
26 SHALL ISSUE A REPORT TO THE GOVERNOR, THE TEMPORARY PRESIDENT OF THE
27 SENATE AND THE SPEAKER OF THE ASSEMBLY REGARDING GRANTS MADE PURSUANT TO
28 THIS SECTION TO SUPPORT HEALTH INFORMATION TECHNOLOGY.

29 S 18. The public health law is amended by adding a new section 2801-h
30 to read as follows:

31 S 2801-H. COMMUNITY FORUM ON ESTABLISHMENT OF CERTAIN FACILITIES IN
32 THE COUNTY OF BRONX. 1. FOR ANY PROPOSED FREE STANDING CLINIC, OUTPA-
33 TIENT HEALTH CARE FACILITY OR AMBULATORY HEALTH CARE CENTER THAT: (I)
34 IS TO BE OVER THREE STORIES IN HEIGHT OR TO CONTAIN OVER THIRTY THOUSAND
35 SQUARE FEET, (II) IS PROPOSED TO BE LOCATED IN THE COUNTY OF BRONX, AND
36 (III) IS SPONSORED, DIRECTLY OR INDIRECTLY, BY A HOSPITAL, THEN THE
37 SPONSORING HOSPITAL SHALL, PRIOR TO THE ESTABLISHMENT OF SUCH CLINIC,
38 FACILITY OR CENTER, FILE A NOTICE THEREOF WITH THE DEPARTMENT, THE
39 EDUCATION DEPARTMENT AND THE COMMUNITY BOARD OF THE LOCALITY IN WHICH
40 THE CLINIC, FACILITY OR CENTER IS TO BE ESTABLISHED.

41 2. NOT LESS THAN ONE HUNDRED EIGHTY DAYS NOR MORE THAN TWO HUNDRED
42 SEVENTY DAYS AFTER RECEIPT OF A SPONSORING HOSPITAL'S NOTICE PURSUANT TO
43 SUBDIVISION ONE OF THIS SECTION, THE COMMISSIONER SHALL HOLD A PUBLIC
44 COMMUNITY FORUM FOR THE PURPOSE OF OBTAINING PUBLIC AND COMMUNITY BOARD
45 INPUT CONCERNING THE ANTICIPATED IMPACT OF THE ESTABLISHMENT OF A FREE
46 STANDING CLINIC, OUTPATIENT HEALTH CARE FACILITY OR AMBULATORY HEALTH
47 CARE FACILITY. SUCH IMPACT MAY INCLUDE AND RELATE TO: (I) THE APPROPRI-
48 ATENESS OF THE SIZE, HEIGHT, BULK DIMENSIONS AND SCOPE OF SUCH CLINIC,
49 FACILITY OR CENTER WHEN COMPARED TO THE SURROUNDING PHYSICAL CHARACTER-
50 ISTICS AND SOCIAL FABRIC OF SUCH COMMUNITY, (II) THE PROVISION OF
51 ADEQUATE MOTOR VEHICLE PARKING TO ACCOMMODATE SUCH FACILITY NEEDS AND
52 WHICH DOES NOT DIMINISH THE CURRENT SUPPLY OF PARKING FOR NEARBY RESI-
53 DENTS OR INCREASE TRAFFIC CONGESTION NEAR SUCH FACILITY, (III) THE
54 CURRENT ACCESS TO APPROPRIATE MEDICAL FACILITIES OR THE PROVISION OF
55 ESSENTIAL MEDICAL SERVICES TO SUCH COMMUNITY, SERVICE AREA AND SURROUND-
56 ING COMMUNITIES, AND (IV) OPTIONS AND PROPOSALS TO AMELIORATE OR MITI-

1 GATE ANTICIPATED ADVERSE IMPACTS TO THE LOCAL COMMUNITY. THE COMMIS-
2 SIONER SHALL AFFORD COMMUNITY MEMBERS, REPRESENTATIVES OF THE LOCAL
3 COMMUNITY BOARD, LOCAL BUSINESSES AND CONSUMERS A REASONABLE OPPORTUNITY
4 TO SPEAK ABOUT RELEVANT MATTERS AT SUCH COMMUNITY FORUM. EVERY SUCH
5 FORUM SHALL BE HELD UPON NOT LESS THAN THIRTY DAYS NOTICE TO THE
6 AFFECTED COMMUNITY AND THE LOCAL COMMUNITY BOARD.

7 3. THE COMMISSIONER SHALL, PRIOR TO ESTABLISHING THE DATE, TIME AND
8 LOCATION OF THE PUBLIC COMMUNITY FORUM, CONSULT WITH, AND OBTAIN THE
9 ADVICE AND CONSENT OF THE APPROPRIATE COMMUNITY BOARD, AS TO ESTABLISH-
10 ING A CONVENIENT DATE, TIME AND LOCATION TO CONDUCT THE FORUM FOR THE
11 LOCALLY IMPACTED COMMUNITY. SUCH HEARING LOCATION SHALL BE WITHIN
12 REASONABLE PROXIMITY TO THE PROPOSED CLINIC, FACILITY OR CENTER, AND IN
13 SUITABLE FACILITIES THAT PROVIDE ADEQUATE ROOM AND ACCESS TO HEAR PUBLIC
14 COMMENTS PRESENTED.

15 4. NOT LATER THAN NINETY DAYS AFTER HOLDING A COMMUNITY FORUM THE
16 COMMISSIONER SHALL MAKE AVAILABLE TO THE PUBLIC ON THE DEPARTMENT'S
17 WEBSITE THE REASONS WHY SUCH FACILITY IS, BY A PREPONDERANCE OF THE
18 EVIDENCE, IN THE BEST INTERESTS OF THOSE WHO LIVE WITHIN THE LOCAL
19 COMMUNITY AND WITHIN THE LOCAL SERVICE AREA AS IT RELATES TO: (I) THE
20 APPROPRIATENESS OF THE SIZE, HEIGHT, BULK DIMENSIONS AND SCOPE OF SUCH
21 CLINIC, FACILITY OR CENTER WHEN COMPARED TO THE SURROUNDING PHYSICAL
22 CHARACTERISTICS AND SOCIAL FABRIC OF SUCH COMMUNITY, (II) THE PROVISION
23 OF ADEQUATE MOTOR VEHICLE PARKING TO ACCOMMODATE SUCH FACILITY NEEDS AND
24 WHICH DOES NOT DIMINISH THE CURRENT SUPPLY OF PARKING FOR NEARBY RESI-
25 DENTS OR INCREASE TRAFFIC CONGESTION NEAR SUCH FACILITY, AND (III) THE
26 CURRENT ACCESS TO APPROPRIATE MEDICAL FACILITIES OR THE PROVISION OF
27 ESSENTIAL MEDICAL SERVICES TO SUCH COMMUNITY, SERVICE AREA AND SURROUND-
28 ING COMMUNITIES.

29 5. AFTER DUE CONSIDERATION OF THE COMMENTS AT THE COMMUNITY FORUM AND
30 CONSULTATION WITH THE EDUCATION DEPARTMENT, THE COMMISSIONER SHALL
31 EITHER APPROVE, MODIFY OR DENY AUTHORIZATION FOR THE ESTABLISHMENT OF
32 ANY SUCH CLINIC, FACILITY OR CENTER.

33 S 19. For claims for payment submitted by early intervention providers
34 to third party payors between the period April 1, 2013 until June 30,
35 2013 in accordance with title 2-A of article 25 of the public health
36 law, for which the third party payor has not, on the effective date of
37 this section, made payment of the claim in whole or in part or rendered
38 a determination that it is not obligated to pay the claim, the provider
39 shall be authorized to seek payment of such claim from the municipality,
40 through the fiscal agent under contract with the department of health;
41 provided, however, that the provider shall continue to render any
42 assistance needed, and provide any information and documentation
43 requested by the third party payor to facilitate payment of the claim
44 even if the provider has already received payment from the municipality.
45 If such third party payor makes payment of the claim after the provider
46 has received payment from the municipality, the third party payment
47 shall be reconciled against future payments due the provider from the
48 municipality. This section shall only apply to claims submitted by
49 approved early intervention providers to third party payors during the
50 period April 1, 2013 until June 30, 2013 for which no payment or deter-
51 mination has been made, as specified in this section, on April 1, 2014.
52 Payment shall be made on the forty-fifth day after this act shall take
53 effect. The provisions in subdivision 2 of section 2557 of the public
54 health law that prohibit state reimbursement from being paid prior to
55 April first of the year in which the approved costs are paid by the

1 municipality shall not apply to the municipal payments made under this
2 section.

3 S 20. Article 29-D of the public health law is amended by adding a new
4 title 1-A to read as follows:

5 TITLE 1-A

6 SAFE PATIENT HANDLING

7 SECTION 2997-G. LEGISLATIVE INTENT.

8 2997-H. DEFINITIONS.

9 2997-I. SAFE PATIENT HANDLING WORKGROUP.

10 2997-J. DISSEMINATION OF BEST PRACTICES, EXAMPLES OF SAMPLE SAFE
11 PATIENT HANDLING POLICIES AND OTHER RESOURCES AND
12 TOOLS.

13 2997-K. SAFE PATIENT HANDLING COMMITTEES; PROGRAMS.

14 2997-L. ACTIVITIES.

15 S 2997-G. LEGISLATIVE INTENT. THE LEGISLATURE HEREBY FINDS AND
16 DECLARES THAT IT IS IN THE PUBLIC INTEREST FOR HEALTH CARE FACILITIES TO
17 IMPLEMENT SAFE PATIENT HANDLING POLICIES. THERE ARE MANY BENEFITS THAT
18 CAN BE DERIVED FROM SAFE PATIENT HANDLING PROGRAMS. PATIENTS BENEFIT
19 THROUGH IMPROVED QUALITY OF CARE AND QUALITY OF LIFE BY REDUCING THE
20 RISK OF INJURY. CAREGIVERS ALSO BENEFIT FROM THE REDUCED RISK OF CAREER
21 ENDING AND DEBILITATING INJURIES LEADING TO INCREASED MORALE, IMPROVED
22 JOB SATISFACTION, AND LONGEVITY IN THE PROFESSION. HEALTH CARE FACILI-
23 TIES MAY REALIZE A RETURN ON THEIR INVESTMENT THROUGH REDUCED WORKERS'
24 COMPENSATION MEDICAL AND INDEMNITY COSTS, REDUCED LOST WORKDAYS, AND
25 IMPROVED RECRUITMENT AND RETENTION OF CAREGIVERS. ALL OF THIS COULD LEAD
26 TO FISCAL IMPROVEMENT IN HEALTH CARE IN NEW YORK STATE.

27 S 2997-H. DEFINITIONS. FOR THE PURPOSES OF THIS TITLE:

28 1. "HEALTH CARE FACILITY" SHALL MEAN GENERAL HOSPITALS, RESIDENTIAL
29 HEALTH CARE FACILITIES, DIAGNOSTIC AND TREATMENT CENTERS, AND CLINICS
30 LICENSED PURSUANT TO ARTICLE TWENTY-EIGHT OF THIS CHAPTER, FACILITIES
31 WHICH PROVIDE HEALTH CARE SERVICES AND ARE LICENSED OR OPERATED PURSUANT
32 TO ARTICLE EIGHT OF THE EDUCATION LAW, ARTICLE NINETEEN-G OF THE EXECU-
33 TIVE LAW OR THE CORRECTION LAW, AND HOSPITALS AND SCHOOLS DEFINED IN
34 SECTION 1.03 OF THE MENTAL HYGIENE LAW.

35 2. "NURSE" SHALL MEAN A REGISTERED PROFESSIONAL NURSE OR A LICENSED
36 PRACTICAL NURSE AS DEFINED BY ARTICLE ONE HUNDRED THIRTY-NINE OF THE
37 EDUCATION LAW.

38 3. "DIRECT CARE WORKER" SHALL MEAN ANY EMPLOYEE OF A HEALTH CARE
39 FACILITY WHO IS RESPONSIBLE FOR PATIENT HANDLING OR PATIENT ASSESSMENT
40 AS A REGULAR OR INCIDENTAL PART OF HIS OR HER EMPLOYMENT, INCLUDING ANY
41 LICENSED OR UNLICENSED HEALTH CARE WORKER.

42 4. "EMPLOYEE REPRESENTATIVE" SHALL MEAN THE RECOGNIZED OR CERTIFIED
43 COLLECTIVE BARGAINING AGENT FOR NURSES OR DIRECT CARE WORKERS OF A
44 HEALTH CARE FACILITY.

45 5. "SAFE PATIENT HANDLING" SHALL MEAN THE USE OF ENGINEERING CONTROLS,
46 LIFTING AND TRANSFER AIDS, OR ASSISTIVE DEVICES BY STAFF TO PERFORM THE
47 ACTS OF LIFTING, TRANSFERRING AND REPOSITIONING HEALTH CARE PATIENTS AND
48 RESIDENTS.

49 6. "MUSCULOSKELETAL DISORDERS" SHALL MEAN CONDITIONS THAT INVOLVE THE
50 NERVES, TENDONS, MUSCLES AND SUPPORTING STRUCTURES OF THE BODY.

51 S 2997-I. SAFE PATIENT HANDLING WORKGROUP. 1. THE COMMISSIONER SHALL
52 ESTABLISH A SAFE PATIENT HANDLING WORKGROUP (REFERRED TO IN THIS SECTION
53 AS THE "WORKGROUP") WITHIN THE DEPARTMENT. THE WORKGROUP SHALL CONSIST
54 OF, AT THE MINIMUM, THE COMMISSIONER OR HIS OR HER DESIGNEE; THE COMMIS-
55 SIONER OF LABOR OR HIS OR HER DESIGNEE; REPRESENTATIVES OF HEALTH CARE
56 PROVIDER ORGANIZATIONS; REPRESENTATIVES FROM EMPLOYEE ORGANIZATIONS

1 REPRESENTING NURSES AND REPRESENTATIVES FROM EMPLOYEE ORGANIZATIONS
2 REPRESENTING DIRECT CARE WORKERS; REPRESENTATIVES OF NURSE EXECUTIVES;
3 REPRESENTATIVES WHO ARE CERTIFIED ERGONOMIST EVALUATION SPECIALISTS; AND
4 REPRESENTATIVES WHO HAVE EXPERTISE IN FIELDS OF DISCIPLINE RELATED TO
5 HEALTH CARE OR OCCUPATIONAL SAFETY.

6 2. WORKGROUP MEMBERS SHALL RECEIVE NO COMPENSATION FOR THEIR SERVICES
7 AS MEMBERS OF THE WORKGROUP, BUT SHALL BE REIMBURSED FOR ACTUAL AND
8 NECESSARY EXPENSES INCURRED IN THE PERFORMANCE OF THEIR DUTIES.

9 3. THE WORKGROUP SHALL BE ESTABLISHED NO LATER THAN JANUARY FIRST, TWO
10 THOUSAND FIFTEEN.

11 4. THE WORKGROUP SHALL:

12 (A) REVIEW EXISTING SAFE PATIENT HANDLING PROGRAMS OR POLICIES,
13 INCLUDING DEMONSTRATION PROGRAMS PREVIOUSLY AUTHORIZED BY CHAPTER SEVEN
14 HUNDRED THIRTY-EIGHT OF THE LAWS OF TWO THOUSAND FIVE AND NATIONAL DATA
15 AND RESULTS;

16 (B) CONSULT WITH ANY ORGANIZATION, EDUCATIONAL INSTITUTION, OTHER
17 GOVERNMENT ENTITY OR AGENCY OR PERSON THAT THE WORKGROUP DETERMINES MAY
18 BE ABLE TO PROVIDE INFORMATION AND EXPERTISE ON THE DEVELOPMENT AND
19 IMPLEMENTATION OF SAFE PATIENT HANDLING PROGRAMS;

20 (C) IDENTIFY OR DEVELOP TRAINING MATERIALS FOR CONSIDERATION BY HEALTH
21 CARE FACILITIES; AND

22 (D) SUBMIT A REPORT TO THE COMMISSIONER BY JULY FIRST, TWO THOUSAND
23 FIFTEEN IDENTIFYING SAFE PATIENT HANDLING PROGRAM BEST PRACTICES,
24 PROVIDING EXAMPLES OF SAMPLE POLICIES, AND IDENTIFYING RESOURCES AND
25 TOOLS USEFUL FOR PROVIDERS TO MEET THE GOALS OF SAFE PATIENT HANDLING
26 POLICIES.

27 5. ALL STATE DEPARTMENTS, COMMISSIONS, AGENCIES, AND PUBLIC AUTHORI-
28 TIES SHALL PROVIDE THE WORKGROUP WITH ANY REASONABLY REQUESTED ASSIST-
29 ANCE OR ADVICE IN A TIMELY MANNER.

30 S 2997-J. DISSEMINATION OF BEST PRACTICES, EXAMPLES OF SAMPLE SAFE
31 PATIENT HANDLING POLICIES AND OTHER RESOURCES AND TOOLS. THE COMMISSION-
32 ER SHALL DISSEMINATE BEST PRACTICES, EXAMPLES OF SAMPLE SAFE PATIENT
33 HANDLING POLICIES, AND OTHER RESOURCES AND TOOLS TO HEALTH CARE FACILI-
34 TIES, TAKING INTO CONSIDERATION THE RECOMMENDATIONS OF THE SAFE PATIENT
35 HANDLING WORKGROUP. SUCH BEST PRACTICES, EXAMPLES OF SAMPLE SAFE PATIENT
36 HANDLING POLICIES, AND OTHER RESOURCES AND TOOLS SHALL BE MADE AVAILABLE
37 TO ALL FACILITIES COVERED BY THIS TITLE ON OR BEFORE JANUARY FIRST, TWO
38 THOUSAND SIXTEEN.

39 S 2997-K. SAFE PATIENT HANDLING COMMITTEES; PROGRAMS. 1. ON OR BEFORE
40 JANUARY FIRST, TWO THOUSAND SIXTEEN, EACH HEALTH CARE FACILITY SHALL
41 ESTABLISH A SAFE PATIENT HANDLING COMMITTEE (REFERRED TO IN THIS SECTION
42 AS A "COMMITTEE" EXCEPT WHERE THE CONTEXT CLEARLY REQUIRES OTHERWISE)
43 EITHER BY CREATING A NEW COMMITTEE OR ASSIGNING THE FUNCTIONS OF A SAFE
44 PATIENT HANDLING COMMITTEE TO AN EXISTING COMMITTEE, INCLUDING BUT NOT
45 LIMITED TO A SAFETY COMMITTEE OR QUALITY ASSURANCE COMMITTEE, OR SUBCOM-
46 MITTEE THEREOF. THE PURPOSE OF A COMMITTEE IS TO DESIGN AND RECOMMEND
47 THE PROCESS FOR IMPLEMENTING A SAFE PATIENT HANDLING PROGRAM FOR THE
48 HEALTH CARE FACILITY. THE COMMITTEE SHALL INCLUDE INDIVIDUALS WITH
49 EXPERTISE OR EXPERIENCE THAT IS RELEVANT TO SAFE PATIENT HANDLING,
50 INCLUDING RISK MANAGEMENT, NURSING, PURCHASING, OR OCCUPATIONAL SAFETY
51 AND HEALTH, AND IN FACILITIES WHERE THERE ARE EMPLOYEE REPRESENTATIVES,
52 AT LEAST ONE SHALL BE APPOINTED ON BEHALF OF NURSES AND AT LEAST ONE
53 SHALL BE APPOINTED ON BEHALF OF DIRECT CARE WORKERS. ONE HALF OF THE
54 MEMBERS OF THE COMMITTEE SHALL BE FRONTLINE NON-MANAGERIAL EMPLOYEES WHO
55 PROVIDE DIRECT CARE TO PATIENTS. AT LEAST ONE NON-MANAGERIAL NURSE AND
56 ONE NON-MANAGERIAL DIRECT CARE WORKER SHALL BE ON THE SAFE PATIENT

HANDLING COMMITTEE. IN HEALTH CARE FACILITIES WHERE A RESIDENT COUNCIL IS ESTABLISHED, AND WHERE FEASIBLE, AT LEAST ONE MEMBER OF THE SAFE PATIENT HANDLING COMMITTEE SHALL BE A REPRESENTATIVE FROM THE RESIDENT COUNCIL. THE COMMITTEE SHALL HAVE TWO CO-CHAIRS WITH ONE FROM MANAGEMENT AND ONE FRONTLINE NON-MANAGERIAL NURSE OR DIRECT CARE WORKER.

2. ON OR BEFORE JANUARY FIRST, TWO THOUSAND SEVENTEEN, EACH HEALTH CARE FACILITY, IN CONSULTATION WITH THE COMMITTEE, SHALL ESTABLISH A SAFE PATIENT HANDLING PROGRAM. AS PART OF THIS PROGRAM, A HEALTH CARE FACILITY SHALL:

(A) IMPLEMENT A SAFE PATIENT HANDLING POLICY, CONSIDERING THE ELEMENTS OF THE SAMPLE SAFE PATIENT HANDLING POLICIES AND BEST PRACTICES DISSEMINATED BY THE COMMISSIONER, AS WELL AS THE TYPE OF FACILITY AND ITS SERVICES, PATIENT POPULATIONS AND CARE PLANS, TYPES OF CAREGIVERS, AND PHYSICAL ENVIRONMENT, FOR ALL SHIFTS AND UNITS OF THE HEALTH CARE FACILITY. IMPLEMENTATION OF THE SAFE PATIENT HANDLING POLICY MAY BE PHASED-IN;

(B) CONDUCT A PATIENT HANDLING HAZARD ASSESSMENT. THIS ASSESSMENT SHOULD CONSIDER SUCH VARIABLES AS PATIENT-HANDLING TASKS, TYPES OF NURSING UNITS, PATIENT POPULATIONS AND THE PHYSICAL ENVIRONMENT OF PATIENT CARE AREAS;

(C) DEVELOP A PROCESS TO IDENTIFY THE APPROPRIATE USE OF THE SAFE PATIENT HANDLING POLICY BASED ON THE PATIENT'S PHYSICAL AND MEDICAL CONDITION AND THE AVAILABILITY OF SAFE PATIENT HANDLING EQUIPMENT. THE POLICY SHALL INCLUDE A MEANS TO ADDRESS CIRCUMSTANCES UNDER WHICH IT WOULD BE CONTRAINDICATED BASED ON A PATIENT'S PHYSICAL, MEDICAL, WEIGHT-BEARING, COGNITIVE AND/OR REHABILITATIVE STATUS TO USE LIFTING OR TRANSFER AIDS OR ASSISTIVE DEVICES FOR PARTICULAR PATIENTS;

(D) PROVIDE INITIAL AND ON-GOING YEARLY TRAINING AND EDUCATION ON SAFE PATIENT HANDLING FOR CURRENT EMPLOYEES AND NEW HIRES, AND ESTABLISH PROCEDURES TO ENSURE THAT RETRAINING FOR THOSE FOUND TO BE DEFICIENT IS PROVIDED AS NEEDED;

(E) SET UP AND UTILIZE A PROCESS FOR INCIDENT INVESTIGATION AND POST-INVESTIGATION REVIEW WHICH MAY INCLUDE A PLAN OF CORRECTION AND IMPLEMENTATION OF CONTROLS;

(F) CONDUCT AN ANNUAL PERFORMANCE EVALUATION OF THE PROGRAM TO DETERMINE ITS EFFECTIVENESS, WITH THE RESULTS OF THE EVALUATION REPORTED TO THE COMMITTEE. THE EVALUATION SHALL DETERMINE THE EXTENT TO WHICH IMPLEMENTATION OF THE PROGRAM HAS RESULTED IN A REDUCTION IN THE RISK OF INJURY TO PATIENTS, MUSCULOSKELETAL DISORDER CLAIMS AND DAYS OF LOST WORK ATTRIBUTABLE TO MUSCULOSKELETAL DISORDERS BY EMPLOYEES CAUSED BY PATIENT HANDLING, AND INCLUDE RECOMMENDATIONS TO INCREASE THE PROGRAM'S EFFECTIVENESS;

(G) WHEN DEVELOPING ARCHITECTURAL PLANS FOR CONSTRUCTING OR REMODELING A HEALTH CARE FACILITY OR A UNIT OF A HEALTH CARE FACILITY IN WHICH PATIENT HANDLING AND MOVEMENT OCCURS, CONSIDER THE FEASIBILITY OF INCORPORATING PATIENT HANDLING EQUIPMENT OR THE PHYSICAL SPACE AND CONSTRUCTION DESIGN NEEDED TO INCORPORATE THAT EQUIPMENT AT A LATER DATE; AND

(H) DEVELOP A PROCESS BY WHICH EMPLOYEES MAY REFUSE TO PERFORM OR BE INVOLVED IN PATIENT HANDLING OR MOVEMENT THAT THE EMPLOYEE REASONABLY BELIEVES IN GOOD FAITH WILL EXPOSE A PATIENT OR HEALTH CARE FACILITY EMPLOYEE TO AN UNACCEPTABLE RISK OF INJURY. SUCH PROCESS SHALL REQUIRE THAT THE NURSE OR DIRECT CARE WORKER MAKE A GOOD FAITH EFFORT TO ENSURE PATIENT SAFETY AND BRING THE MATTER TO THE ATTENTION OF THE FACILITY IN A TIMELY MANNER. A HEALTH CARE FACILITY EMPLOYEE WHO REASONABLY AND IN GOOD FAITH FOLLOWS THE PROCESS DEVELOPED BY THE HEALTH CARE FACILITY IN

1 ACCORDANCE WITH THIS SUBDIVISION SHALL NOT BE THE SUBJECT OF DISCIPLI-
2 NARY ACTION BY THE HEALTH CARE FACILITY FOR THE REFUSAL TO PERFORM OR BE
3 INVOLVED IN THE PATIENT HANDLING OR MOVEMENT.

4 S 2997-L. ACTIVITIES. THE ACTIVITIES ENUMERATED IN SECTION TWENTY-NINE
5 HUNDRED NINETY-SEVEN-K OF THIS TITLE SHALL BE UNDERTAKEN CONSISTENT WITH
6 SECTION TWENTY-EIGHT HUNDRED FIVE-J OF THIS CHAPTER BY A COVERED HEALTH
7 CARE PROVIDER AND SHALL BE DEEMED ACTIVITIES OF SUCH PROGRAM AS
8 DESCRIBED IN SUCH SECTION AND ANY AND ALL INFORMATION ATTRIBUTABLE TO
9 SUCH ACTIVITIES SHALL BE SUBJECT TO PROVISIONS OF SECTION TWENTY-EIGHT
10 HUNDRED FIVE-M OF THIS CHAPTER AND SECTION SIXTY-FIVE HUNDRED
11 TWENTY-SEVEN OF THE EDUCATION LAW.

12 S 21. Section 2304 of the insurance law is amended by adding a new
13 subsection (j) to read as follows:

14 (J)(1) ON OR BEFORE JULY FIRST, TWO THOUSAND SIXTEEN, THE DEPARTMENT
15 SHALL MAKE RULES ESTABLISHING REQUIREMENTS FOR HEALTH CARE FACILITIES TO
16 OBTAIN A REDUCED WORKER'S COMPENSATION RATE FOR SAFE PATIENT HANDLING
17 PROGRAMS IMPLEMENTED PURSUANT TO TITLE ONE-A OF ARTICLE TWENTY-NINE-A OF
18 THE PUBLIC HEALTH LAW.

19 (2) THE DEPARTMENT SHALL COMPLETE AN EVALUATION OF THE RESULTS OF THE
20 REDUCED RATE, INCLUDING CHANGES IN CLAIM FREQUENCY AND COSTS, AND SHALL
21 REPORT TO THE APPROPRIATE COMMITTEES OF THE LEGISLATURE ON OR BEFORE
22 DECEMBER FIRST, TWO THOUSAND EIGHTEEN AND AGAIN ON OR BEFORE DECEMBER
23 FIRST, TWO THOUSAND TWENTY.

24 S 22. Subdivision 6 of section 2899 of the public health law, as
25 amended by chapter 331 of the laws of 2006, is amended to read as
26 follows:

27 6. "Provider" shall mean any residential health care facility licensed
28 under article twenty-eight of this chapter; or any certified home health
29 agency, licensed home care services agency or long term home health care
30 program certified under article thirty-six of this chapter; OR ANY ADULT
31 CARE FACILITY LICENSED UNDER ARTICLE SEVEN OF THE SOCIAL SERVICES LAW.

32 S 23. Paragraph (a) of subdivision 9 of section 2899-a of the public
33 health law, as amended by chapter 331 of the laws of 2006, is amended to
34 read as follows:

35 (a) In the event that funds are appropriated in any given fiscal year
36 for the reimbursement for the costs of providing such criminal history
37 information, reimbursement shall be made available in an equitable and
38 direct manner for the projected cost of the fee established pursuant to
39 law by the division of criminal justice services for processing a crimi-
40 nal history information check, the fee imposed by the federal bureau of
41 investigation for a national criminal history check, and costs associ-
42 ated with obtaining the fingerprints to all providers licensed, but not
43 certified under article thirty-six of this chapter, AND ALL ADULT CARE
44 FACILITIES LICENSED UNDER ARTICLE SEVEN OF THE SOCIAL SERVICES LAW,
45 including those that are subject to this article and are unable to
46 access direct reimbursement from state and/or federal funded health
47 programs.

48 S 24. The social services law is amended by adding a new section 461-t
49 to read as follows:

50 S 461-T. REVIEW OF CRIMINAL HISTORY INFORMATION CONCERNING PROSPECTIVE
51 DIRECT CARE EMPLOYEES. EVERY ADULT CARE FACILITY SHALL CONDUCT A CRIMI-
52 NAL HISTORY RECORD CHECK OF PROSPECTIVE DIRECT CARE EMPLOYEES UTILIZING
53 THE PROCEDURES AND STANDARDS SET FORTH IN ARTICLE TWENTY-EIGHT-E OF THE
54 PUBLIC HEALTH LAW.

55 S 25. The public health law is amended by adding a new section 2997-e
56 to read as follows:

1 S 2997-E. PROVISION OF CONTACT INFORMATION RELATING TO LONG TERM CARE.
2 WHENEVER A HEALTH CARE PROVIDER OR PRACTITIONER MAKES A RECOMMENDATION
3 REGARDING THE NECESSITY OF LONG TERM CARE SERVICES OR A REFERRAL FOR THE
4 RECEIPT OF LONG TERM CARE SERVICES TO A PATIENT, THE PATIENT OR
5 PATIENT'S DESIGNATED REPRESENTATIVE SHALL BE PROVIDED BY THE HEALTH CARE
6 PROVIDER OR PRACTITIONER THE CONTACT INFORMATION FOR NY CONNECTS: CHOIC-
7 ES FOR LONG TERM CARE, ESTABLISHED PURSUANT TO SUBDIVISION EIGHT OF
8 SECTION TWO HUNDRED THREE OF THE ELDER LAW, THAT CORRESPONDS TO THE
9 PATIENT'S COUNTY OF RESIDENCE OR PROSPECTIVE COUNTY OF RESIDENCE BASED
10 ON THE PREFERENCE OF THE PATIENT.

11 S 26. Intentionally omitted.

12 S 27. Section 4310 of the public health law, as amended by chapter 639
13 of the laws of 2006, the section heading as separately amended by chap-
14 ter 640 of the laws of 2006, subdivisions 1 and 3 as amended by chapter
15 158 of the laws of 2012, subdivision 2 as separately amended by chapters
16 158 and 465 of the laws of 2012, is amended to read as follows:

17 S 4310. New York state donate life registry for organ, EYE and tissue
18 donations. 1. The department shall establish an organ, EYE, and tissue
19 donor registry, which shall be called and be referred to as the "donate
20 life registry", WHICH SHALL PROVIDE A MEANS TO MAKE AND REGISTER A GIFT
21 OF ORGANS, EYES AND TISSUES TO TAKE PLACE AFTER DEATH PURSUANT TO THIS
22 ARTICLE. [Such] THE DONATE LIFE registry shall contain a listing of all
23 donors who have declared their consent to make an anatomical gift.

24 2. THE COMMISSIONER MAY ENTER INTO A MULTI-YEAR CONTRACT FOR THE OPER-
25 ATION AND PROMOTION OF THE DONATE LIFE REGISTRY SUBJECT TO SUCH TERMS
26 AND CONDITIONS AS MAY BE CONTAINED WITHIN SUCH CONTRACT WITH A NOT-FOR-
27 PROFIT ORGANIZATION THAT HAS EXPERIENCE WORKING WITH ORGAN, EYE AND
28 TISSUE PROCUREMENT ORGANIZATIONS, HAS EXPERTISE IN CONDUCTING ORGAN, EYE
29 AND TISSUE DONOR PROMOTIONAL CAMPAIGNS, AND IS AFFILIATED WITH THE
30 ORGAN, EYE AND TISSUE DONATION COMMUNITY THROUGHOUT THE STATE. THE
31 CONTRACTOR MAY SUBCONTRACT AS NEEDED FOR THE EFFECTIVE PERFORMANCE OF
32 THE CONTRACT. ALL SUCH SUBCONTRACTORS AND THE TERMS OF SUCH SUBCONTRACTS
33 SHALL BE SUBJECT TO APPROVAL BY THE COMMISSIONER. ANY APPLICABLE STATE
34 AGENCY, INCLUDING, BUT NOT LIMITED TO, THE DEPARTMENT, THE DEPARTMENT OF
35 MOTOR VEHICLES AND THE BOARD OF ELECTIONS, SHALL COOPERATE IN THE
36 COLLECTION AND TRANSFER OF REGISTRANT DATA TO THE DONATE LIFE REGISTRY.

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

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

42 (B) PREPARATION AND SUBMISSION OF A PLAN TO ENCOURAGE ORGAN, EYE AND
43 TISSUE DONATION THROUGH EDUCATION AND MARKETING EFFORTS AND OTHER RECOM-
44 MENDATIONS THAT WOULD STREAMLINE AND ENHANCE THE COST-EFFECTIVE OPERA-
45 TION OF THE DONATE LIFE REGISTRY;

46 (C) PROVISION OF WRITTEN OR ELECTRONIC NOTIFICATION OF REGISTRATION IN
47 THE DONATE LIFE REGISTRY TO AN INDIVIDUAL ENROLLING IN THE DONATE LIFE
48 REGISTRY; AND

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

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

55 (II) THE CHARACTERISTICS OF REGISTRANTS AS DETERMINED FROM THE DONATE
56 LIFE REGISTRY INFORMATION;

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

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

6 (V) ACCOUNTING STATEMENTS OF EXPENDITURES FOR THE PURPOSES OF MAIN-
7 TAINING THE DONATE LIFE REGISTRY AND PROMOTIONAL CAMPAIGNS AND INITI-
8 ATIVES.

9 4. (A) FOR THE PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN THROUGH
10 MARCH THIRTY-FIRST, TWO THOUSAND FIFTEEN, PAYMENTS TO THE CONTRACTOR
11 SHALL BE PAID BY THE DEPARTMENT.

12 (B) FOR THE PERIOD BEGINNING APRIL FIRST, TWO THOUSAND FIFTEEN AND
13 THEREAFTER, PAYMENTS TO THE CONTRACTOR SHALL BE PAID BY THE DEPARTMENT
14 FROM FUNDS AVAILABLE FOR THESE PURPOSES, INCLUDING, BUT NOT LIMITED TO,
15 THE FUNDS DEPOSITED INTO THE LIFE PASS IT ON TRUST FUND PURSUANT TO
16 SECTION NINETY-FIVE-D OF THE STATE FINANCE LAW.

17 (C) IN ADDITION, THE CONTRACTOR MAY RECEIVE AND USE VOLUNTARY CONTRIB-
18 UTIONS.

19 5. (A) Such ORGAN, EYE AND TISSUE registration of consent to make an
20 anatomical gift can be made through [(a)]: (I) indication made on the
21 application or renewal form of a DRIVER'S license, [(b)] (II) indication
22 made on a non-driver identification card application or renewal form,
23 [(c) enrolling in the registry website maintained by the department,
24 which may include using an electronic signature subject to article three
25 of the state technology law, (d)] (III) indication made on a voter
26 registration form pursuant to subdivision five of section 5-210 of the
27 election law, (IV) ENROLLMENT THROUGH THE DONATE LIFE REGISTRY WEBSITE,
28 (V) PAPER ENROLLMENT SUBMITTED TO THE DONATE LIFE REGISTRY, or [(e)]
29 (VI) through any other method identified by the commissioner.

30 (B)(I) Where required by law for [consent] REGISTRATION forms
31 described in [paragraphs (a) and (b)] SUBPARAGRAPHS (I) AND (II) of
32 PARAGRAPH (A) OF this subdivision, the commissioner shall ensure that
33 space is provided on any [consent] REGISTRATION form so that the appli-
34 cant shall register or decline registration in the donate life registry
35 for organ, EYE and tissue donations under this section and that the
36 following is stated on the form in clear and conspicuous type:

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

40 (II) The commissioner shall not maintain records of any person who
41 checks "skip this question". Failure to check a box shall not impair the
42 validity of an application, and failure to check "yes" or checking "skip
43 this question" shall not be construed to imply a wish not to donate. In
44 the case of an applicant under eighteen years of age, checking "yes"
45 shall not constitute consent to make an anatomical gift or registration
46 in the donate life registry. Where an applicant has previously consented
47 to make an anatomical gift or registered in the donate life registry,
48 checking "skip this question" or failing to check a box shall not impair
49 that consent or registration.

50 (C) ENROLLMENT OR AMENDMENT OR REVOCATION THROUGH THE DONATE LIFE
51 REGISTRY WEBSITE THROUGH ANY OF THE MEANS LISTED IN THIS SUBDIVISION MAY
52 BE SIGNED BY ELECTRONIC SIGNATURE, IN ACCORDANCE WITH THE PROVISIONS OF
53 ARTICLE THREE OF THE STATE TECHNOLOGY LAW, SUPPORTED BY THE USE OF SUIT-
54 ABLE MECHANISMS INCLUDING UNIQUE IDENTIFIERS TO PROVIDE CONFIDENCE IN
55 THE IDENTITY OF THE PERSON PROVIDING THE ELECTRONIC SIGNATURE. The
56 registration shall take effect upon the provision of written or elec-

1 tronic notice of the registration to the [person] INDIVIDUAL enrolling
2 in the DONATE LIFE registry.

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

8 (b) The information contained in the registry shall not be released to
9 any person except as expressly authorized by this section solely for the
10 purpose of identifying potential organ and tissue donors at or near the
11 time of death.

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

15 5. The registry shall provide persons enrolled the opportunity to
16 specify which organs and tissues they want to donate and if the donation
17 can be used for transplantation, research, or both.]

18 (D) AMENDMENTS OR REVOCATIONS FROM THE DONATE LIFE REGISTRY SHALL BE
19 MADE BY THE FOLLOWING, SUBJECT TO THE REQUIREMENTS OF THE COMMISSIONER:

20 (I) REGISTRANTS SUBMITTING AN AMENDMENT OR REVOCATION IN WRITING TO
21 THE DONATE LIFE REGISTRY; OR

22 (II) REGISTRANTS SUBMITTING AN AMENDMENT OR REVOCATION ELECTRONICALLY
23 THROUGH THE DONATE LIFE REGISTRY WEBSITE.

24 (E) REMOVAL FROM THE DONATE LIFE REGISTRY SHALL NOT BE DEEMED A
25 REFUSAL OF ANY OTHER OR FUTURE ANATOMICAL GIFT.

26 (F) THE DONATE LIFE REGISTRY SHALL PROVIDE INDIVIDUALS ENROLLED THE
27 OPPORTUNITY TO SPECIFY WHICH ORGANS, EYES AND TISSUES THEY WANT TO
28 DONATE AND IF THE DONATION MAY BE USED FOR TRANSPLANTATION, RESEARCH, OR
29 BOTH.

30 6. [A person] AN INDIVIDUAL registered in the [organ and tissue]
31 DONATE LIFE registry before [the effective date of this subdivision]
32 JULY TWENTY-THIRD, TWO THOUSAND EIGHT shall be deemed to have expressed
33 intent to donate, until and unless he or she files an amendment to his
34 or her registration or a new registration expressing consent to donate.

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

51 (B) ACCESS TO THE DONATE LIFE REGISTRY SHALL HAVE SECURITY MEASURES
52 SET FORTH IN THE CONTRACT TO PROTECT THE INTEGRITY OF THE IDENTIFIABLE
53 DATA IN THE DONATE LIFE REGISTRY, WHICH MAY ONLY BE ACCESSED BY THE
54 PARTIES DESCRIBED IN PARAGRAPH (A) OF THIS SUBDIVISION AND ONLY FOR THE
55 PURPOSES OF DETERMINING DONOR STATUS AT OR NEAR THE TIME OF DEATH OF AN
56 INDIVIDUAL, BY THE DEPARTMENT FOR ANY PURPOSE, BY THE CONTRACTOR ONLY

FOR PURPOSES OF QUALITY ASSESSMENT AND IMPROVEMENT, TECHNICAL SUPPORT AND DONOR SERVICES, OR BY INDIVIDUAL REGISTRANTS FOR THE PURPOSES OF CONFIRMING THE ACCURACY AND VALIDITY OF THEIR REGISTRATION OR MAKING, AMENDING OR REVOKING THEIR REGISTRATION.

(C) DE-IDENTIFIED INFORMATION MAY BE ACCESSED BY THE ENTITIES LISTED IN PARAGRAPH (A) OF THIS SUBDIVISION OR THEIR DESIGNEES FOR PURPOSES OF ANALYSIS, PROMOTION, EDUCATION, QUALITY IMPROVEMENT AND TECHNICAL SUPPORT FOR THE DONATE LIFE REGISTRY. THE INFORMATION CONTAINED IN THE REGISTRY SHALL NOT BE RELEASED TO ANY PERSON EXCEPT AS EXPRESSLY AUTHORIZED BY THIS SECTION, SOLELY FOR THE PURPOSES SO AUTHORIZED.

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

9. AN INTERAGENCY WORK GROUP, COMPOSED OF THE COMMISSIONER, THE COMMISSIONER OF THE DEPARTMENT OF MOTOR VEHICLES, A CHAIR OF THE BOARD OF ELECTIONS, OR THEIR DESIGNEES, AND SUCH OTHER INDIVIDUALS AS MAY BE DESIGNATED BY THE COMMISSIONER, SHALL BE ESTABLISHED TO MEET WITH THE CONTRACTOR ANNUALLY AND AS NEEDED TO REVIEW THE STATUS OF THE DONATE LIFE REGISTRY, TO EXAMINE THE STEPS THAT MIGHT BE TAKEN BY STATE AGENCIES TO ENHANCE ITS PERFORMANCE AND TO MAKE RECOMMENDATIONS TO THE CONTRACTOR.

S 28. Intentionally omitted.

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

3. Monies of the fund shall be expended only for organ transplant research and education projects approved by the commissioner of health, or to provide grants to not-for-profit corporations in this state which are incorporated for the purpose of increasing and promoting organ and tissue donation awareness PROVIDED, HOWEVER, BEGINNING APRIL FIRST, TWO THOUSAND FIFTEEN, ANY REVENUES RECEIVED OR ANY MONIES APPROPRIATED, CREDITED OR TRANSFERRED TO THE FUND ON AND AFTER MAY FIRST, TWO THOUSAND FOURTEEN MAY ALSO BE EXPENDED TO SUPPORT THE MAINTENANCE AND OPERATION OF THE DONATE LIFE REGISTRY IN ACCORDANCE WITH THE PROVISIONS OF SECTION FORTY-THREE HUNDRED TEN OF THE PUBLIC HEALTH LAW.

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

9. (A) THE PRIOR WRITTEN APPROVAL OF THE DEPARTMENT IS REQUIRED FOR: (I) ANY TRANSFER, ASSIGNMENT OR OTHER DISPOSITION OF TEN PERCENT OR MORE OF AN INTEREST OR VOTING RIGHTS IN A PARTNERSHIP, BUSINESS CORPORATION OR LIMITED LIABILITY COMPANY WHICH IS THE OPERATOR OF AN ADULT CARE FACILITY TO A NEW PARTNER, SHAREHOLDER OR MEMBER; OR (II) ANY TRANSFER, ASSIGNMENT OR OTHER DISPOSITION OF INTEREST OR VOTING RIGHTS IN A PARTNERSHIP, BUSINESS CORPORATION OR LIMITED LIABILITY COMPANY WHICH IS THE OPERATOR OF AN ADULT CARE FACILITY WHICH RESULTS IN THE OWNERSHIP OR CONTROL OF MORE THAN TEN PERCENT OF THE INTEREST OR VOTING RIGHTS THEREUNDER BY ANY PERSON WHO HAS NOT BEEN PREVIOUSLY APPROVED BY THE DEPARTMENT FOR THAT OPERATOR.

(B) WITH RESPECT TO A TRANSFER, ASSIGNMENT OR DISPOSITION INVOLVING LESS THAN TEN PERCENT OF AN INTEREST OR VOTING RIGHTS IN SUCH PARTNERSHIP, BUSINESS CORPORATION OR LIMITED LIABILITY COMPANY TO A NEW PARTNER, SHAREHOLDER OR MEMBER, NO PRIOR APPROVAL OF THE DEPARTMENT SHALL BE REQUIRED EXCEPT WHERE REQUIRED BY PARAGRAPH (A) OF THIS SUBDIVISION. HOWEVER, NO SUCH TRANSACTION SHALL BE EFFECTIVE UNLESS AT LEAST NINETY DAYS PRIOR TO THE INTENDED EFFECTIVE DATE THEREOF, THE PARTNERSHIP, BUSINESS CORPORATION OR LIMITED LIABILITY COMPANY FULLY COMPLETES AND FILES WITH THE DEPARTMENT NOTICE ON A FORM, TO BE DEVELOPED BY THE DEPARTMENT, WHICH SHALL DISCLOSE SUCH INFORMATION AS MAY REASONABLY BE

1 NECESSARY FOR THE DEPARTMENT TO DETERMINE WHETHER IT SHOULD PROHIBIT THE
2 TRANSACTION. WITHIN NINETY DAYS FROM THE DATE OF RECEIPT OF SUCH NOTICE,
3 THE DEPARTMENT MAY PROHIBIT ANY SUCH TRANSACTION UNDER THIS SUBPARAGRAPH
4 IF IT FINDS: (I) THERE ARE REASONABLE GROUNDS TO BELIEVE THE PROPOSED
5 TRANSACTION DOES NOT SATISFY THE CHARACTER AND COMPETENCE REVIEW, AS MAY
6 BE APPROPRIATE; OR (II) IF THE TRANSACTION, TOGETHER WITH ALL OTHER SUCH
7 TRANSACTIONS DURING ANY FIVE YEAR PERIOD, WOULD IN THE AGGREGATE,
8 INVOLVE TWENTY-FIVE PERCENT OR MORE OF THE INTEREST IN THE ENTITY THAT
9 CONSTITUTES THE OPERATOR. THE DEPARTMENT SHALL STATE THE SPECIFIC
10 REASONS FOR PROHIBITING ANY TRANSACTION UNDER THIS SUBPARAGRAPH AND
11 SHALL SO NOTIFY EACH PARTY TO THE PROPOSED TRANSACTION.

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

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

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

50 1. (a) "Services for non-residents in adult homes, residences for
51 adults and enriched housing programs" shall mean an organized program of
52 services which the facility is authorized to provide to residents of
53 such facility but which are provided to non-residents for the purpose of
54 restoring, maintaining or developing the capacity of aged or disabled
55 persons to remain in or return to the community. Such services may
56 include but shall not be limited to day programs and temporary residen-

1 tial care as defined herein. A person participating in a program of
2 services for non-residents in an adult care facility shall be considered
3 a resident of the facility and shall be afforded all the rights and
4 protections afforded residents of the facility under this chapter except
5 that the provisions of sections four hundred sixty-one-g and four
6 hundred sixty-one-h of this title relating to termination of admission
7 agreements shall not apply and that persons receiving services pursuant
8 to this section shall not be considered to be receiving residential care
9 as defined in section two hundred nine of this chapter for purposes of
10 determining eligibility for and the amount of supplemental security
11 income benefits and additional state payments.

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

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

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

36 S 32. Intentionally omitted.

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

39 4. The department shall develop an expedited review and approval proc-
40 ess FOR APPLICATIONS FOR UP TO NINE ADDITIONAL BEDS TO AN EXISTING
41 ENHANCED OR SPECIAL NEEDS ASSISTED LIVING CERTIFICATE QUALIFIED AS BEING
42 IN GOOD STANDING UNDER SECTION FORTY-SIX HUNDRED FIFTY-THREE OF THIS
43 ARTICLE.

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

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

49 2. A hospital, residential health care facility, or certified home
50 health agency seeking authorization to provide a long term home health
51 care program shall transmit to the commissioner an application setting
52 forth the scope of the proposed program. Such application shall be in a
53 format and shall be submitted in a quantity determined by the commis-
54 sioner. The commissioner shall transmit the application to the public
55 health and health planning council and to the health systems agency, if
56 any, having geographic jurisdiction of the area where the proposed

1 program is to be located. The application shall include a detailed
2 description of the proposed program including, but not limited to, the
3 following:

4 (a) an outline of the institution's or agency's plans for the program;
5 (b) the need for the proposed program;
6 (c) the number and types of personnel to be employed;
7 (d) the ability of the agency, hospital, or facility to provide the
8 program;

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

10 (f) the geographic area in which the proposed programs will be
11 provided;

12 (g) any special or unusual services, programs, or equipment to be
13 provided;

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

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

17 The health systems agency and the public health and health planning
18 council shall review the application and submit their recommendations to
19 the commissioner. At the time members of the public health and health
20 planning council are notified that an application is scheduled for
21 consideration, the applicant and the health systems agency shall be so
22 notified in writing. The health systems agency or the public health and
23 health planning council shall not recommend approval of the application
24 unless it is satisfied as to:

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

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

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

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

33 After receiving and considering the recommendations of the public
34 health and health planning council and the health systems agency, the
35 commissioner shall make his or her determination. The commissioner shall
36 act upon an application after the public health and health planning
37 council and the health systems agency have had a reasonable time to
38 submit their recommendations. The commissioner shall not take any action
39 contrary to the advice of either until he or she affords to either an
40 opportunity to request a public hearing and, if so requested, a public
41 hearing shall be held. The commissioner shall not approve the applica-
42 tion unless he or she is satisfied as to the detailed description of the
43 proposed program and

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

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

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

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

52 If the application is approved, the applicant shall be so notified in
53 writing. The commissioner's written approval of the application shall
54 constitute authorization to provide a long term home health care
55 program. [In making his or her authorization, the commissioner shall
56 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. Intentionally omitted.

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] 2015; 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 and shall be deemed to have been in full force and effect on and after April 1, 2014; provided, however, that 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; and provided, further, that the amendments made to paragraph (b) of subdivision 18-a of section 206 of the public health law made by section sixteen of this act shall not affect the expiration of such paragraph 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 amended by section 5-b of part C of chapter 59 of the laws of 2011, are amended to read as follows:

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

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

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

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

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

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

4 S 4. Subparagraph (xiii) of paragraph (a) of subdivision 7 of section
5 2807-s of the public health law, as added by section 30 of part H of
6 chapter 59 of the laws of 2011, is amended to read as follows:

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

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

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

16 (v) one hundred ninety-one million two hundred fifty thousand dollars
17 of the funds accumulated for the period January first, two thousand
18 [fourteen] SEVENTEEN through March thirty-first, two thousand [fourteen]
19 SEVENTEEN.

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

25 S 34. (1) Notwithstanding any inconsistent provision of law, rule or
26 regulation and effective April 1, 2008 through March 31, [2014] 2017,
27 the commissioner of health is authorized to transfer and the state comp-
28 troller is authorized and directed to receive for deposit to the credit
29 of the department of health's special revenue fund - other, health care
30 reform act (HCRA) resources fund - 061, provider collection monitoring
31 account, within amounts appropriated each year, those funds collected
32 and accumulated pursuant to section 2807-v of the public health law,
33 including income from invested funds, for the purpose of payment for
34 administrative costs of the department of health related to adminis-
35 tration of statutory duties for the collections and distributions
36 authorized by section 2807-v of the public health law.

37 (2) Notwithstanding any inconsistent provision of law, rule or regu-
38 lation and effective April 1, 2008 through March 31, [2014] 2017, the
39 commissioner of health is authorized to transfer and the state comp-
40 troller is authorized and directed to receive for deposit to the credit
41 of the department of health's special revenue fund - other, health care
42 reform act (HCRA) resources fund - 061, provider collection monitoring
43 account, within amounts appropriated each year, those funds collected
44 and accumulated and interest earned through surcharges on payments for
45 health care services pursuant to section 2807-s of the public health law
46 and from assessments pursuant to section 2807-t of the public health law
47 for the purpose of payment for administrative costs of the department of
48 health related to administration of statutory duties for the collections
49 and distributions authorized by sections 2807-s, 2807-t, and 2807-m of
50 the public health law.

51 (3) Notwithstanding any inconsistent provision of law, rule or regu-
52 lation and effective April 1, 2008 through March 31, [2014] 2017, the
53 commissioner of health is authorized to transfer and the comptroller is
54 authorized to deposit, within amounts appropriated each year, those
55 funds authorized for distribution in accordance with the provisions of
56 paragraph (a) of subdivision 1 of section 2807-l of the public health

1 law for the purposes of payment for administrative costs of the depart-
2 ment of health related to the child health insurance plan program
3 authorized pursuant to title 1-A of article 25 of the public health law
4 into the special revenue funds - other, health care reform act (HCRA)
5 resources fund - 061, child health insurance account, established within
6 the department of health.

7 (4) 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 comptroller is
10 authorized to deposit, within amounts appropriated each year, those
11 funds authorized for distribution in accordance with the provisions of
12 paragraph (e) of subdivision 1 of section 2807-1 of the public health
13 law for the purpose of payment for administrative costs of the depart-
14 ment of health related to the health occupation development and work-
15 place demonstration program established pursuant to section 2807-h and
16 the health workforce retraining program established pursuant to section
17 2807-g of the public health law into the special revenue funds - other,
18 health care reform act (HCRA) resources fund - 061, health occupation
19 development and workplace demonstration program account, established
20 within the department of health.

21 (5) 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 allocated pursuant to paragraph (j) of subdivision 1 of section
26 2807-v of the public health law for the purpose of payment for adminis-
27 trative costs of the department of health related to administration of
28 the state's tobacco control programs and cancer services provided pursu-
29 ant to sections 2807-r and 1399-ii of the public health law into such
30 accounts established within the department of health for such purposes.

31 (6) Notwithstanding any inconsistent provision of law, rule or regu-
32 lation and effective April 1, 2008 through March 31, [2014] 2017, the
33 commissioner of health is authorized to transfer and the comptroller is
34 authorized to deposit, within amounts appropriated each year, the funds
35 authorized for distribution in accordance with the provisions of section
36 2807-1 of the public health law for the purposes of payment for adminis-
37 trative costs of the department of health related to the programs funded
38 pursuant to section 2807-1 of the public health law into the special
39 revenue funds - other, health care reform act (HCRA) resources fund -
40 061, pilot health insurance account, established within the department
41 of health.

42 (7) Notwithstanding any inconsistent provision of law, rule or regu-
43 lation and effective April 1, 2008 through March 31, [2014] 2017, the
44 commissioner of health is authorized to transfer and the comptroller is
45 authorized to deposit, within amounts appropriated each year, those
46 funds authorized for distribution in accordance with the provisions of
47 subparagraph (ii) of paragraph (f) of subdivision 19 of section 2807-c
48 of the public health law from monies accumulated and interest earned in
49 the bad debt and charity care and capital statewide pools through an
50 assessment charged to general hospitals pursuant to the provisions of
51 subdivision 18 of section 2807-c of the public health law and those
52 funds authorized for distribution in accordance with the provisions of
53 section 2807-1 of the public health law for the purposes of payment for
54 administrative costs of the department of health related to programs
55 funded under section 2807-1 of the public health law into the special
56 revenue funds - other, health care reform act (HCRA) resources fund -

1 061, primary care initiatives account, established within the department
2 of health.

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

14 (9) Notwithstanding any inconsistent provision of law, rule or regu-
15 lation and effective April 1, 2008 through March 31, [2014] 2017, the
16 commissioner of health is authorized to transfer and the comptroller is
17 authorized to deposit, within amounts appropriated each year, those
18 funds authorized pursuant to sections 2807-d, 3614-a and 3614-b of the
19 public health law and section 367-i of the social services law and for
20 distribution in accordance with the provisions of subdivision 9 of
21 section 2807-j of the public health law for the purpose of payment for
22 administration of statutory duties for the collections and distributions
23 authorized by sections 2807-c, 2807-d, 2807-j, 2807-k, 2807-l, 3614-a
24 and 3614-b of the public health law and section 367-i of the social
25 services law into the special revenue funds - other, health care reform
26 act (HCRA) resources fund - 061, provider collection monitoring account,
27 established within the department of health.

28 S 7. Section 2807-l of the public health law, as amended by section 7
29 of part C of chapter 59 of the laws of 2011, is amended to read as
30 follows:

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

39 (a) Funds shall be reserved and accumulated from year to year and
40 shall be available, including income from invested funds, for purposes
41 of distributions to programs to provide health care coverage for unin-
42 sured or underinsured children pursuant to sections twenty-five hundred
43 ten and twenty-five hundred eleven of this chapter from the respective
44 health care initiatives pools established for the following periods in
45 the following amounts:

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

49 (ii) from the pool for the period January first, nineteen hundred
50 ninety-eight through December thirty-first, nineteen hundred ninety-
51 eight, up to one hundred sixty-four million five hundred thousand
52 dollars;

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

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

3 (v) from the pool for the period January first, two thousand one
4 through December thirty-first, two thousand one, two hundred thirty-five
5 million dollars;

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

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

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

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

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

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

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

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

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

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

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

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

50 (b) Funds shall be reserved and accumulated from year to year and
51 shall be available, including income from invested funds, for purposes
52 of distributions for health insurance programs under the individual
53 subsidy programs established pursuant to the expanded health care cover-
54 age act of nineteen hundred eighty-eight as amended, and for evaluation
55 of such programs from the respective health care initiatives pools or

1 the health care reform act (HCRA) resources fund, whichever is applica-
2 ble, established for the following periods in the following amounts:

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

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

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

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

1 eight and January first, nineteen hundred ninety-nine through December
2 thirty-first, nineteen hundred ninety-nine, up to eighty-four million
3 dollars shall be reserved and accumulated from year to year from the
4 pools for the period January first, two thousand through December thir-
5 ty-first, two thousand, up to eighty-five million dollars shall be
6 reserved and accumulated from year to year from the pools for the period
7 January first, two thousand one through December thirty-first, two thou-
8 sand one, up to eighty-six million dollars shall be reserved and accumu-
9 lated from year to year from the pools for the period January first, two
10 thousand two through December thirty-first, two thousand two, up to
11 eighty-six million one hundred fifty thousand dollars shall be reserved
12 and accumulated from year to year from the pools for the period January
13 first, two thousand three through December thirty-first, two thousand
14 three, up to fifty-eight million seven hundred eighty thousand dollars
15 shall be reserved and accumulated from year to year from the pools for
16 the period January first, two thousand four through December thirty-
17 first, two thousand four, up to sixty-eight million seven hundred thirty
18 thousand dollars shall be reserved and accumulated from year to year
19 from the pools or the health care reform act (HCRA) resources fund,
20 whichever is applicable, for the period January first, two thousand five
21 through December thirty-first, two thousand five, up to ninety-four
22 million three hundred fifty thousand dollars shall be reserved and accu-
23 mulated from year to year from the health care reform act (HCRA)
24 resources fund for the period January first, two thousand six through
25 December thirty-first, two thousand six, up to seventy million nine
26 hundred thirty-nine thousand dollars shall be reserved and accumulated
27 from year to year from the health care reform act (HCRA) resources fund
28 for the period January first, two thousand seven through December thir-
29 ty-first, two thousand seven, up to fifty-five million six hundred
30 eighty-nine thousand dollars annually shall be reserved and accumulated
31 from year to year from the health care reform act (HCRA) resources fund
32 for the period January first, two thousand eight through December thir-
33 ty-first, two thousand ten, up to thirteen million nine hundred twenty-
34 two thousand dollars shall be reserved and accumulated from year to year
35 from the health care reform act (HCRA) resources fund for the period
36 January first, two thousand eleven through March thirty-first, two thou-
37 sand eleven, and for periods on and after April first, two thousand
38 eleven [through March thirty-first, two thousand fourteen], up to fund-
39 ing amounts specified below and shall be available, including income
40 from invested funds, for:

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

1 twenty-two million ninety-seven thousand dollars annually for the period
2 January first, two thousand seven through December thirty-first, two
3 thousand ten, up to five million five hundred twenty-four thousand
4 dollars for the period January first, two thousand eleven through March
5 thirty-first, two thousand eleven, up to thirteen million four hundred
6 forty-five thousand dollars for the period April first, two thousand
7 eleven through March thirty-first, two thousand twelve, and up to thir-
8 teen million three hundred seventy-five thousand dollars each state
9 fiscal year for the period April first, two thousand twelve through
10 March thirty-first, two thousand fourteen;

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

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

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

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

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

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

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

22 (v) deposit by the commissioner, within amounts appropriated, and the
23 state comptroller is hereby authorized and directed to receive for
24 deposit to, to the credit of the department of health's special revenue
25 fund - other, miscellaneous special revenue fund - 339 maternal and
26 child HIV services account or the health care reform act (HCRA)
27 resources fund, whichever is applicable, for purposes of a special
28 program for HIV services for women and children, including adolescents
29 pursuant to section twenty-five hundred-f-one of [the public health law]
30 THIS CHAPTER, up to five million dollars annually for the periods Janu-
31 ary first, two thousand through December thirty-first, two thousand two,
32 up to five million dollars for the period January first, two thousand
33 three through December thirty-first, two thousand three, up to two
34 million five hundred thousand dollars for the period January first, two
35 thousand four through December thirty-first, two thousand four, up to
36 two million five hundred thousand dollars for the period January first,
37 two thousand five through December thirty-first, two thousand five, up
38 to five million dollars for the period January first, two thousand six
39 through December thirty-first, two thousand six, up to five million
40 dollars annually for the period January first, two thousand seven
41 through December thirty-first, two thousand ten, up to one million two
42 hundred fifty thousand dollars for the period January first, two thou-
43 sand eleven through March thirty-first, two thousand eleven, and up to
44 five million dollars each state fiscal year for the period April first,
45 two thousand eleven through March thirty-first, two thousand fourteen;

46 (d) (i) An amount of up to twenty million dollars annually for the
47 period January first, two thousand through December thirty-first, two
48 thousand six, up to ten million dollars for the period January first,
49 two thousand seven through June thirtieth, two thousand seven, up to
50 twenty million dollars annually for the period January first, two thou-
51 sand eight through December thirty-first, two thousand ten, up to five
52 million dollars for the period January first, two thousand eleven
53 through March thirty-first, two thousand eleven, [and] up to nineteen
54 million six hundred thousand dollars each state fiscal year for the
55 period April first, two thousand eleven through March thirty-first, two
56 thousand fourteen, AND UP TO NINETEEN MILLION SIX HUNDRED THOUSAND

1 DOLLARS EACH STATE FISCAL YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND
2 FOURTEEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND SEVENTEEN, shall be
3 transferred to the health facility restructuring pool established pursu-
4 ant to section twenty-eight hundred fifteen of this article;

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

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

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

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

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

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

(iv) from the pool or the health care reform act (HCRA) resources fund, whichever is applicable, for the period January first, two thousand through December thirty-first, two thousand four, eighty-two million dollars annually, and for the period January first, two thousand five through December thirty-first, two thousand five, eighty-two million dollars, and for the period January first, two thousand six through December thirty-first, two thousand six, eighty-two million dollars, and for the period January first, two thousand seven through December thirty-first, two thousand seven, eighty-two million dollars, and for the period January first, two thousand eight through December thirty-first, two thousand eight, ninety million seven hundred thousand dollars shall be deposited by the commissioner, and the state comptroller is hereby authorized and directed to receive for deposit to the credit of the state special revenue fund - other, HCRA transfer fund, medical assistance account;

(v) from the health care reform act (HCRA) resources fund for the period January first, two thousand nine through December thirty-first, two thousand nine, one hundred eight million nine hundred seventy-five thousand dollars, and for the period January first, two thousand ten through December thirty-first, two thousand ten, one hundred twenty-six million one hundred thousand dollars, for the period January first, two thousand eleven through March thirty-first, two thousand eleven, twenty million five hundred thousand dollars, and for each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen, one hundred forty-six million four hundred thousand dollars, shall be deposited by the commissioner, and the state comptroller is hereby authorized and directed to receive for deposit, to the credit of the state special revenue fund - other, HCRA transfer fund, medical assistance account.

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

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

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

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

(h) Funds shall be reserved and accumulated from year to year by the commissioner and shall be available, including income from invested funds, for purposes of primary care education and training pursuant to article nine of this chapter from the respective health care initiatives pools established 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 shall be available for distributions as follows:

(i) funds shall be reserved and accumulated:

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

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

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

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

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

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

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

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

(i) Funds shall be reserved and accumulated from year to year and shall be available, including income from invested funds, for distributions in accordance with section twenty-nine hundred fifty-two and section twenty-nine hundred fifty-eight of this chapter for rural health care delivery development and rural health care access development, respectively, 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, thirteen and forty-nine-hundredths percent;

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

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

(iv) from the pool for the periods January first, two thousand through December thirty-first, two thousand two, seventeen million dollars annually, and for the period January first, two thousand three through

1 December thirty-first, two thousand three, up to fifteen million eight
2 hundred fifty thousand dollars;

3 (v) from the pool or the health care reform act (HCRA) resources fund,
4 whichever is applicable, for the period January first, two thousand four
5 through December thirty-first, two thousand four, up to fifteen million
6 eight hundred fifty thousand dollars, [and] for the period January
7 first, two thousand five through December thirty-first, two thousand
8 five, up to nineteen million two hundred thousand dollars, [and] for the
9 period January first, two thousand six through December thirty-first,
10 two thousand six, up to nineteen million two hundred thousand dollars,
11 for the period January first, two thousand seven through December thir-
12 ty-first, two thousand ten, up to eighteen million one hundred fifty
13 thousand dollars annually, for the period January first, two thousand
14 eleven through March thirty-first, two thousand eleven, up to four
15 million five hundred thirty-eight thousand dollars, [and] for each state
16 fiscal year for the period April first, two thousand eleven through
17 March thirty-first, two thousand fourteen, up to sixteen million two
18 hundred thousand dollars, AND UP TO SIXTEEN MILLION TWO HUNDRED THOUSAND
19 DOLLARS EACH STATE FISCAL YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND
20 FOURTEEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND SEVENTEEN.

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

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

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

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

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

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

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

54 (iii) from the pool for the period January first, nineteen hundred
55 ninety-nine through December thirty-first, nineteen hundred ninety-nine,
56 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 of this article, funds shall be distributed pursuant to paragraph (a) of subdivision one of section twenty-eight hundred seven-p of this article from the respective health care initiatives pools or the health care reform act (HCRA) resources fund, whichever is applicable.

(1) Funds shall be reserved and accumulated from year to year by the commissioner and shall be available, including income from invested funds, for transfer to and allocation for services and expenses for the payment of benefits to recipients of drugs under the AIDS drug assistance program (ADAP) - HIV uninsured care program as administered by Health Research Incorporated from the respective health care initiatives pools or the health care reform act (HCRA) resources fund, whichever is applicable, established 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:

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 nine and fifty-two-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, nine and fifty-two-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,
9 nine and sixty-eight-hundredths percent;

10 (iv) from the pool for the periods January first, two thousand through
11 December thirty-first, two thousand two, up to twelve million dollars
12 annually, and for the period January first, two thousand three through
13 December thirty-first, two thousand three, up to forty million dollars;
14 and

15 (v) from the pool or the health care reform act (HCRA) resources fund,
16 whichever is applicable, for the periods January first, two thousand
17 four through December thirty-first, two thousand four, up to fifty-six
18 million dollars, for the period January first, two thousand five through
19 December thirty-first, two thousand six, up to sixty million dollars
20 annually, for the period January first, two thousand seven through
21 December thirty-first, two thousand ten, up to sixty million dollars
22 annually, for the period January first, two thousand eleven through
23 March thirty-first, two thousand eleven, up to fifteen million dollars,
24 [and] each state fiscal year for the period April first, two thousand
25 eleven through March thirty-first, two thousand fourteen, up to forty-
26 two million three hundred thousand dollars AND UP TO FORTY-ONE MILLION
27 FIFTY THOUSAND DOLLARS EACH STATE FISCAL YEAR FOR THE PERIOD APRIL
28 FIRST, TWO THOUSAND FOURTEEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND
29 SEVENTEEN.

30 (m) Funds shall be reserved and accumulated from year to year and
31 shall be available, including income from invested funds, for purposes
32 of distributions pursuant to section twenty-eight hundred seven-r of
33 this article for cancer related services from the respective health care
34 initiatives pools or the health care reform act (HCRA) resources fund,
35 whichever is applicable, established for the following periods in the
36 following percentage amounts of funds remaining after allocations in
37 accordance with paragraphs (a) through (f) of this subdivision, and for
38 periods on and after January first, two thousand, in the following
39 amounts:

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

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

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

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

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

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

1 sand five through December thirty-first, two thousand six, up to ten
2 million fifty thousand dollars on an annual basis, for the period Janu-
3 ary first, two thousand seven through December thirty-first, two thou-
4 sand ten, up to nineteen million dollars annually, and for the period
5 January first, two thousand eleven through March thirty-first, two thou-
6 sand eleven, up to four million seven hundred fifty thousand dollars.

7 (n) Funds shall be accumulated and transferred from the health care
8 reform act (HCRA) resources fund as follows: for the period April first,
9 two thousand seven through March thirty-first, two thousand eight, and
10 on an annual basis for the periods April first, two thousand eight
11 through November thirtieth, two thousand nine, funds within amounts
12 appropriated shall be transferred and deposited and credited to the
13 credit of the state special revenue funds - other, HCRA transfer fund,
14 medical assistance account, for purposes of funding the state share of
15 rate adjustments made to public and voluntary hospitals in accordance
16 with paragraphs (i) and (j) of subdivision one of section twenty-eight
17 hundred seven-c of this article.

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

40 3. Revenue from distributions pursuant to this section shall not be
41 included in gross revenue received for purposes of the assessments
42 pursuant to subdivision eighteen of section twenty-eight hundred seven-c
43 of this article, subject to the provisions of paragraph (e) of subdivi-
44 sion eighteen of section twenty-eight hundred seven-c of this article,
45 and shall not be included in gross revenue received for purposes of the
46 assessments pursuant to section twenty-eight hundred seven-d of this
47 article, subject to the provisions of subdivision twelve of section
48 twenty-eight hundred seven-d of this article.

49 S 8. Section 2807-v of the public health law, as amended by section 5
50 of part B of chapter 58 of the laws of 2008, subdivision 1 as amended by
51 section 8 of part C of chapter 59 of the laws of 2011, clause (K) of
52 subparagraph (i) of paragraph (bb) of subdivision 1 as amended by
53 section 35-a, subparagraph (xi) of paragraph (cc) of subdivision 1 as
54 amended by section 35-b and subparagraph (vii) of paragraph (ccc) of
55 subdivision 1 as amended by section 35-c of part D of chapter 56 of the
56 laws of 2012, paragraph (fff) of subdivision 1 as separately amended by

1 section 16 of part A of chapter 59 of the laws of 2011, and paragraph
2 (iii) of subdivision 1 as added by section 52-b of part H of chapter 59
3 of the laws of 2011, is amended to read as follows:

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

11 (a) 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, medicaid fraud hotline and
15 medicaid administration account, or any successor fund or account, for
16 purposes of services and expenses related to the toll-free medicaid
17 fraud hotline established pursuant to section one hundred eight of chap-
18 ter one of the laws of nineteen hundred ninety-nine from the tobacco
19 control and insurance initiatives pool established for the following
20 periods in the following amounts: four hundred thousand dollars annually
21 for the periods January first, two thousand through December thirty-
22 first, two thousand two, up to four hundred thousand dollars for the
23 period January first, two thousand three through December thirty-first,
24 two thousand three, up to four hundred thousand dollars for the period
25 January first, two thousand four through December thirty-first, two
26 thousand four, up to four hundred thousand dollars for the period Janu-
27 ary first, two thousand five through December thirty-first, two thousand
28 five, up to four hundred thousand dollars for the period January first,
29 two thousand six through December thirty-first, two thousand six, up to
30 four hundred thousand dollars for the period January first, two thousand
31 seven through December thirty-first, two thousand seven, up to four
32 hundred thousand dollars for the period January first, two thousand
33 eight through December thirty-first, two thousand eight, up to four
34 hundred thousand dollars for the period January first, two thousand nine
35 through December thirty-first, two thousand nine, up to four hundred
36 thousand dollars for the period January first, two thousand ten through
37 December thirty-first, two thousand ten, up to one hundred thousand
38 dollars for the period January first, two thousand eleven through March
39 thirty-first, two thousand eleven and within amounts appropriated on and
40 after April first, two thousand eleven.

41 (b) Funds shall be reserved and accumulated from year to year and
42 shall be available, including income from invested funds, for purposes
43 of payment of audits or audit contracts necessary to determine payor and
44 provider compliance with requirements set forth in sections twenty-eight
45 hundred seven-j, twenty-eight hundred seven-s and twenty-eight hundred
46 seven-t of this article from the tobacco control and insurance initi-
47 atives pool established for the following periods in the following
48 amounts: five million six hundred thousand dollars annually for the
49 periods January first, two thousand through December thirty-first, two
50 thousand two, up to five million dollars for the period January first,
51 two thousand three through December thirty-first, two thousand three, up
52 to five million dollars for the period January first, two thousand four
53 through December thirty-first, two thousand four, up to five million
54 dollars for the period January first, two thousand five through December
55 thirty first, two thousand five, up to five million dollars for the
56 period January first, two thousand six through December thirty-first,

1 two thousand six, up to seven million eight hundred thousand dollars for
2 the period January first, two thousand seven through December thirty-
3 first, two thousand seven, and up to eight million three hundred twen-
4 ty-five thousand dollars for the period January first, two thousand
5 eight through December thirty-first, two thousand eight, up to eight
6 million five hundred thousand dollars for the period January first, two
7 thousand nine through December thirty-first, two thousand nine, up to
8 eight million five hundred thousand dollars for the period January
9 first, two thousand ten through December thirty-first, two thousand ten,
10 up to two million one hundred twenty-five thousand dollars for the peri-
11 od January first, two thousand eleven through March thirty-first, two
12 thousand eleven, [and] up to fourteen million seven hundred thousand
13 dollars each state fiscal year for the period April first, two thousand
14 eleven through March thirty-first, two thousand fourteen, AND UP TO
15 ELEVEN MILLION ONE HUNDRED THOUSAND DOLLARS EACH STATE FISCAL YEAR FOR
16 THE PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN THROUGH MARCH
17 THIRTY-FIRST, TWO THOUSAND SEVENTEEN.

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

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

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

45 (iii) eighty-seven million dollars to be reserved, to be retained or
46 for distribution pursuant to a chapter of the laws of two thousand two,
47 for the period January first, two thousand two through December thirty-
48 first, two thousand two;

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

53 (v) eighty-eight million dollars, plus five hundred thousand dollars,
54 to be reserved, to be retained or for distribution pursuant to a chapter
55 of the laws of two thousand four, and pursuant to the former section
56 twenty-seven hundred ninety-nine-1 of this chapter, for the period Janu-

1 ary first, two thousand four through December thirty-first, two thousand
2 four;

3 (vi) eighty-eight million dollars, plus five hundred thousand dollars,
4 to be reserved, to be retained or for distribution pursuant to a chapter
5 of the laws of two thousand five, and pursuant to the former section
6 twenty-seven hundred ninety-nine-1 of this chapter, for the period Janu-
7 ary first, two thousand five through December thirty-first, two thousand
8 five;

9 (vii) eighty-eight million dollars, plus five hundred thousand
10 dollars, to be reserved, to be retained or for distribution pursuant to
11 a chapter of the laws of two thousand six, and pursuant to FORMER
12 section twenty-seven hundred ninety-nine-1 of this chapter, for the
13 period January first, two thousand six through December thirty-first,
14 two thousand six;

15 (viii) eighty-six million four hundred thousand dollars, plus five
16 hundred thousand dollars, to be reserved, to be retained or for distrib-
17 ution pursuant to a chapter of the laws of two thousand seven and pursu-
18 ant to the former section twenty-seven hundred ninety-nine-1 of this
19 chapter, for the period January first, two thousand seven through Decem-
20 ber thirty-first, two thousand seven; and

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

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

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

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

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

46 (e) Funds shall be deposited by the commissioner, within amounts
47 appropriated, and the state comptroller is hereby authorized and
48 directed to receive for deposit to the credit of the state special
49 revenue funds - other, HCRA transfer fund, medical assistance account,
50 or any successor fund or account, for purposes of funding the state
51 share of services and expenses related to the family health plus program
52 including up to two and one-half million dollars annually for the period
53 January first, two thousand through December thirty-first, two thousand
54 two for administration and marketing costs associated with such program
55 established pursuant to clause (B) of subparagraph (v) of paragraph (a)
56 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) two million five hundred thousand dollars for the period January
4 first, two thousand through December thirty-first, two thousand;

5 (ii) thirty million five hundred thousand dollars for the period Janu-
6 ary first, two thousand one through December thirty-first, two thousand
7 one; and

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

10 (f) Funds shall be deposited by the commissioner, within amounts
11 appropriated, and the state comptroller is hereby authorized and
12 directed to receive for deposit to the credit of the state special
13 revenue funds - other, HCRA transfer fund, medicaid fraud hotline and
14 medicaid administration account, or any successor fund or account, for
15 purposes of payment of administrative expenses of the department related
16 to the family health plus program established pursuant to section three
17 hundred sixty-nine-ee of the social services law from the tobacco
18 control and insurance initiatives pool established for the following
19 periods in the following amounts: five hundred thousand dollars on an
20 annual basis for the periods January first, two thousand through Decem-
21 ber thirty-first, two thousand six, five hundred thousand dollars for
22 the period January first, two thousand seven through December thirty-
23 first, two thousand seven, and five hundred thousand dollars for the
24 period January first, two thousand eight through December thirty-first,
25 two thousand eight, five hundred thousand dollars for the period January
26 first, two thousand nine through December thirty-first, two thousand
27 nine, five hundred thousand dollars for the period January first, two
28 thousand ten through December thirty-first, two thousand ten, one
29 hundred twenty-five thousand dollars for the period January first, two
30 thousand eleven through March thirty-first, two thousand eleven and
31 within amounts appropriated on and after April first, two thousand elev-
32 en.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 (v) up to thirty-four million six hundred thousand dollars for the
2 period January first, two thousand five through December thirty-first,
3 two thousand five;
4 (vi) up to fifty-four million eight hundred thousand dollars for the
5 period January first, two thousand six through December thirty-first,
6 two thousand six;
7 (vii) up to sixty-one million seven hundred thousand dollars for the
8 period January first, two thousand seven through December thirty-first,
9 two thousand seven; and
10 (viii) up to one hundred three million seven hundred fifty thousand
11 dollars for the period January first, two thousand eight through Decem-
12 ber thirty-first, two thousand eight.
13 (i) Funds shall be reserved and accumulated from year to year and
14 shall be available, including income from invested funds, for purposes
15 of services and expenses related to the healthy New York group program
16 established pursuant to sections four thousand three hundred twenty-six
17 and four thousand three hundred twenty-seven of the insurance law from
18 the tobacco control and insurance initiatives pool established for the
19 following periods in the following amounts:
20 (i) up to thirty-four million dollars for the period January first,
21 two thousand one through December thirty-first, two thousand one;
22 (ii) up to seventy-seven million dollars for the period January first,
23 two thousand two through December thirty-first, two thousand two;
24 (iii) up to ten million five hundred thousand dollars for the period
25 January first, two thousand three through December thirty-first, two
26 thousand three;
27 (iv) up to twenty-four million six hundred thousand dollars for the
28 period January first, two thousand four through December thirty-first,
29 two thousand four;
30 (v) up to thirty-four million six hundred thousand dollars for the
31 period January first, two thousand five through December thirty-first,
32 two thousand five;
33 (vi) up to fifty-four million eight hundred thousand dollars for the
34 period January first, two thousand six through December thirty-first,
35 two thousand six;
36 (vii) up to sixty-one million seven hundred thousand dollars for the
37 period January first, two thousand seven through December thirty-first,
38 two thousand seven; and
39 (viii) up to one hundred three million seven hundred fifty thousand
40 dollars for the period January first, two thousand eight through Decem-
41 ber thirty-first, two thousand eight.
42 (i-1) Notwithstanding the provisions of paragraphs (h) and (i) of this
43 subdivision, the commissioner shall reserve and accumulate up to two
44 million five hundred thousand dollars annually for the periods January
45 first, two thousand four through December thirty-first, two thousand
46 six, one million four hundred thousand dollars for the period January
47 first, two thousand seven through December thirty-first, two thousand
48 seven, two million dollars for the period January first, two thousand
49 eight through December thirty-first, two thousand eight, from funds
50 otherwise available for distribution under such paragraphs for the
51 services and expenses related to the pilot program for entertainment
52 industry employees included in subsection (b) of section one thousand
53 one hundred twenty-two of the insurance law, and an additional seven
54 hundred thousand dollars annually for the periods January first, two
55 thousand four through December thirty-first, two thousand six, an addi-
56 tional three hundred thousand dollars for the period January first, two

1 thousand seven through June thirtieth, two thousand seven for services
2 and expenses related to the pilot program for displaced workers included
3 in subsection (c) of section one thousand one hundred twenty-two of the
4 insurance law.

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

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

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

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

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

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

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

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

32 (viii) up to ninety-four million one hundred fifty thousand dollars
33 for the period January first, two thousand seven through December thir-
34 ty-first, two thousand seven, provided, however, that within amounts
35 appropriated, a portion of such funds may be transferred to the Roswell
36 Park Cancer Institute Corporation to support costs associated with
37 cancer research;

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

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

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

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

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

53 (XIV) UP TO SIX MILLION DOLLARS EACH STATE FISCAL YEAR FOR THE PERIOD
54 APRIL FIRST, TWO THOUSAND FOURTEEN THROUGH MARCH THIRTY-FIRST, TWO THOU-
55 SAND SEVENTEEN.

1 (k) 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, health care services account,
5 or any successor fund or account, for purposes of services and expenses
6 related to public health programs, including comprehensive care centers
7 for eating disorders pursuant to the former section twenty-seven hundred
8 ninety-nine-1 of this chapter, provided however that, for such centers,
9 funds in the amount of five hundred thousand dollars on an annualized
10 basis shall be transferred from the health care services account, or any
11 successor fund or account, and deposited into the fund established by
12 section ninety-five-e of the state finance law for periods prior to
13 March thirty-first, two thousand eleven, from the tobacco control and
14 insurance initiatives pool established for the following periods in the
15 following amounts:

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

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

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

22 (iv) one hundred twenty-two million five hundred thousand dollars for
23 the period January first, two thousand three through December thirty-
24 first, two thousand three;

25 (v) one hundred eight million five hundred seventy-five thousand
26 dollars, plus an additional five hundred thousand dollars, for the peri-
27 od January first, two thousand four through December thirty-first, two
28 thousand four;

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

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

35 (viii) one hundred fifty-one million four hundred thousand dollars,
36 plus an additional five hundred thousand dollars, for the period January
37 first, two thousand seven through December thirty-first, two thousand
38 seven;

39 (ix) one hundred sixteen million nine hundred forty-nine thousand
40 dollars, plus an additional five hundred thousand dollars, for the peri-
41 od January first, two thousand eight through December thirty-first, two
42 thousand eight;

43 (x) one hundred sixteen million nine hundred forty-nine thousand
44 dollars, plus an additional five hundred thousand dollars, for the peri-
45 od January first, two thousand nine through December thirty-first, two
46 thousand nine;

47 (xi) one hundred sixteen million nine hundred forty-nine thousand
48 dollars, plus an additional five hundred thousand dollars, for the peri-
49 od January first, two thousand ten through December thirty-first, two
50 thousand ten;

51 (xii) twenty-nine million two hundred thirty-seven thousand two
52 hundred fifty dollars, plus an additional one hundred twenty-five thou-
53 sand dollars, for the period January first, two thousand eleven through
54 March thirty-first, two thousand eleven;

(xiii) one hundred twenty million thirty-eight thousand dollars for the period April first, two thousand eleven through March thirty-first, two thousand twelve; and

(xiv) one hundred nineteen million four hundred seven thousand dollars each state fiscal year for the period April first, two thousand twelve through March thirty-first, two thousand fourteen.

(l) Funds shall be deposited by the commissioner, within amounts appropriated, and the state comptroller is hereby authorized and directed to receive for deposit to the credit of the state special revenue funds - other, HCRA transfer fund, medical assistance account, or any successor fund or account, for purposes of funding the state share of the personal care and certified home health agency rate or fee increases established pursuant to subdivision three 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) twenty-three million two hundred thousand dollars for the period January first, two thousand through December thirty-first, two thousand;

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

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

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

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

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

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

1 (ii) three million eight hundred thousand dollars for the period Janu-
2 ary first, two thousand one through December thirty-first, two thousand
3 one;
4 (iii) three million eight hundred thousand dollars for the period
5 January first, two thousand two through December thirty-first, two thou-
6 sand two;
7 (iv) up to three million eight hundred thousand dollars for the period
8 January first, two thousand three through December thirty-first, two
9 thousand three;
10 (v) up to three million eight hundred thousand dollars for the period
11 January first, two thousand four through December thirty-first, two
12 thousand four;
13 (vi) up to three million eight hundred thousand dollars for the period
14 January first, two thousand five through December thirty-first, two
15 thousand five;
16 (vii) up to three million eight hundred thousand dollars for the peri-
17 od January first, two thousand six through December thirty-first, two
18 thousand six;
19 (viii) up to three million eight hundred thousand dollars for the
20 period January first, two thousand seven through December thirty-first,
21 two thousand seven; and
22 (ix) up to nine hundred fifty thousand dollars for the period January
23 first, two thousand eight through March thirty-first, two thousand
24 eight.
25 (n) Funds shall be transferred by the commissioner and shall be depos-
26 ited to the credit of the special revenue funds - other, miscellaneous
27 special revenue fund - 339, elderly pharmaceutical insurance coverage
28 program premium account authorized pursuant to the provisions of title
29 three of article two of the elder law, or any successor fund or account,
30 for funding state expenses relating to the program from the tobacco
31 control and insurance initiatives pool established for the following
32 periods in the following amounts:
33 (i) one hundred seven million dollars for the period January first,
34 two thousand through December thirty-first, two thousand;
35 (ii) one hundred sixty-four million dollars for the period January
36 first, two thousand one through December thirty-first, two thousand one;
37 (iii) three hundred twenty-two million seven hundred thousand dollars
38 for the period January first, two thousand two through December thirty-
39 first, two thousand two;
40 (iv) four hundred thirty-three million three hundred thousand dollars
41 for the period January first, two thousand three through December thir-
42 ty-first, two thousand three;
43 (v) five hundred four million one hundred fifty thousand dollars for
44 the period January first, two thousand four through December thirty-
45 first, two thousand four;
46 (vi) five hundred sixty-six million eight hundred thousand dollars for
47 the period January first, two thousand five through December thirty-
48 first, two thousand five;
49 (vii) six hundred three million one hundred fifty thousand dollars for
50 the period January first, two thousand six through December thirty-
51 first, two thousand six;
52 (viii) six hundred sixty million eight hundred thousand dollars for
53 the period January first, two thousand seven through December thirty-
54 first, two thousand seven;

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

1 (xiii) sixty-nine million eight hundred forty thousand dollars each
2 state fiscal year for the period April first, two thousand eleven
3 through March thirty-first, two thousand fourteen[.]; AND

4 (XIV) UP TO NINETY-SIX MILLION SIX HUNDRED THOUSAND DOLLARS EACH STATE
5 FISCAL YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN THROUGH
6 MARCH THIRTY-FIRST, TWO THOUSAND SEVENTEEN.

7 (p) 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 funds - other, indigent care fund - 068, indigent care account,
11 or any successor fund or account, for purposes of providing a medicaid
12 disproportionate share payment from the high need indigent care adjust-
13 ment pool established pursuant to section twenty-eight hundred seven-w
14 of this article, from the tobacco control and insurance initiatives pool
15 established for the following periods in the following amounts:

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

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

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

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

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

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

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

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

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

34 (x) up to twenty million five hundred thousand dollars for the period
35 January first, two thousand eleven through March thirty-first, two thou-
36 sand eleven; and

37 (xi) up to eighty-two million dollars each state fiscal year for the
38 period April first, two thousand eleven through March thirty-first, two
39 thousand fourteen.

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

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

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

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

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

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

1 (vi) up to seven million dollars for the period January first, two
2 thousand seven through December thirty-first, two thousand seven;
3 (vii) up to seven million dollars for the period January first, two
4 thousand eight through December thirty-first, two thousand eight;
5 (viii) up to seven million dollars for the period January first, two
6 thousand nine through December thirty-first, two thousand nine;
7 (ix) up to seven million dollars for the period January first, two
8 thousand ten through December thirty-first, two thousand ten;
9 (x) up to one million seven hundred fifty thousand dollars for the
10 period January first, two thousand eleven through March thirty-first,
11 two thousand eleven; [and]
12 (xi) up to five million six hundred thousand dollars each state fiscal
13 year for the period April first, two thousand eleven through March thir-
14 ty-first, two thousand fourteen[.]; AND
15 (XII) UP TO FIVE MILLION TWO HUNDRED EIGHTY-EIGHTY THOUSAND DOLLARS
16 EACH STATE FISCAL YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN
17 THROUGH MARCH THIRTY-FIRST, TWO THOUSAND SEVENTEEN.
18 (r) Funds shall be deposited by the commissioner within amounts appro-
19 priated, and the state comptroller is hereby authorized and directed to
20 receive for deposit to the credit of the state special revenue funds -
21 other, HCRA transfer fund, medical assistance account, or any successor
22 fund or account, for purposes of providing distributions for supplemen-
23 tary medical insurance for Medicare part B premiums, physicians
24 services, outpatient services, medical equipment, supplies and other
25 health services, from the tobacco control and insurance initiatives pool
26 established for the following periods in the following amounts:
27 (i) forty-three million dollars for the period January first, two
28 thousand through December thirty-first, two thousand;
29 (ii) sixty-one million dollars for the period January first, two thou-
30 sand one through December thirty-first, two thousand one;
31 (iii) sixty-five million dollars for the period January first, two
32 thousand two through December thirty-first, two thousand two;
33 (iv) sixty-seven million five hundred thousand dollars for the period
34 January first, two thousand three through December thirty-first, two
35 thousand three;
36 (v) sixty-eight million dollars for the period January first, two
37 thousand four through December thirty-first, two thousand four;
38 (vi) sixty-eight million dollars for the period January first, two
39 thousand five through December thirty-first, two thousand five;
40 (vii) sixty-eight million dollars for the period January first, two
41 thousand six through December thirty-first, two thousand six;
42 (viii) seventeen million five hundred thousand dollars for the period
43 January first, two thousand seven through December thirty-first, two
44 thousand seven;
45 (ix) sixty-eight million dollars for the period January first, two
46 thousand eight through December thirty-first, two thousand eight;
47 (x) sixty-eight million dollars for the period January first, two
48 thousand nine through December thirty-first, two thousand nine;
49 (xi) sixty-eight million dollars for the period January first, two
50 thousand ten through December thirty-first, two thousand ten;
51 (xii) seventeen million dollars for the period January first, two
52 thousand eleven through March thirty-first, two thousand eleven; and
53 (xiii) sixty-eight million dollars each state fiscal year for the
54 period April first, two thousand eleven through March thirty-first, two
55 thousand fourteen.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(u) Funds shall be deposited by the commissioner, within amounts appropriated, and the state comptroller is hereby authorized and directed to receive for deposit to the credit of the state special revenue funds - other, HCRA transfer fund, medical assistance account, or any successor fund or account, for purposes of funding the state

1 share of services and expenses related to the nursing home quality
2 improvement demonstration program established pursuant to section twen-
3 ty-eight hundred eight-d of this article from the tobacco control and
4 insurance initiatives pool established for the following periods in the
5 following amounts:

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

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

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

17 (v) Funds shall be transferred by the commissioner and shall be depos-
18 ited to the credit of the hospital excess liability pool created pursu-
19 ant to section eighteen of chapter two hundred sixty-six of the laws of
20 nineteen hundred eighty-six, or any successor fund or account, for
21 purposes of expenses related to the purchase of excess medical malprac-
22 tice insurance and the cost of administering the pool, including costs
23 associated with the risk management program established pursuant to
24 section forty-two of part A of chapter one of the laws of two thousand
25 two required by paragraph (a) of subdivision one of section eighteen of
26 chapter two hundred sixty-six of the laws of nineteen hundred eighty-six
27 as may be amended from time to time, from the tobacco control and insur-
28 ance initiatives pool established for the following periods in the
29 following amounts:

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

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

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

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

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

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

46 (vii) up to one hundred thirty million dollars for the period January
47 first, two thousand eight through December thirty-first, two thousand
48 eight;

49 (viii) up to one hundred thirty million dollars for the period January
50 first, two thousand nine through December thirty-first, two thousand
51 nine;

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

54 (x) up to thirty-two million five hundred thousand dollars for the
55 period January first, two thousand eleven through March thirty-first,
56 two thousand eleven; [and]

1 (xi) up to one hundred twenty-seven million four hundred thousand
2 dollars each state fiscal year for the period April first, two thousand
3 eleven through March thirty-first, two thousand fourteen[.]; AND

4 (XII) UP TO ONE HUNDRED TWENTY-SEVEN MILLION FOUR HUNDRED THOUSAND
5 DOLLARS EACH STATE FISCAL YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND
6 FOURTEEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND SEVENTEEN.

7 (w) 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 funds - other, HCRA transfer fund, medical assistance account,
11 or any successor fund or account, for purposes of funding the state
12 share of the treatment of breast and cervical cancer pursuant to para-
13 graph (v) of subdivision four of section three hundred sixty-six of the
14 social services law, from the tobacco control and insurance initiatives
15 pool established for the following periods in the following amounts:

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

18 (ii) up to two million one hundred thousand dollars for the period
19 January first, two thousand three through December thirty-first, two
20 thousand three;

21 (iii) up to two million one hundred thousand dollars for the period
22 January first, two thousand four through December thirty-first, two
23 thousand four;

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

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

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

33 (vii) up to two million one hundred thousand dollars for the period
34 January first, two thousand eight through December thirty-first, two
35 thousand eight;

36 (viii) up to two million one hundred thousand dollars for the period
37 January first, two thousand nine through December thirty-first, two
38 thousand nine;

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

42 (x) up to five hundred twenty-five thousand dollars for the period
43 January first, two thousand eleven through March thirty-first, two thou-
44 sand eleven; [and]

45 (xi) up to two million one hundred thousand dollars each state fiscal
46 year for the period April first, two thousand eleven through March thir-
47 ty-first, two thousand fourteen[.]; AND

48 (XII) UP TO TWO MILLION ONE HUNDRED THOUSAND DOLLARS EACH STATE FISCAL
49 YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN THROUGH MARCH
50 THIRTY-FIRST, TWO THOUSAND SEVENTEEN.

51 (x) Funds shall be deposited by the commissioner, within amounts
52 appropriated, and the state comptroller is hereby authorized and
53 directed to receive for deposit to the credit of the state special
54 revenue funds - other, HCRA transfer fund, medical assistance account,
55 or any successor fund or account, for purposes of funding the state
56 share of the non-public general hospital rates increases for recruitment

1 and retention of health care workers from the tobacco control and insur-
2 ance initiatives pool established for the following periods in the
3 following amounts:

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

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

10 (iii) sixty-nine million three hundred thousand dollars on an annual-
11 ized basis for the period January first, two thousand four through
12 December thirty-first, two thousand four;

13 (iv) sixty-nine million three hundred thousand dollars for the period
14 January first, two thousand five through December thirty-first, two
15 thousand five;

16 (v) sixty-nine million three hundred thousand dollars for the period
17 January first, two thousand six through December thirty-first, two thou-
18 sand six;

19 (vi) sixty-five million three hundred thousand dollars for the period
20 January first, two thousand seven through December thirty-first, two
21 thousand seven;

22 (vii) sixty-one million one hundred fifty thousand dollars for the
23 period January first, two thousand eight through December thirty-first,
24 two thousand eight; and

25 (viii) forty-eight million seven hundred twenty-one thousand dollars
26 for the period January first, two thousand nine through November thirti-
27 eth, two thousand nine.

28 (y) 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 public general hospitals for recruitment and retention of
31 health care workers pursuant to paragraph (b) of subdivision thirty of
32 section twenty-eight hundred seven-c of this article from the tobacco
33 control and insurance initiatives pool established for the following
34 periods in the following amounts:

35 (i) eighteen 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-seven million four 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) fifty-two million two hundred thousand dollars on an annualized
42 basis for the period January first, two thousand four through December
43 thirty-first, two thousand four;

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

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

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

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

54 (viii) twelve million two hundred fifty thousand dollars for the peri-
55 od January first, two thousand nine through March thirty-first, two
56 thousand nine.

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

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

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

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

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

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

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

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

34 (vii) twenty-four million seven hundred thousand dollars for the peri-
35 od January first, two thousand eight through December thirty-first, two
36 thousand eight;

37 (viii) twelve million three hundred seventy-five thousand dollars for
38 the period January first, two thousand nine through December thirty-
39 first, two thousand nine;

40 (ix) nine million three hundred thousand dollars for the period Janu-
41 ary first, two thousand ten through December thirty-first, two thousand
42 ten; and

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

46 (aa) Funds shall be reserved and accumulated from year to year and
47 shall be available, including income from invested funds, for purposes
48 of grants to public residential health care facilities for recruitment
49 and retention of health care workers pursuant to paragraph (b) of subdi-
50 vision eighteen of section twenty-eight hundred eight of this article
51 from the tobacco control and insurance initiatives pool established for
52 the following periods in the following amounts:

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

1 (ii) eleven million seven hundred thousand dollars on an annualized
2 basis for the period January first, two thousand three through December
3 thirty-first, two thousand three;
4 (iii) sixteen 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) sixteen million two hundred thousand dollars for the period Janu-
8 ary first, two thousand five through December thirty-first, two thousand
9 five;
10 (v) sixteen million two hundred thousand dollars for the period Janu-
11 ary first, two thousand six through December thirty-first, two thousand
12 six;
13 (vi) ten million eight hundred thousand dollars for the period January
14 first, two thousand seven through December thirty-first, two thousand
15 seven;
16 (vii) six million seven hundred fifty thousand dollars for the period
17 January first, two thousand eight through December thirty-first, two
18 thousand eight; and
19 (viii) one million three hundred fifty thousand dollars for the period
20 January first, two thousand nine through December thirty-first, two
21 thousand nine.
22 (bb)(i) Funds shall be deposited by the commissioner, within amounts
23 appropriated, and subject to the availability of federal financial
24 participation, 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 the purpose of supporting the
28 state share of adjustments to Medicaid rates of payment for personal
29 care services provided pursuant to paragraph (e) of subdivision two of
30 section three hundred sixty-five-a of the social services law, for local
31 social service districts which include a city with a population of over
32 one million persons and computed and distributed in accordance with
33 memorandums of understanding to be entered into between the state of New
34 York and such local social service districts for the purpose of support-
35 ing the recruitment and retention of personal care service workers or
36 any worker with direct patient care responsibility, from the tobacco
37 control and insurance initiatives pool established for the following
38 periods and the following amounts:
39 (A) forty-four million dollars, on an annualized basis, for the period
40 April first, two thousand two through December thirty-first, two thou-
41 sand two;
42 (B) seventy-four million dollars, on an annualized basis, for the
43 period January first, two thousand three through December thirty-first,
44 two thousand three;
45 (C) one hundred four million dollars, on an annualized basis, for the
46 period January first, two thousand four through December thirty-first,
47 two thousand four;
48 (D) one hundred thirty-six million dollars, on an annualized basis,
49 for the period January first, two thousand five through December thir-
50 ty-first, two thousand five;
51 (E) one hundred thirty-six million dollars, on an annualized basis,
52 for the period January first, two thousand six through December thirty-
53 first, two thousand six;
54 (F) one hundred thirty-six million dollars for the period January
55 first, two thousand seven through December thirty-first, two thousand
56 seven;

1 (G) one hundred thirty-six million dollars for the period January
2 first, two thousand eight through December thirty-first, two thousand
3 eight;
4 (H) one hundred thirty-six million dollars for the period January
5 first, two thousand nine through December thirty-first, two thousand
6 nine;
7 (I) one hundred thirty-six million dollars for the period January
8 first, two thousand ten through December thirty-first, two thousand ten;
9 (J) thirty-four million dollars for the period January first, two
10 thousand eleven through March thirty-first, two thousand eleven; [and]
11 (K) up to one hundred thirty-six million dollars each state fiscal
12 year for the period April first, two thousand eleven through March thir-
13 ty-first, two thousand fourteen[.]; AND
14 (L) UP TO ONE HUNDRED THIRTY-SIX MILLION DOLLARS EACH STATE FISCAL
15 YEAR FOR THE PERIOD MARCH THIRTY-FIRST, TWO THOUSAND FOURTEEN THROUGH
16 APRIL FIRST, TWO THOUSAND SEVENTEEN.
17 (ii) Adjustments to Medicaid rates made pursuant to this paragraph
18 shall not, in aggregate, exceed the following amounts for the following
19 periods:
20 (A) for the period April first, two thousand two through December
21 thirty-first, two thousand two, one hundred ten million dollars;
22 (B) for the period January first, two thousand three through December
23 thirty-first, two thousand three, one hundred eighty-five million
24 dollars;
25 (C) for the period January first, two thousand four through December
26 thirty-first, two thousand four, two hundred sixty million dollars;
27 (D) for the period January first, two thousand five through December
28 thirty-first, two thousand five, three hundred forty million dollars;
29 (E) for the period January first, two thousand six through December
30 thirty-first, two thousand six, three hundred forty million dollars;
31 (F) for the period January first, two thousand seven through December
32 thirty-first, two thousand seven, three hundred forty million dollars;
33 (G) for the period January first, two thousand eight through December
34 thirty-first, two thousand eight, three hundred forty million dollars;
35 (H) for the period January first, two thousand nine through December
36 thirty-first, two thousand nine, three hundred forty million dollars;
37 (I) for the period January first, two thousand ten through December
38 thirty-first, two thousand ten, three hundred forty million dollars;
39 (J) for the period January first, two thousand eleven through March
40 thirty-first, two thousand eleven, eighty-five million dollars; [and]
41 (K) for each state fiscal year within the period April first, two
42 thousand eleven through March thirty-first, two thousand fourteen, three
43 hundred forty million dollars[.]; AND
44 (L) FOR EACH STATE FISCAL YEAR WITHIN THE PERIOD APRIL FIRST, TWO
45 THOUSAND FOURTEEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND SEVENTEEN,
46 THREE HUNDRED FORTY MILLION DOLLARS.
47 (iii) Personal care service providers which have their rates adjusted
48 pursuant to this paragraph shall use such funds for the purpose of
49 recruitment and retention of non-supervisory personal care services
50 workers or any worker with direct patient care responsibility only and
51 are prohibited from using such funds for any other purpose. Each such
52 personal care services provider shall submit, at a time and in a manner
53 to be determined by the commissioner, a written certification attesting
54 that such funds will be used solely for the purpose of recruitment and
55 retention of non-supervisory personal care services workers or any work-
56 er with direct patient care responsibility. The commissioner is author-

1 ized to audit each such provider to ensure compliance with the written
2 certification required by this subdivision and shall recoup any funds
3 determined to have been used for purposes other than recruitment and
4 retention of non-supervisory personal care services workers or any work-
5 er with direct patient care responsibility. Such recoupment shall be in
6 addition to any other penalties provided by law.

7 (cc) 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 funds - other, HCRA transfer fund, medical assistance account,
11 or any successor fund or account, for the purpose of supporting the
12 state share of adjustments to Medicaid rates of payment for personal
13 care services provided pursuant to paragraph (e) of subdivision two of
14 section three hundred sixty-five-a of the social services law, for local
15 social service districts which shall not include a city with a popu-
16 lation of over one million persons for the purpose of supporting the
17 personal care services worker recruitment and retention program as
18 established pursuant to section three hundred sixty-seven-q of the
19 social services law, from the tobacco control and insurance initiatives
20 pool established for the following periods and the following amounts:

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

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

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

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

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

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

38 (vii) eleven million two hundred thousand dollars for the period Janu-
39 ary first, two thousand eight through December thirty-first, two thou-
40 sand eight;

41 (viii) eleven million two hundred thousand dollars for the period
42 January first, two thousand nine through December thirty-first, two
43 thousand nine;

44 (ix) eleven million two hundred thousand dollars for the period Janu-
45 ary first, two thousand ten through December thirty-first, two thousand
46 ten;

47 (x) two million eight hundred thousand dollars for the period January
48 first, two thousand eleven through March thirty-first, two thousand
49 eleven; [and]

50 (xi) up to eleven million two hundred thousand dollars each state
51 fiscal year for the period April first, two thousand eleven through
52 March thirty-first, two thousand fourteen[.]; AND

53 (XII) UP TO ELEVEN MILLION TWO HUNDRED THOUSAND DOLLARS EACH STATE
54 FISCAL YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN THROUGH
55 MARCH THIRTY-FIRST, TWO THOUSAND SEVENTEEN.

(dd) Funds shall be deposited by the commissioner, within amounts appropriated, and the state comptroller is hereby authorized and directed to receive for deposit to the credit of the state special revenue fund - other, HCRA transfer fund, medical assistance account, or any successor fund or account, for purposes of funding the state share of Medicaid expenditures for physician services from the tobacco control and insurance initiatives pool established for the following periods in the following amounts:

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

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

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

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

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

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

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

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

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

(x) twenty-one million three hundred thousand dollars for the period January first, two thousand eleven through March thirty-first, two thousand eleven; and

(xi) eighty-five million two hundred thousand dollars each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen.

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

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

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

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

1 (x) three million seven hundred fifty thousand dollars for the period
2 January first, two thousand eleven through March thirty-first, two thou-
3 sand eleven; [and]
4 (xi) fifteen million dollars each state fiscal year for the period
5 April first, two thousand eleven through March thirty-first, two thou-
6 sand fourteen[.]; AND
7 (XII) FIFTEEN MILLION DOLLARS EACH STATE FISCAL YEAR FOR THE PERIOD
8 APRIL FIRST, TWO THOUSAND FOURTEEN THROUGH MARCH THIRTY-FIRST, TWO THOU-
9 SAND SEVENTEEN.
10 (gg) 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 non-public general hospitals pursuant to paragraph (c) of
13 subdivision thirty of section twenty-eight hundred seven-c of this arti-
14 cle from the tobacco control and insurance initiatives pool established
15 for the following periods in the following amounts:
16 (i) up to one million three hundred thousand dollars on an annualized
17 basis for the period January first, two thousand two through December
18 thirty-first, two thousand two;
19 (ii) up to three million two hundred thousand dollars on an annualized
20 basis for the period January first, two thousand three through December
21 thirty-first, two thousand three;
22 (iii) up to five million six hundred thousand dollars on an annualized
23 basis for the period January first, two thousand four through December
24 thirty-first, two thousand four;
25 (iv) up to eight million six hundred thousand dollars for the period
26 January first, two thousand five through December thirty-first, two
27 thousand five;
28 (v) up to eight million six hundred thousand dollars on an annualized
29 basis for the period January first, two thousand six through December
30 thirty-first, two thousand six;
31 (vi) up to two million six hundred thousand dollars for the period
32 January first, two thousand seven through December thirty-first, two
33 thousand seven;
34 (vii) up to two million six hundred thousand dollars for the period
35 January first, two thousand eight through December thirty-first, two
36 thousand eight;
37 (viii) up to two million six hundred thousand dollars for the period
38 January first, two thousand nine through December thirty-first, two
39 thousand nine;
40 (ix) up to two million six hundred thousand dollars for the period
41 January first, two thousand ten through December thirty-first, two thou-
42 sand ten; and
43 (x) up to six hundred fifty thousand dollars for the period January
44 first, two thousand eleven through March thirty-first, two thousand
45 eleven.
46 (hh) Funds shall be deposited by the commissioner, within amounts
47 appropriated, and the state comptroller is hereby authorized and
48 directed to receive for deposit to the credit of the special revenue
49 fund - other, HCRA transfer fund, medical assistance account for
50 purposes of providing financial assistance to residential health care
51 facilities pursuant to subdivisions nineteen and twenty-one of section
52 twenty-eight hundred eight of this article, from the tobacco control and
53 insurance initiatives pool established for the following periods in the
54 following amounts:
55 (i) for the period April first, two thousand two through December
56 thirty-first, two thousand two, ten million dollars;

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

1 (ix) eight million five hundred thousand dollars for the period Janu-
2 ary first, two thousand ten through December thirty-first, two thousand
3 ten;

4 (x) two million one hundred twenty-five thousand dollars for the peri-
5 od January first, two thousand eleven through March thirty-first, two
6 thousand eleven; [and]

7 (xi) eight million five 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) EIGHT MILLION FIVE HUNDRED THOUSAND DOLLARS EACH STATE FISCAL
11 YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN THROUGH MARCH
12 THIRTY-FIRST, TWO THOUSAND SEVENTEEN.

13 (jj) Funds shall be reserved and accumulated from year to year and
14 shall be available, including income from invested funds, for the
15 purposes of a grant program to improve access to infertility services,
16 treatments and procedures, from the tobacco control and insurance initi-
17 atives pool established for the period January first, two thousand two
18 through December thirty-first, two thousand two in the amount of nine
19 million one hundred seventy-five thousand dollars, for the period April
20 first, two thousand six through March thirty-first, two thousand seven
21 in the amount of five million dollars, for the period April first, two
22 thousand seven through March thirty-first, two thousand eight in the
23 amount of five million dollars, for the period April first, two thousand
24 eight through March thirty-first, two thousand nine in the amount of
25 five million dollars, and for the period April first, two thousand nine
26 through March thirty-first, two thousand ten in the amount of five
27 million dollars, for the period April first, two thousand ten through
28 March thirty-first, two thousand eleven in the amount of two million two
29 hundred thousand dollars, and for the period April first, two thousand
30 eleven through March thirty-first, two thousand twelve up to one million
31 one hundred thousand dollars.

32 (kk) Funds shall be deposited by the commissioner, within amounts
33 appropriated, and the state comptroller is hereby authorized and
34 directed to receive for deposit to the credit of the state special
35 revenue funds -- other, HCRA transfer fund, medical assistance account,
36 or any successor fund or account, for purposes of funding the state
37 share of Medical Assistance Program expenditures from the tobacco
38 control and insurance initiatives pool established for the following
39 periods in the following amounts:

40 (i) thirty-eight million eight hundred thousand dollars for the period
41 January first, two thousand two through December thirty-first, two thou-
42 sand two;

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

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

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

51 (v) up to eight hundred sixty-six million three hundred thousand
52 dollars for the period January first, two thousand six through December
53 thirty-first, two thousand six;

54 (vi) up to six hundred sixteen million seven hundred thousand dollars
55 for the period January first, two thousand seven through December thir-
56 ty-first, two thousand seven;

(vii) up to five hundred seventy-eight million nine hundred twenty-five thousand dollars for the period January first, two thousand eight through December thirty-first, two thousand eight; and

(viii) within amounts appropriated on and after January first, two thousand nine.

(ll) 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 Medicaid expenditures related to the city of New York from the tobacco control and insurance initiatives pool established for the following periods in the following amounts:

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

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

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

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

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

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

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

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

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

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

(xi) one hundred twenty-four million seven hundred thousand dollars each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen.

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

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

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

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

6 (ii) Funding for the family health plus program will include up to
7 five million dollars annually for the period January first, two thousand
8 three through December thirty-first, two thousand six, up to five
9 million dollars for the period January first, two thousand seven through
10 December thirty-first, two thousand seven, up to seven million two
11 hundred thousand dollars for the period January first, two thousand
12 eight through December thirty-first, two thousand eight, up to seven
13 million two hundred thousand dollars for the period January first, two
14 thousand nine through December thirty-first, two thousand nine, up to
15 seven million two hundred thousand dollars for the period January first,
16 two thousand ten through December thirty-first, two thousand ten, up to
17 one million eight hundred thousand dollars for the period January first,
18 two thousand eleven through March thirty-first, two thousand eleven, up
19 to six million forty-nine thousand dollars for the period April first,
20 two thousand eleven through March thirty-first, two thousand twelve, up
21 to six million two hundred eighty-nine thousand dollars for the period
22 April first, two thousand twelve through March thirty-first, two thou-
23 sand thirteen, and up to six million four hundred sixty-one thousand
24 dollars for the period April first, two thousand thirteen through March
25 thirty-first, two thousand fourteen, for administration and marketing
26 costs associated with such program established pursuant to clauses (A)
27 and (B) of subparagraph (v) of paragraph (a) of subdivision two of
28 section three hundred sixty-nine-ee of the social services law from the
29 tobacco control and insurance initiatives pool established for the
30 following periods in the following amounts:

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

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

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

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

43 (E) four hundred eighty-two million eight hundred thousand dollars for
44 the period January first, two thousand seven through December thirty-
45 first, two thousand seven;

46 (F) five hundred seventy million twenty-five thousand dollars for the
47 period January first, two thousand eight through December thirty-first,
48 two thousand eight;

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

52 (H) six hundred twenty-seven million two hundred seventy-five thousand
53 dollars for the period January first, two thousand ten through December
54 thirty-first, two thousand ten;

1 (I) one hundred fifty-seven million eight hundred seventy-five thou-
2 sand dollars for the period January first, two thousand eleven through
3 March thirty-first, two thousand eleven;

4 (J) six hundred twenty-eight million four hundred thousand dollars for
5 the period April first, two thousand eleven through March thirty-first,
6 two thousand twelve;

7 (K) six hundred fifty million four hundred thousand dollars for the
8 period April first, two thousand twelve through March thirty-first, two
9 thousand thirteen; [and]

10 (L) six hundred fifty million four hundred thousand dollars for the
11 period April first, two thousand thirteen through March thirty-first,
12 two thousand fourteen[.]; AND

13 (M) UP TO THREE HUNDRED TEN MILLION FIVE HUNDRED NINETY-FIVE THOUSAND
14 DOLLARS FOR THE PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN THROUGH MARCH
15 THIRTY-FIRST, TWO THOUSAND FIFTEEN.

16 (nn) 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, health care services account,
20 or any successor fund or account, for purposes related to adult home
21 initiatives for medicaid eligible residents of residential facilities
22 licensed pursuant to section four hundred sixty-b of the social services
23 law from the tobacco control and insurance initiatives pool established
24 for the following periods in the following amounts:

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

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

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

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

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

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

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

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

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

10 (oo) 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 non-public general hospitals pursuant to paragraph (e) of
13 subdivision twenty-five of section twenty-eight hundred seven-c of this
14 article from the tobacco control and insurance initiatives pool estab-
15 lished for the following periods in the following amounts:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(ss) Funds shall be reserved and accumulated from the tobacco control and insurance initiatives pool and used for a health care stabilization program established by the commissioner for the purposes of stabilizing critical health care providers and health care programs whose ability to continue to provide appropriate services are threatened by financial or other challenges, in the amount of up to twenty-eight million dollars for the period July first, two thousand four through June thirtieth, two thousand five. Notwithstanding the provisions of section one hundred twelve of the state finance law or any other inconsistent provision of the state finance law or any other law, funds available for distribution pursuant to this paragraph may be allocated and distributed by the commissioner, or the state comptroller as applicable without a competitive bid or request for proposal process. Considerations relied upon by the commissioner in determining the allocation and distribution of these funds shall include, but not be limited to, the following: (i) the importance of the provider or program in meeting critical health care needs in the community in which it operates; (ii) the provider or program provision of care to under-served populations; (iii) the quality of the care or services the provider or program delivers; (iv) the ability of the provider or program to continue to deliver an appropriate level of care or services if additional funding is made available; (v) the ability of the provider or program to access, in a timely manner, alternative sources of funding, including other sources of government

1 funding; (vi) the ability of other providers or programs in the communi-
2 ty to meet the community health care needs; (vii) whether the provider
3 or program has an appropriate plan to improve its financial condition;
4 and (viii) whether additional funding would permit the provider or
5 program to consolidate, relocate, or close programs or services where
6 such actions would result in greater stability and efficiency in the
7 delivery of needed health care services or programs.

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

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

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

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

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

22 (v) up to two hundred fifty thousand dollars for the period January
23 first, two thousand eight through March thirty-first, two thousand
24 eight.

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

30 (i) five million dollars for the period January first, two thousand
31 four through December thirty-first, two thousand four, of which three
32 million dollars shall be available for disease management demonstration
33 programs and two million dollars shall be available for telemedicine
34 demonstration programs;

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

40 (iii) nine million five hundred thousand dollars for the period Janu-
41 ary first, two thousand six through December thirty-first, two thousand
42 six, of which seven million five hundred thousand dollars shall be
43 available for disease management demonstration programs and two million
44 dollars shall be available for telemedicine demonstration programs;

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

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

55 (vi) seven million eight hundred thirty-three thousand three hundred
56 thirty-three dollars for the period January first, two thousand nine

1 through December thirty-first, two thousand nine, of which seven million
2 five hundred thousand dollars shall be available for disease management
3 demonstration programs and three hundred thirty-three thousand three
4 hundred thirty-three dollars shall be available for telemedicine demon-
5 stration programs for the period January first, two thousand nine
6 through March first, two thousand nine;

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

11 (ww) Funds shall be deposited by the commissioner, within amounts
12 appropriated, and the state comptroller is hereby authorized and
13 directed to receive for the 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 the general hospital rates increases for recruitment and
17 retention of health care workers pursuant to paragraph (e) of subdivi-
18 sion thirty of section twenty-eight hundred seven-c of this article from
19 the tobacco control and insurance initiatives pool established for the
20 following periods in the following amounts:

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

24 (ii) sixty million five hundred thousand dollars for the period Janu-
25 ary first, two thousand six through December thirty-first, two thousand
26 six.

27 (xx) Funds shall be deposited by the commissioner, within amounts
28 appropriated, and the state comptroller is hereby authorized and
29 directed to receive for the 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 the general hospital rates increases for rural hospitals pursu-
33 ant to subdivision thirty-two of section twenty-eight hundred seven-c of
34 this article from the tobacco control and insurance initiatives pool
35 established for the following periods in the following amounts:

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

39 (ii) three million five hundred thousand dollars for the period Janu-
40 ary first, two thousand six through December thirty-first, two thousand
41 six;

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

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

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

51 (yy) Funds shall be reserved and accumulated from year to year and
52 shall be available, within amounts appropriated and notwithstanding
53 section one hundred twelve of the state finance law and any other
54 contrary provision of law, for the purpose of supporting grants not to
55 exceed five million dollars to be made by the commissioner without a
56 competitive bid or request for proposal process, in support of the

1 delivery of critically needed health care services, to health care
2 providers located in the counties of Erie and Niagara which executed a
3 memorandum of closing and conducted a merger closing in escrow on Novem-
4 ber twenty-fourth, nineteen hundred ninety-seven and which entered into
5 a settlement dated December thirtieth, two thousand four for a loss on
6 disposal of assets under the provisions of title XVIII of the federal
7 social security act applicable to mergers occurring prior to December
8 first, nineteen hundred ninety-seven.

9 (zz) Funds shall be reserved and accumulated from year to year and
10 shall be available, within amounts appropriated, for the purpose of
11 supporting expenditures authorized pursuant to section twenty-eight
12 hundred eighteen of this article from the tobacco control and insurance
13 initiatives pool established for the following periods in the following
14 amounts:

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

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

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

30 (iv) one hundred seventy-one million five hundred thousand dollars for
31 the period January first, two thousand eight through December thirty-
32 first, two thousand eight;

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

36 (vi) one hundred thirty-one million three hundred seventy-five thou-
37 sand dollars for the period January first, two thousand ten through
38 December thirty-first, two thousand ten;

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

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

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

48 (x) seventy-eight million seventy-one thousand dollars for the period
49 April first, two thousand thirteen through March thirty-first, two thou-
50 sand fourteen.

51 (aaa) Funds shall be reserved and accumulated from year to year and
52 shall be available, including income from invested funds, for services
53 and expenses related to school based health centers, in an amount up to
54 three million five hundred thousand dollars for the period April first,
55 two thousand six through March thirty-first, two thousand seven, up to
56 three million five hundred thousand dollars for the period April first,

1 two thousand seven through March thirty-first, two thousand eight, up to
2 three million five hundred thousand dollars for the period April first,
3 two thousand eight through March thirty-first, two thousand nine, up to
4 three million five hundred thousand dollars for the period April first,
5 two thousand nine through March thirty-first, two thousand ten, up to
6 three million five hundred thousand dollars for the period April first,
7 two thousand ten through March thirty-first, two thousand eleven, [and]
8 up to two million eight hundred thousand dollars each state fiscal year
9 for the period April first, two thousand eleven through March thirty-
10 first, two thousand fourteen, AND UP TO TWO MILLION SIX HUNDRED
11 FORTY-FOUR THOUSAND DOLLARS EACH STATE FISCAL YEAR FOR THE PERIOD APRIL
12 FIRST, TWO THOUSAND FOURTEEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND
13 SEVENTEEN. The total amount of funds provided herein shall be distrib-
14 uted as grants based on the ratio of each provider's total enrollment
15 for all sites to the total enrollment of all providers. This formula
16 shall be applied to the total amount provided herein.

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

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

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

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

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

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

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

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

(vii) up to fifty million dollars each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen[.]; AND

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

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

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

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

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

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

(ii) fourteen million seven hundred thousand dollars for the period January first, two thousand nine through November thirtieth, two thousand nine.

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

revenue fund - other, HCRA transfer fund, medical assistance account, or any successor fund or account, for the purpose of supporting the state share of Medicaid expenditures for adjustments to inpatient rates of payment for general hospitals located in the counties of Nassau and Suffolk as authorized pursuant to paragraph (1) of subdivision one of section twenty-eight hundred seven-c of this article from the tobacco control and initiatives pool established for the following periods in the following amounts:

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

(ii) two million two hundred ninety-two thousand dollars for the period January first, two thousand nine through November thirtieth, two thousand nine.

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

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

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

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

S 9. Subdivisions 5-a and 7 of section 2807-m of the public health law, as added by section 75-c of part C of chapter 58 of the laws of 2008, the paragraph heading of paragraph (b) and the second undesignated paragraph of paragraph (b) of subdivision 5-a as amended by section 4 of part B of chapter 109 of the laws of 2010, the opening paragraph of paragraph (b), subparagraphs (C), (D) and (G) of paragraph (b), and paragraphs (c), (f) and (g) of subdivision 5-a as amended by section 26 of part C of chapter 59 of the laws of 2011, subparagraph (H) of para-

graph (b) of subdivision 5-a as added by section 60 of part D of chapter 56 of the laws of 2012, paragraphs (d) and (e) of subdivision 5-a as amended by section 53 of part D of chapter 56 of the laws of 2012 and paragraph (e-1) of subdivision 5-a as added by section 54 of part D of chapter 56 of the laws of 2012, and subdivision 7 as amended by section 26-a of part C of chapter 59 of the laws of 2011, are amended to read as follows:

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

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

(b) Empire clinical research investigator program (ECRIP). Nine million one hundred twenty thousand dollars annually for the period January first, two thousand nine through December thirty-first, two thousand ten, and two million two hundred eighty thousand dollars for the period January first, two thousand eleven, [and] THROUGH MARCH THIRTY-FIRST, TWO THOUSAND ELEVEN, nine million one hundred twenty thousand dollars each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen, [through March thirty-first, two thousand eleven,] AND UP TO EIGHT MILLION SIX HUNDRED TWELVE THOUSAND DOLLARS EACH STATE FISCAL YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND SEVENTEEN, 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 subpar-

1 agraph. Such distributions shall be made in accordance with the follow-
2 ing methodology:

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

10 (B) Distributions made to a consortium or teaching general hospital
11 shall equal the product of the total number of clinical research posi-
12 tions submitted by a consortium or teaching general hospital and
13 accepted by the commissioner as meeting the criteria set forth in para-
14 graph (b) of subdivision one of this section, subject to the reduction
15 calculation set forth in clause (C) of this subparagraph, times one
16 hundred ten thousand dollars.

17 (C) If the dollar amount for the total number of clinical research
18 positions in the region calculated pursuant to clause (B) of this
19 subparagraph exceeds the total amount appropriated for purposes of this
20 paragraph, including clinical research positions that continue from and
21 were funded in prior distribution periods, the commissioner shall elimi-
22 nate one-half of the clinical research positions submitted by each
23 consortium or teaching general hospital rounded down to the nearest one
24 position. Such reduction shall be repeated until the dollar amount for
25 the total number of clinical research positions in the region does not
26 exceed the total amount appropriated for purposes of this paragraph. If
27 the repeated reduction of the total number of clinical research posi-
28 tions in the region by one-half does not render a total funding amount
29 that is equal to or less than the total amount reserved for that region
30 within the appropriation, the funding for each clinical research posi-
31 tion in that region shall be reduced proportionally in one thousand
32 dollar increments until the total dollar amount for the total number of
33 clinical research positions in that region does not exceed the total
34 amount reserved for that region within the appropriation. Any reduction
35 in funding will be effective for the duration of the award. No clinical
36 research positions that continue from and were funded in prior distrib-
37 ution periods shall be eliminated or reduced by such methodology.

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

40 (I) Each consortium or teaching general hospital with a one-year ECRIP
41 award shall receive its annual distribution amount in full upon
42 completion of the requirements set forth in items (I) and (II) of clause
43 (G) of this subparagraph. The requirements set forth in items (IV) and
44 (V) of clause (G) of this subparagraph must be completed by the consor-
45 tium or teaching general hospital in order for the consortium or teach-
46 ing general hospital to be eligible to apply for ECRIP funding in any
47 subsequent funding cycle.

48 (II) Each consortium or teaching general hospital with a two-year
49 ECRIP award shall receive its first annual distribution amount in full
50 upon completion of the requirements set forth in items (I) and (II) of
51 clause (G) of this subparagraph. Each consortium or teaching general
52 hospital will receive its second annual distribution amount in full upon
53 completion of the requirements set forth in item (III) of clause (G) of
54 this subparagraph. The requirements set forth in items (IV) and (V) of
55 clause (G) of this subparagraph must be completed by the consortium or
56 teaching general hospital in order for the consortium or teaching gener-

1 al hospital to be eligible to apply for ECRIP funding in any subsequent
2 funding cycle.

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

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

13 (G) In order to be eligible for distributions pursuant to this subpar-
14 agraph, each consortium and teaching general hospital shall provide to
15 the commissioner by July first of each distribution period, the follow-
16 ing data and information on a hospital-specific basis. Such data and
17 information shall be certified as to accuracy and completeness by the
18 chief executive officer, chief financial officer or chair of the consor-
19 tium governing body of each consortium or teaching general hospital and
20 shall be maintained by each consortium and teaching general hospital for
21 five years from the date of submission:

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

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

37 (III) Information on the status of the clinical research plan, accom-
38 plishments, changes in research activities, progress, and performance of
39 the researcher shall be provided upon completion of one-half of the
40 award term;

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

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

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

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

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

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

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

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

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

16 (c) Ambulatory care training. Four million nine hundred thousand
17 dollars for the period January first, two thousand eight through Decem-
18 ber thirty-first, two thousand eight, four million nine hundred thousand
19 dollars for the period January first, two thousand nine through December
20 thirty-first, two thousand nine, four million nine hundred thousand
21 dollars for the period January first, two thousand ten through December
22 thirty-first, two thousand ten, one million two hundred twenty-five
23 thousand dollars for the period January first, two thousand eleven
24 through March thirty-first, two thousand eleven, [and] four million
25 three hundred thousand dollars each state fiscal year for the period
26 April first, two thousand eleven through March thirty-first, two thou-
27 sand fourteen, AND UP TO FOUR MILLION SIXTY THOUSAND DOLLARS EACH STATE
28 FISCAL YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN THROUGH
29 MARCH THIRTY-FIRST, TWO THOUSAND SEVENTEEN, shall be set aside and
30 reserved by the commissioner from the regional pools established pursu-
31 ant to subdivision two of this section and shall be available for
32 distributions to sponsoring institutions to be directed to support clin-
33 ical training of medical students and residents in free-standing ambula-
34 tory care settings, including community health centers and private prac-
35 tices. Such funding shall be allocated regionally with two-thirds of the
36 available funding going to New York city and one-third of the available
37 funding going to the rest of the state and shall be distributed to spon-
38 soring institutions in each region pursuant to a request for application
39 or request for proposal process with preference being given to sponsor-
40 ing institutions which provide training in sites located in underserved
41 rural or inner-city areas and those that include medical students in
42 such training.

43 (d) Physician loan repayment program. One million nine hundred sixty
44 thousand dollars for the period January first, two thousand eight
45 through December thirty-first, two thousand eight, one million nine
46 hundred sixty thousand dollars for the period January first, two thou-
47 sand nine through December thirty-first, two thousand nine, one million
48 nine hundred sixty thousand dollars for the period January first, two
49 thousand ten through December thirty-first, two thousand ten, four
50 hundred ninety thousand dollars for the period January first, two thou-
51 sand eleven through March thirty-first, two thousand eleven, [and] one
52 million seven hundred thousand dollars each state fiscal year for the
53 period April first, two thousand eleven through March thirty-first, two
54 thousand fourteen, AND UP TO ONE MILLION SEVEN HUNDRED FIVE THOUSAND
55 DOLLARS EACH STATE FISCAL YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND
56 FOURTEEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND SEVENTEEN, shall be

1 set aside and reserved by the commissioner from the regional pools
2 established pursuant to subdivision two of this section and shall be
3 available for purposes of physician loan repayment in accordance with
4 subdivision ten of this section. Notwithstanding any contrary provision
5 of this section, sections one hundred twelve and one hundred sixty-three
6 of the state finance law, or any other contrary provision of law, such
7 funding shall be allocated regionally with one-third of available funds
8 going to New York city and two-thirds of available funds going to the
9 rest of the state and shall be distributed in a manner to be determined
10 by the commissioner without a competitive bid or request for proposal
11 process as follows:

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

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

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

26 (e) Physician practice support. Four million nine hundred thousand
27 dollars for the period January first, two thousand eight through Decem-
28 ber thirty-first, two thousand eight, four million nine hundred thousand
29 dollars annually for the period January first, two thousand nine through
30 December thirty-first, two thousand ten, one million two hundred twen-
31 ty-five thousand dollars for the period January first, two thousand
32 eleven through March thirty-first, two thousand eleven, [and] four
33 million three hundred thousand dollars each state fiscal year for the
34 period April first, two thousand eleven through March thirty-first, two
35 thousand fourteen, AND UP TO FOUR MILLION THREE HUNDRED SIXTY THOUSAND
36 DOLLARS EACH STATE FISCAL YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND
37 FOURTEEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND SEVENTEEN, shall be
38 set aside and reserved by the commissioner from the regional pools
39 established pursuant to subdivision two of this section and shall be
40 available for purposes of physician practice support. Notwithstanding
41 any contrary provision of this section, sections one hundred twelve and
42 one hundred sixty-three of the state finance law, or any other contrary
43 provision of law, such funding shall be allocated regionally with one-
44 third of available funds going to New York city and two-thirds of avail-
45 able funds going to the rest of the state and shall be distributed in a
46 manner to be determined by the commissioner without a competitive bid or
47 request for proposal process as follows:

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

53 (ii) After distributions in accordance with subparagraph (i) of this
54 paragraph, all remaining funds shall be awarded to physicians to support
55 the cost of establishing or joining practices in underserved communi-
56 ties, as determined by the commissioner, and to hospitals and other

1 health care providers to recruit new physicians to provide services in
2 underserved communities, as determined by the commissioner.

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

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

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

12 (ii) Subject to available funding, applications shall be accepted on a
13 continuous basis. The department shall provide technical assistance to
14 applicants to facilitate their completion of applications. An applicant
15 shall be notified in writing by the department within ten days of
16 receipt of an application as to whether the application is complete and
17 if the application is incomplete, what information is outstanding. The
18 department shall act on an application within thirty days of receipt of
19 a complete application.

20 (f) Study on physician workforce. Five hundred ninety thousand dollars
21 annually for the period January first, two thousand eight through Decem-
22 ber thirty-first, two thousand ten, one hundred forty-eight thousand
23 dollars for the period January first, two thousand eleven through March
24 thirty-first, two thousand eleven, [and] five hundred sixteen thousand
25 dollars each state fiscal year for the period April first, two thousand
26 eleven through March thirty-first, two thousand fourteen, AND UP TO FOUR
27 HUNDRED EIGHTY-SEVEN THOUSAND DOLLARS EACH STATE FISCAL YEAR FOR THE
28 PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN THROUGH MARCH THIRTY-FIRST,
29 TWO THOUSAND SEVENTEEN, shall be set aside and reserved by the commis-
30 sioner from the regional pools established pursuant to subdivision two
31 of this section and shall be available to fund a study of physician
32 workforce needs and solutions including, but not limited to, an analysis
33 of residency programs and projected physician workforce and community
34 needs. The commissioner shall enter into agreements with one or more
35 organizations to conduct such study based on a request for proposal
36 process.

37 (g) Diversity in medicine/post-baccalaureate program. Notwithstanding
38 any inconsistent provision of section one hundred twelve or one hundred
39 sixty-three of the state finance law or any other law, one million nine
40 hundred sixty thousand dollars annually for the period January first,
41 two thousand eight through December thirty-first, two thousand ten, four
42 hundred ninety thousand dollars for the period January first, two thou-
43 sand eleven through March thirty-first, two thousand eleven, [and] one
44 million seven hundred thousand dollars each state fiscal year for the
45 period April first, two thousand eleven through March thirty-first, two
46 thousand fourteen, AND UP TO ONE MILLION SIX HUNDRED FIVE THOUSAND
47 DOLLARS EACH STATE FISCAL YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND
48 FOURTEEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND SEVENTEEN, shall be
49 set aside and reserved by the commissioner from the regional pools
50 established pursuant to subdivision two of this section and shall be
51 available for distributions to the Associated Medical Schools of New
52 York to fund its diversity program including existing and new post-bac-
53 calaureate programs for minority and economically disadvantaged students
54 and encourage participation from all medical schools in New York. The
55 associated medical schools of New York shall report to the commissioner

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

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

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

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

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

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

1 S 2. This act shall take effect immediately, except that this act
2 shall expire and be of no further force and effect on and after April 1,
3 [2014] 2017; provided, however, that the commissioner of health shall
4 submit a report to the governor and the legislature detailing the objec-
5 tive, impact, design and computation of any pilot reimbursement program
6 established pursuant to this act, on or before March 31, 1994 and annu-
7 ally thereafter. Such report shall include an assessment of the finan-
8 cial impact of such payment system on providers, as well as the impact
9 of such system on access to care.

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

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

18 S 13. Paragraph (i) of subdivision 9 of section 3614 of the public
19 health law, as added by section 23 of part C of chapter 59 of the laws
20 of 2011, is amended and three new paragraphs (j), (k) and (l) are added
21 to read as follows:

22 (i) for the period April first, two thousand thirteen through March
23 thirty-first, two thousand fourteen, up to one hundred million
24 dollars[.];

25 (J) FOR THE PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN THROUGH MARCH
26 THIRTY-FIRST, TWO THOUSAND FIFTEEN, UP TO ONE HUNDRED MILLION DOLLARS;

27 (K) FOR THE PERIOD APRIL FIRST, TWO THOUSAND FIFTEEN THROUGH MARCH
28 THIRTY-FIRST, TWO THOUSAND SIXTEEN, UP TO ONE HUNDRED MILLION DOLLARS;

29 (L) FOR THE PERIOD APRIL FIRST, TWO THOUSAND SIXTEEN THROUGH MARCH
30 THIRTY-FIRST, TWO THOUSAND SEVENTEEN, UP TO ONE HUNDRED MILLION DOLLARS.

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

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

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

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

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

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

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

52 6. Prospective adjustments. (A) The commissioner shall annually recon-
53 cile the sum of the actual payments made to the commissioner or the
54 commissioner's designee for each region pursuant to section twenty-eight
55 hundred seven-s of this article and pursuant to this section for the
56 prior year with the regional allocation of the gross annual statewide

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

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

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

30 4-c. Notwithstanding any provision of law to the contrary, the commis-
31 sioner shall make additional payments for uncompensated care to volun-
32 tary non-profit diagnostic and treatment centers that are eligible for
33 distributions under subdivision four of this section in the following
34 amounts: for the period June first, two thousand six through December
35 thirty-first, two thousand six, in the amount of seven million five
36 hundred thousand dollars, for the period January first, two thousand
37 seven through December thirty-first, two thousand seven, seven million
38 five hundred thousand dollars, for the period January first, two thou-
39 sand eight through December thirty-first, two thousand eight, seven
40 million five hundred thousand dollars, for the period January first, two
41 thousand nine through December thirty-first, two thousand nine, fifteen
42 million five hundred thousand dollars, for the period January first, two
43 thousand ten through December thirty-first, two thousand ten, seven
44 million five hundred thousand dollars, for the period January first, two
45 thousand eleven through December thirty-first, two thousand eleven, seven
46 million five hundred thousand dollars, for the period January first, two
47 thousand twelve through December thirty-first, two thousand twelve,
48 seven million five hundred thousand dollars, for the period January
49 first, two thousand thirteen through December thirty-first, two thousand
50 thirteen, seven million five hundred thousand dollars, FOR THE PERIOD
51 JANUARY FIRST, TWO THOUSAND FOURTEEN THROUGH DECEMBER THIRTY-FIRST, TWO
52 THOUSAND FOURTEEN, SEVEN MILLION FIVE HUNDRED THOUSAND DOLLARS, FOR THE
53 PERIOD JANUARY FIRST, TWO THOUSAND FIFTEEN THROUGH DECEMBER
54 THIRTY-FIRST, TWO THOUSAND FIFTEEN, SEVEN MILLION FIVE HUNDRED THOUSAND
55 DOLLARS, FOR THE PERIOD JANUARY FIRST TWO THOUSAND SIXTEEN THROUGH
56 DECEMBER THIRTY-FIRST, TWO THOUSAND SIXTEEN, SEVEN MILLION FIVE HUNDRED

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

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

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

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

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

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

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

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

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

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

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

51 (b) The superintendent of insurance shall determine and certify to
52 each general hospital and to the commissioner of health the cost of
53 excess malpractice insurance or equivalent excess coverage for medical
54 or dental malpractice occurrences between July 1, 1987 and June 30,
55 1988, between July 1, 1988 and June 30, 1989, between July 1, 1989 and
56 June 30, 1990, between July 1, 1990 and June 30, 1991, between July 1,

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

50 S 20. Paragraphs (a), (b), (c), (d) and (e) of subdivision 8 of
51 section 18 of chapter 266 of the laws of 1986, amending the civil prac-
52 tice law and rules and other laws relating to malpractice and profes-
53 sional medical conduct, as amended by section 17 of part C of chapter 59
54 of the laws of 2011, are amended to read as follows:

55 (a) To the extent funds available to the hospital excess liability
56 pool pursuant to subdivision 5 of this section as amended, and pursuant

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

30 (b) Each provider of excess insurance coverage or equivalent excess
31 coverage covering the period July 1, 1992 to June 30, 1993, or covering
32 the period July 1, 1993 to June 30, 1994, or covering the period July 1,
33 1994 to June 30, 1995, or covering the period July 1, 1995 to June 30,
34 1996, or covering the period July 1, 1996 to June 30, 1997, or covering
35 the period July 1, 1997 to June 30, 1998, or covering the period July 1,
36 1998 to June 30, 1999, or covering the period July 1, 1999 to June 30,
37 2000, or covering the period July 1, 2000 to June 30, 2001, or covering
38 the period July 1, 2001 to October 29, 2001, or covering the period
39 April 1, 2002 to June 30, 2002, or covering the period July 1, 2002 to
40 June 30, 2003, or covering the period July 1, 2003 to June 30, 2004, or
41 covering the period July 1, 2004 to June 30, 2005, or covering the peri-
42 od July 1, 2005 to June 30, 2006, or covering the period July 1, 2006 to
43 June 30, 2007, or covering the period July 1, 2007 to June 30, 2008, or
44 covering the period July 1, 2008 to June 30, 2009, or covering the peri-
45 od July 1, 2009 to June 30, 2010, or covering the period July 1, 2010 to
46 June 30, 2011, or covering the period July 1, 2011 to June 30, 2012, or
47 covering the period July 1, 2012 to June 30, 2013, or covering the peri-
48 od July 1, 2013 to June 30, 2014, OR COVERING THE PERIOD JULY 1, 2014 TO
49 JUNE 30, 2015 shall notify a covered physician or dentist by mail,
50 mailed to the address shown on the last application for excess insurance
51 coverage or equivalent excess coverage, of the amount due to such
52 provider from such physician or dentist for such coverage period deter-
53 mined in accordance with paragraph (a) of this subdivision. Such amount
54 shall be due from such physician or dentist to such provider of excess
55 insurance coverage or equivalent excess coverage in a time and manner
56 determined by the superintendent of insurance.

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

31 (d) Each provider of excess insurance coverage or equivalent excess
32 coverage shall notify the superintendent of insurance and the commis-
33 sioner of health or their designee of each physician and dentist eligi-
34 ble for purchase of a policy for excess insurance coverage or equivalent
35 excess coverage covering the period July 1, 1992 to June 30, 1993, or
36 covering the period July 1, 1993 to June 30, 1994, or covering the peri-
37 od July 1, 1994 to June 30, 1995, or covering the period July 1, 1995 to
38 June 30, 1996, or covering the period July 1, 1996 to June 30, 1997, or
39 covering the period July 1, 1997 to June 30, 1998, or covering the peri-
40 od July 1, 1998 to June 30, 1999, or covering the period July 1, 1999 to
41 June 30, 2000, or covering the period July 1, 2000 to June 30, 2001, or
42 covering the period July 1, 2001 to October 29, 2001, or covering the
43 period April 1, 2002 to June 30, 2002, or covering the period July 1,
44 2002 to June 30, 2003, or covering the period July 1, 2003 to June 30,
45 2004, or covering the period July 1, 2004 to June 30, 2005, or covering
46 the period July 1, 2005 to June 30, 2006, or covering the period July 1,
47 2006 to June 30, 2007, or covering the period July 1, 2007 to June 30,
48 2008, or covering the period July 1, 2008 to June 30, 2009, or covering
49 the period July 1, 2009 to June 30, 2010, or covering the period July 1,
50 2010 to June 30, 2011, or covering the period July 1, 2011 to June 30,
51 2012, or covering the period July 1, 2012 to June 30, 2013, or covering
52 the period July 1, 2013 to June 30, 2014, OR COVERING THE PERIOD JULY 1,
53 2014 TO JUNE 30, 2015 that has made payment to such provider of excess
54 insurance coverage or equivalent excess coverage in accordance with
55 paragraph (b) of this subdivision and of each physician and dentist who
56 has failed, refused or neglected to make such payment.

1 (e) A provider of excess insurance coverage or equivalent excess
2 coverage shall refund to the hospital excess liability pool any amount
3 allocable to the period July 1, 1992 to June 30, 1993, and to the period
4 July 1, 1993 to June 30, 1994, and to the period July 1, 1994 to June
5 30, 1995, and to the period July 1, 1995 to June 30, 1996, and to the
6 period July 1, 1996 to June 30, 1997, and to the period July 1, 1997 to
7 June 30, 1998, and to the period July 1, 1998 to June 30, 1999, and to
8 the period July 1, 1999 to June 30, 2000, and to the period July 1, 2000
9 to June 30, 2001, and to the period July 1, 2001 to October 29, 2001,
10 and to the period April 1, 2002 to June 30, 2002, and to the period July
11 1, 2002 to June 30, 2003, and to the period July 1, 2003 to June 30,
12 2004, and to the period July 1, 2004 to June 30, 2005, and to the period
13 July 1, 2005 to June 30, 2006, and to the period July 1, 2006 to June
14 30, 2007, and to the period July 1, 2007 to June 30, 2008, and to the
15 period July 1, 2008 to June 30, 2009, and to the period July 1, 2009 to
16 June 30, 2010, and to the period July 1, 2010 to June 30, 2011, and to
17 the period July 1, 2011 to June 30, 2012, and to the period July 1, 2012
18 to June 30, 2013, and to the period July 1, 2013 to June 30, 2014, AND
19 TO THE PERIOD JULY 1, 2014 TO JUNE 30, 2015 received from the hospital
20 excess liability pool for purchase of excess insurance coverage or
21 equivalent excess coverage covering the period July 1, 1992 to June 30,
22 1993, and covering the period July 1, 1993 to June 30, 1994, and cover-
23 ing the period July 1, 1994 to June 30, 1995, and covering the period
24 July 1, 1995 to June 30, 1996, and covering the period July 1, 1996 to
25 June 30, 1997, and covering the period July 1, 1997 to June 30, 1998,
26 and covering the period July 1, 1998 to June 30, 1999, and covering the
27 period July 1, 1999 to June 30, 2000, and covering the period July 1,
28 2000 to June 30, 2001, and covering the period July 1, 2001 to October
29 29, 2001, and covering the period April 1, 2002 to June 30, 2002, and
30 covering the period July 1, 2002 to June 30, 2003, and covering the
31 period July 1, 2003 to June 30, 2004, and covering the period July 1,
32 2004 to June 30, 2005, and covering the period July 1, 2005 to June 30,
33 2006, and covering the period July 1, 2006 to June 30, 2007, and cover-
34 ing the period July 1, 2007 to June 30, 2008, and covering the period
35 July 1, 2008 to June 30, 2009, and covering the period July 1, 2009 to
36 June 30, 2010, and covering the period July 1, 2010 to June 30, 2011,
37 and covering the period July 1, 2011 to June 30, 2012, and covering the
38 period July 1, 2012 to June 30, 2013, and covering the period July 1,
39 2013 to June 30, 2014, AND COVERING THE PERIOD JULY 1, 2014 TO JUNE 30,
40 2015 for a physician or dentist where such excess insurance coverage or
41 equivalent excess coverage is cancelled in accordance with paragraph (c)
42 of this subdivision.

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

47 S 40. The superintendent of insurance shall establish rates for poli-
48 cies providing coverage for physicians and surgeons medical malpractice
49 for the periods commencing July 1, 1985 and ending June 30, [2014] 2015;
50 provided, however, that notwithstanding any other provision of law, the
51 superintendent shall not establish or approve any increase in rates for
52 the period commencing July 1, 2009 and ending June 30, 2010. The super-
53 intendent shall direct insurers to establish segregated accounts for
54 premiums, payments, reserves and investment income attributable to such
55 premium periods and shall require periodic reports by the insurers
56 regarding claims and expenses attributable to such periods to monitor

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

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

1 S 5. The superintendent of insurance and the commissioner of health
2 shall determine, no later than June 15, 2002, June 15, 2003, June 15,
3 2004, June 15, 2005, June 15, 2006, June 15, 2007, June 15, 2008, June
4 15, 2009, June 15, 2010, June 15, 2011, June 15, 2012, June 15, 2013,
5 [and] June 15, 2014, AND JUNE 15, 2015 the amount of funds available in
6 the hospital excess liability pool, created pursuant to section 18 of
7 chapter 266 of the laws of 1986, and whether such funds are sufficient
8 for purposes of purchasing excess insurance coverage for eligible
9 participating physicians and dentists during the period July 1, 2001 to
10 June 30, 2002, or July 1, 2002 to June 30, 2003, or July 1, 2003 to June
11 30, 2004, or July 1, 2004 to June 30, 2005, or July 1, 2005 to June 30,
12 2006, or July 1, 2006 to June 30, 2007, or July 1, 2007 to June 30,
13 2008, or July 1, 2008 to June 30, 2009, or July 1, 2009 to June 30,
14 2010, or July 1, 2010 to June 30, 2011, or July 1, 2011 to June 30,
15 2012, or July 1, 2012 to June 30, 2013, or July 1, 2013 to June 30,
16 2014, OR JULY 1, 2014 TO JUNE 30, 2015, as applicable.

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

33 (e) The commissioner of health shall transfer for deposit to the
34 hospital excess liability pool created pursuant to section 18 of chapter
35 266 of the laws of 1986 such amounts as directed by the superintendent
36 of insurance for the purchase of excess liability insurance coverage for
37 eligible participating physicians and dentists for the policy year July
38 1, 2001 to June 30, 2002, or July 1, 2002 to June 30, 2003, or July 1,
39 2003 to June 30, 2004, or July 1, 2004 to June 30, 2005, or July 1, 2005
40 to June 30, 2006, or July 1, 2006 to June 30, 2007, as applicable, and
41 the cost of administering the hospital excess liability pool for such
42 applicable policy year, pursuant to the program established in chapter
43 266 of the laws of 1986, as amended, no later than June 15, 2002, June
44 15, 2003, June 15, 2004, June 15, 2005, June 15, 2006, June 15, 2007,
45 June 15, 2008, June 15, 2009, June 15, 2010, June 15, 2011, June 15,
46 2012, June 15, 2013, [and] June 15, 2014, AND JUNE 15, 2015, as applica-
47 ble.

48 S 23. Notwithstanding any law, rule or regulation to the contrary,
49 only physicians or dentists who were eligible, and for whom the super-
50 intendent of financial services and the commissioner of health, or their
51 designee, purchased, with funds available in the hospital excess liabil-
52 ity pool, a full or partial policy for excess coverage or equivalent
53 excess coverage for the coverage period ending the thirtieth of June,
54 two thousand fourteen, shall be eligible to apply for such coverage for
55 the coverage period beginning the first of July, two thousand fourteen;
56 provided, however, if the total number of physicians or dentists for

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

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

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

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

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

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

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

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

51 (d) notwithstanding any inconsistent provision of the state adminis-
52 trative procedure act or any other provision of law, rule or regulation,
53 the commissioner of health and the superintendent of financial services
54 and any appropriate council is authorized to adopt or amend or promul-
55 gate 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. Notwithstanding any provision of law to the contrary, the department of health is directed to consult with all interested stakeholders, for the purpose of developing a new methodology of reimbursement for pharmacies. The department of health shall develop a transparent methodology that provides an adequate level of reimbursement for pharmacies.

S 2. Subparagraphs (i) and (ii) of paragraph (b) of subdivision 9 of section 367-a of the social services law, as amended by section 10 of part H of chapter 59 of the laws of 2011, is amended to read as follows:

(i) if the drug dispensed is a multiple source prescription drug for which an upper limit has been set by the federal centers for medicare and medicaid services, the lower of: (A) an amount equal to the specific upper limit set by such federal agency for the multiple source prescription drug; (B) the estimated acquisition cost of such drug to pharmacies which, for purposes of this subparagraph, shall mean the average wholesale price of a prescription drug based on the package size dispensed from, as reported by the prescription drug pricing service used by the department, less twenty-five percent thereof; (C) the maximum acquisition cost, if any, established pursuant to paragraph (e) of this subdivision, PROVIDED THAT THE METHODOLOGY USED BY THE DEPARTMENT TO ESTABLISH A MAXIMUM ACQUISITION COST SHALL NOT INCLUDE AVERAGE ACQUISITION COST AS DETERMINED BY DEPARTMENT SURVEYS; OR (D) the dispensing pharmacy's usual and customary price charged to the general public; [or (E) the average acquisition cost if available;] and

(ii) if the drug dispensed is a multiple source prescription drug or a brand-name prescription drug for which no specific upper limit has been set by such federal agency, the lower of the estimated acquisition cost of such drug to pharmacies[, the average acquisition cost if available] or the dispensing pharmacy's usual and customary price charged to the general public. For sole and multiple source brand name drugs, estimated acquisition cost means the average wholesale price of a prescription drug based upon the package size dispensed from, as reported by the prescription drug pricing service used by the department, less seventeen percent thereof or the wholesale acquisition cost of a prescription drug based upon package size dispensed from, as reported by the prescription drug pricing service used by the department, minus zero and forty-one

1 hundredths percent thereof, and updated monthly by the department. For
2 multiple source generic drugs, estimated acquisition cost means the
3 lower of [the average acquisition cost,] the average wholesale price of
4 a prescription drug based on the package size dispensed from, as
5 reported by the prescription drug pricing service used by the depart-
6 ment, less twenty-five percent thereof, or the maximum acquisition cost,
7 if any, established pursuant to paragraph (e) of this subdivision,
8 PROVIDED THAT THE METHODOLOGY USED BY THE DEPARTMENT TO ESTABLISH A
9 MAXIMUM ACQUISITION COST SHALL NOT INCLUDE AVERAGE ACQUISITION COST AS
10 DETERMINED BY DEPARTMENT SURVEYS.

11 S 3. Paragraph (f) of subdivision 9 of section 367-a of the social
12 services law, as added by section 10-b of part H of chapter 59 of the
13 laws of 2011, is amended to read as follows:

14 [(f) Notwithstanding any inconsistent provision of law or regulation
15 to the contrary, the commissioner shall have the authority to establish
16 the amount of payments and dispensing fees under this title for those
17 drugs which may not be dispensed without a prescription as required by
18 section sixty-eight hundred ten of the education law and for which
19 payment is authorized pursuant to paragraph (g) of subdivision two of
20 section three hundred sixty-five-a of this title. The commissioner shall
21 not change the amounts of or method for such payments or dispensing fees
22 on or after April first, two thousand eleven unless notice is given
23 sixty days in advance of such change to the chairs of the committees on
24 senate finance, assembly ways and means, senate health, and assembly
25 health.]

26 S 4. Intentionally omitted.

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

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

1 by the commissioner of health pursuant to paragraph (a) of subdivision
2 four of this section;

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

5 S 7. Section 365-h of the social services law is amended by adding a
6 new subdivision 5 to read as follows:

7 5. NOTWITHSTANDING ANY CONTRARY PROVISION OF LAW, AND SUBJECT TO
8 FEDERAL FINANCIAL PARTICIPATION, THE COMMISSIONER OF HEALTH SHALL MAKE
9 ADJUSTMENTS TO PAYMENTS UNDER THIS SECTION, FOR THE PURPOSES OF PROVID-
10 ING INCREASED ACCESS TO MEDICAID NON-EMERGENCY TRANSPORTATION IN RURAL
11 COMMUNITIES. UP TO TWO MILLION DOLLARS SHALL BE AVAILABLE FOR SUCH
12 PURPOSES.

13 S 8. The opening paragraph of subdivision 1 and subdivision 3 of
14 section 367-s of the social services law, as amended by section 38 of
15 part C of chapter 58 of the laws of 2008, are amended to read as
16 follows:

17 Notwithstanding any provision of law to the contrary, a supplemental
18 medical assistance payment shall be made on an annual basis to providers
19 of emergency medical transportation services in an aggregate amount not
20 to exceed four million dollars for two thousand six, six million dollars
21 for two thousand seven [and], six million dollars for two thousand
22 eight, AND SIX MILLION DOLLARS FOR THE PERIOD MAY FIRST, TWO THOUSAND
23 FOURTEEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND FIFTEEN pursuant to
24 the following methodology:

25 3. If all necessary approvals under federal law and regulation are not
26 obtained to receive federal financial participation in the payments
27 authorized by this section, payments under this section shall be made in
28 an aggregate amount not to exceed two million dollars for two thousand
29 six, three million dollars for two thousand seven [and], three million
30 dollars for two thousand eight AND THREE MILLION DOLLARS FOR THE PERIOD
31 MAY FIRST, TWO THOUSAND FOURTEEN THROUGH MARCH THIRTY-FIRST, TWO THOU-
32 SAND FIFTEEN. In such case, the multiplier set forth in paragraph (b)
33 of subdivision one of this section shall be deemed to be two million
34 dollars or three million dollars as applicable to the annual period.

35 S 9. Subparagraph (iii) of paragraph (c) of subdivision 6 of section
36 367-a of the social services law, as amended by section 47 of part C of
37 chapter 58 of the laws of 2009, is amended to read as follows:

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

51 S 10. Notwithstanding any inconsistent provision of law to the contra-
52 ry, funds shall be made available to the commissioner of the office of
53 mental health and the commissioner of the office of alcoholism and
54 substance abuse services, in consultation with the commissioner of
55 health and approved by the director of the budget, and pursuant to
56 appropriations made therefor in an amount equal to the savings achieved

1 by the reductions described herein, to implement allocation plans devel-
2 oped by such commissioners, in consultation with the voluntary agencies
3 providing behavioral health services and local governmental units, as
4 defined in section 41.03 of the mental hygiene law, of the areas
5 impacted by reductions of inpatient behavioral health services, and
6 which shall describe behavioral health services, including mental health
7 and substance use disorder services, that are designed to amend service
8 needs resulting from the reduction of inpatient behavioral health
9 services provided under the Medicaid program by programs licensed pursu-
10 ant to article 31 or 32 of the mental hygiene law. Such programs may
11 include programs that are licensed pursuant to both article 31 of the
12 mental hygiene law and article 28 of the public health law, or certified
13 under both article 32 of the mental hygiene law and article 28 of the
14 public health law. The commissioner of health shall include details
15 regarding the implementation of reinvestment allocation plans pursuant
16 to reductions of inpatient behavioral health services in the annual
17 report required under section 45-c of part A of chapter 56 of the laws
18 of 2013.

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

21 5. PURSUANT TO APPROPRIATIONS, THE DEPARTMENT OF HEALTH SHALL REINVEST
22 FUNDS ALLOCATED FOR BEHAVIORAL HEALTH SERVICES, WHICH ARE GENERAL FUND
23 SAVINGS DIRECTLY RELATED TO SAVINGS REALIZED THROUGH THE TRANSITION OF
24 POPULATIONS COVERED BY THIS SECTION FROM THE APPLICABLE MEDICAID
25 FEE-FOR-SERVICE SYSTEM TO A MANAGED CARE MODEL, INCLUDING SAVINGS
26 RESULTING FROM THE REDUCTION OF INPATIENT AND OUTPATIENT BEHAVIORAL
27 HEALTH SERVICES PROVIDED UNDER THE MEDICAID PROGRAMS LICENSED OR CERTI-
28 FIED PURSUANT TO ARTICLE THIRTY-ONE OR THIRTY-TWO OF THE MENTAL HYGIENE
29 LAW, OR PROGRAMS THAT ARE LICENSED PURSUANT TO BOTH ARTICLE THIRTY-ONE
30 OF THE MENTAL HYGIENE LAW AND ARTICLE TWENTY-EIGHT OF THE PUBLIC HEALTH
31 LAW, OR CERTIFIED UNDER BOTH ARTICLE THIRTY-TWO OF THE MENTAL HYGIENE
32 LAW AND ARTICLE TWENTY-EIGHT OF THE PUBLIC HEALTH LAW, FOR THE PURPOSE
33 OF INCREASING INVESTMENT IN COMMUNITY BASED BEHAVIORAL HEALTH SERVICES,
34 INCLUDING RESIDENTIAL SERVICES CERTIFIED BY THE OFFICE OF ALCOHOLISM AND
35 SUBSTANCE ABUSE SERVICES. THE METHODOLOGIES USED TO CALCULATE THE
36 SAVINGS SHALL BE DEVELOPED BY THE COMMISSIONER OF HEALTH AND THE DIREC-
37 TOR OF THE BUDGET IN CONSULTATION WITH THE COMMISSIONERS OF THE OFFICE
38 OF MENTAL HEALTH AND THE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE
39 SERVICES. IN NO EVENT SHALL THE FULL ANNUAL VALUE OF THE COMMUNITY BASED
40 BEHAVIORAL HEALTH SERVICE REINVESTMENT SAVINGS ATTRIBUTABLE TO THE TRAN-
41 SITION TO MANAGED CARE EXCEED THE TWELVE MONTH VALUE OF THE DEPARTMENT
42 OF HEALTH GENERAL FUND REDUCTIONS RESULTING FROM SUCH TRANSITION. WITHIN
43 ANY FISCAL YEAR WHERE APPROPRIATION INCREASES ARE RECOMMENDED FOR REIN-
44 VESTMENT, INsofar AS MANAGED CARE TRANSITION SAVINGS DO NOT OCCUR AS
45 ESTIMATED, AND GENERAL FUND SAVINGS DO NOT RESULT, THEN SPENDING FOR
46 SUCH REINVESTMENT MAY BE REDUCED IN THE NEXT YEAR'S ANNUAL BUDGET ITEMI-
47 ZATION. THE COMMISSIONER OF HEALTH SHALL PROMULGATE REGULATIONS, AND
48 PRIOR TO OCTOBER FIRST, TWO THOUSAND FIFTEEN, MAY PROMULGATE EMERGENCY
49 REGULATIONS AS REQUIRED TO DISTRIBUTE FUNDS PURSUANT TO THIS SUBDIVI-
50 SION; PROVIDED, HOWEVER, THAT ANY EMERGENCY REGULATIONS PROMULGATED
51 PURSUANT TO THIS SECTION SHALL EXPIRE NO LATER THAN DECEMBER
52 THIRTY-FIRST, TWO THOUSAND FIFTEEN. THE COMMISSIONER SHALL INCLUDE
53 DETAILED DESCRIPTIONS OF THE METHODOLOGY USED TO CALCULATE SAVINGS FOR
54 REINVESTMENT, THE RESULTS OF APPLYING SUCH METHODOLOGIES, THE DETAILS
55 REGARDING IMPLEMENTATION OF SUCH REINVESTMENT PURSUANT TO THIS SECTION,
56 AND ANY REGULATIONS PROMULGATED UNDER THIS SUBDIVISION, IN THE ANNUAL

1 REPORT REQUIRED UNDER SECTION FORTY-FIVE-C OF PART A OF CHAPTER
2 FIFTY-SIX OF THE LAWS OF TWO THOUSAND THIRTEEN.

3 S 12. Notwithstanding any law, rule, or regulation to the contrary,
4 the commissioner of health, in consultation with the commissioner of the
5 office of mental health and the commissioner of the office of alcoholism
6 and substance abuse services, is authorized to establish an evidence-
7 based, collaborative care clinical delivery model in clinics licensed
8 under article 28 of the public health law, for the purpose of improving
9 the detection of depression and other diagnosed mental or substance use
10 disorders and the treatment of individuals with such conditions in an
11 integrated manner. Such commissioner shall be authorized to develop
12 criteria for the designation of clinics to be providers of collaborative
13 care services. At a minimum, such designated clinics shall provide
14 screening for depression and substance use disorders, medical diagnosis
15 of patients who screen positive, evidence-based depression care and
16 substance use disorder referrals, ongoing tracking of patient progress,
17 care management, and a designated behavioral health practitioner who
18 consults with the care manager and primary care physician. The rates of
19 payment and billing rules for this service will be developed by the
20 commissioner of health, in consultation with the commissioner of the
21 office of mental health and the commissioner of the office of alcoholism
22 and substance abuse services, and with the approval of the director of
23 the budget. Such commissioners are authorized to waive any duplicative
24 regulatory requirements as may be necessary to allow this service to
25 function in an effective and efficient manner; provided, however, that
26 regulations pertaining to patient safety may not be waived, nor shall
27 any regulation be waived if such waiver would risk patient safety. Such
28 waiver shall not exceed the life of the project, or such shorter time
29 period as the authorizing commissioner may determine. The commissioner
30 of health shall include details regarding the implementation of the
31 collaborative care clinical delivery model, including any regulations
32 waived and the frequency and rationale for such waivers, in the annual
33 report under section 45-c of part A of chapter 56 of the laws of 2013.

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

37 (c) out-patient hospital or clinic services in facilities operated in
38 compliance with applicable provisions of this chapter, the public health
39 law, the mental hygiene law and other laws, including any provisions
40 thereof requiring an operating certificate or license, including facili-
41 ties authorized by the appropriate licensing authority to provide inte-
42 grated mental health services, and/or alcoholism and substance abuse
43 services, and/or physical health services, and/or services to persons
44 with developmental disabilities, when such services are provided at a
45 single location or service site, or where such facilities are not
46 conveniently accessible, in any hospital located [without] WITHIN the
47 state and care and services in a day treatment program operated by the
48 department of mental hygiene or by a voluntary agency under an agreement
49 with such department in that part of a public institution operated and
50 approved pursuant to law as an intermediate care facility for persons
51 with developmental disabilities; AND PROVIDED, THAT THE COMMISSIONERS OF
52 HEALTH, MENTAL HEALTH, ALCOHOLISM AND SUBSTANCE ABUSE SERVICES AND THE
53 OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES MAY ISSUE REGULATIONS,
54 INCLUDING EMERGENCY REGULATIONS PROMULGATED PRIOR TO OCTOBER FIRST, TWO
55 THOUSAND FIFTEEN THAT ARE REQUIRED TO FACILITATE THE ESTABLISHMENT OF
56 INTEGRATED SERVICES CLINICS. ANY SUCH REGULATIONS PROMULGATED UNDER THIS

1 PARAGRAPH SHALL BE DESCRIBED IN THE ANNUAL REPORT REQUIRED PURSUANT TO
2 SECTION FORTY-FIVE-C OF PART A OF CHAPTER FIFTY-SIX OF THE LAWS OF TWO
3 THOUSAND THIRTEEN;

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

9 S 48-a. Notwithstanding any contrary provision of law, the [commis-
10 sioner] COMMISSIONERS OF THE OFFICE of alcoholism and substance abuse
11 services [is] AND THE OFFICE OF MENTAL HEALTH ARE authorized, subject to
12 the approval of the director of the budget, to transfer to the commis-
13 sioner of health state funds to be utilized as the state share for the
14 purpose of increasing payments under the medicaid program to managed
15 care organizations licensed under article 44 of the public health law or
16 under article 43 of the insurance law. Such managed care organizations
17 shall utilize such funds for the purpose of reimbursing [hospital-based
18 and free-standing chemical dependence outpatient and opioid treatment
19 clinics] PROVIDERS licensed pursuant to article 28 of the public health
20 law or article 31 OR 32 of the mental hygiene law for [chemical depend-
21 ency] AMBULATORY BEHAVIORAL HEALTH services, as determined by the
22 commissioner of health, in consultation with the commissioner of alco-
23 holism and substance abuse services AND THE COMMISSIONER OF THE OFFICE
24 OF MENTAL HEALTH, provided to medicaid eligible outpatients. Such
25 reimbursement shall be in the form of fees for such services which are
26 equivalent to the payments established for such services under the ambu-
27 latory patient group (APG) rate-setting methodology as utilized by the
28 department of health [or by], the office of alcoholism and substance
29 abuse services, OR THE OFFICE OF MENTAL HEALTH for rate-setting
30 purposes; provided, however, that the increase to such fees that shall
31 result from the provisions of this section shall not, in the aggregate
32 and as determined by the commissioner of health, in consultation with
33 the commissioner of alcoholism and substance abuse services AND THE
34 COMMISSIONER OF THE OFFICE OF MENTAL HEALTH, be greater than the
35 increased funds made available pursuant to this section. THE INCREASE
36 OF SUCH AMBULATORY BEHAVIORAL HEALTH FEES TO PROVIDERS AVAILABLE UNDER
37 THIS SECTION SHALL BE FOR ALL RATE PERIODS ON AND AFTER THE EFFECTIVE
38 DATE OF THE CHAPTER OF THE LAWS OF 2014 WHICH AMENDED THIS SECTION
39 THROUGH DECEMBER 31, 2016 FOR PATIENTS IN THE CITY OF NEW YORK, FOR ALL
40 RATE PERIODS ON AND AFTER THE EFFECTIVE DATE OF THE CHAPTER OF THE LAWS
41 OF 2014 WHICH AMENDED THIS SECTION THROUGH JUNE 30, 2017 FOR PATIENTS
42 OUTSIDE THE CITY OF NEW YORK, AND FOR ALL RATE PERIODS ON AND AFTER THE
43 EFFECTIVE DATE OF SUCH CHAPTER OF THE LAWS OF 2014 WHICH AMENDED THIS
44 SECTION THROUGH DECEMBER 31, 2017 FOR ALL SERVICES PROVIDED TO PERSONS
45 UNDER THE AGE OF TWENTY-ONE; PROVIDED, HOWEVER, THAT MANAGED CARE ORGAN-
46 IZATIONS AND PROVIDERS MAY NEGOTIATE DIFFERENT RATES AND METHODS OF
47 PAYMENT DURING SUCH PERIODS DESCRIBED ABOVE, SUBJECT TO THE APPROVAL OF
48 THE DEPARTMENT OF HEALTH. THE DEPARTMENT OF HEALTH SHALL CONSULT WITH
49 THE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES AND THE OFFICE OF
50 MENTAL HEALTH IN DETERMINING WHETHER SUCH ALTERNATIVE RATES SHALL BE
51 APPROVED. The commissioner of health may, in consultation with the
52 commissioner of alcoholism and substance abuse services AND THE COMMIS-
53 SIONER OF THE OFFICE OF MENTAL HEALTH, promulgate regulations, including
54 emergency regulations PROMULGATED PRIOR TO OCTOBER 1, 2015 TO ESTABLISH
55 RATES FOR AMBULATORY BEHAVIORAL HEALTH SERVICES, as are necessary to
56 implement the provisions of this section. RATES PROMULGATED UNDER THIS

SECTION SHALL BE INCLUDED IN THE REPORT REQUIRED UNDER SECTION 45-C OF PART A OF THIS CHAPTER.

S 14. Subdivision 8 of section 84 of 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, is amended to read as follows:

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

S 15. 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, is amended to read as follows:

Section 1. Notwithstanding any contrary provision of law, the [commissioner] COMMISSIONERS of mental health [is] AND ALCOHOLISM AND SUBSTANCE ABUSE SERVICES ARE authorized, subject to the approval of the director of the budget, to transfer to the commissioner of health state funds to be utilized as the state share for the purpose of increasing payments under the medicaid program to managed care organizations licensed under article 44 of the public health law or under article 43 of the insurance law. Such managed care organizations shall utilize such funds for the purpose of reimbursing [hospital-based and free-standing clinics] PROVIDERS licensed pursuant to article 28 of the public health law, OR pursuant to article 31 OR ARTICLE 32 of the mental hygiene law [or pursuant to both such provisions of law for outpatient mental health services] FOR AMBULATORY BEHAVIORAL HEALTH SERVICES, as determined by the commissioner of health in consultation with the commissioner of mental health AND COMMISSIONER OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES, provided to medicaid eligible outpatients. Such reimbursement shall be in the form of fees for such services which are equivalent to the payments established for such services under the ambulatory patient group (APG) rate-setting methodology as utilized by the department of health or by the office of mental health OR OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES for rate-setting purposes; provided, however, that the increase to such fees that shall result from the provisions of this section shall not, in the aggregate and as determined by the commissioner of health in consultation with the [commissioner] COMMISSIONERS of mental health AND ALCOHOLISM AND SUBSTANCE ABUSE SERVICES, be greater than the increased funds made available pursuant to this section. THE INCREASE OF SUCH BEHAVIORAL HEALTH FEES TO PROVIDERS AVAILABLE UNDER THIS SECTION SHALL BE FOR ALL RATE PERIODS ON AND AFTER THE EFFECTIVE DATE OF THE CHAPTER OF THE LAWS OF 2014 WHICH AMENDED THIS SECTION THROUGH DECEMBER 31, 2016 FOR PATIENTS IN THE CITY OF NEW YORK, FOR ALL RATE PERIODS ON AND AFTER THE EFFECTIVE DATE OF THE CHAPTER OF THE LAWS OF 2014 WHICH AMENDED THIS SECTION THROUGH JUNE 30, 2017 FOR PATIENTS OUTSIDE THE CITY OF NEW YORK, AND FOR ALL RATE PERIODS ON AND AFTER THE EFFECTIVE DATE OF THE CHAPTER OF THE LAWS OF 2014 WHICH AMENDED THIS SECTION THROUGH DECEMBER 31, 2017 FOR ALL SERVICES PROVIDED TO PERSONS UNDER THE AGE OF TWENTY-ONE; PROVIDED, HOWEVER, THAT MANAGED CARE ORGANIZATIONS AND PROVIDERS MAY NEGOTIATE DIFFERENT RATES AND METHODS OF PAYMENT DURING SUCH PERIODS DESCRIBED, SUBJECT TO THE APPROVAL OF THE DEPARTMENT OF HEALTH. THE DEPARTMENT OF HEALTH SHALL CONSULT WITH THE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES AND THE OFFICE OF MENTAL HEALTH IN DETERMINING WHETHER SUCH ALTERNATIVE RATES SHALL BE APPROVED. The commissioner of health may, in consultation with the [commissioner] COMMISSIONERS of mental health AND ALCOHOLISM AND

1 SUBSTANCE ABUSE SERVICES, promulgate regulations, including emergency
2 regulations PROMULGATED PRIOR TO OCTOBER 1, 2013 THAT ESTABLISH RATES
3 FOR BEHAVIORAL HEALTH SERVICES, as are necessary to implement the
4 provisions of this section. RATES PROMULGATED UNDER THIS SECTION SHALL
5 BE INCLUDED IN THE REPORT REQUIRED UNDER SECTION 45-C OF PART A OF CHAP-
6 TER 56 OF THE LAWS OF 2013.

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

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

15 S 16-a. Section 45-c of part A of chapter 56 of the laws of 2013,
16 relating to the report on the transition of behavioral health services
17 as a managed care benefit in the medical assistance program, is amended
18 to read as follows:

19 S 45-c. The commissioner of health in consultation with the commis-
20 sioners of the office of mental health and the office of alcoholism and
21 substance abuse SERVICES shall prepare a report on the transition of
22 behavioral health services as a managed care benefit in the medical
23 assistance program. Such report shall examine (i) the adequacy of
24 rates; (ii) the ability of managed care plans to arrange and manage
25 covered services for eligible enrollees; (iii) the ability of managed
26 care plans to provide an adequate network of providers to meet the needs
27 of enrollees; (iv) the use of evidence based tools or guidelines by
28 managed care plans when determining the appropriate level of care or
29 coverage for enrollees; (v) the ability of managed care plans to provide
30 eligible enrollees with both the appropriate amount and type of
31 services; (vi) the quality assurance mechanisms used by managed care
32 plans, including processes to ensure enrollee satisfaction; (vii) the
33 manner in which managed care plans address the cultural and linguistic
34 needs of enrollees; [and] (viii) any other quality of care criteria
35 deemed appropriate by the commissioners to ensure the adequacy of rates,
36 continuity of care and the quality of life, health, and safety of enrol-
37 lees during the transition of the behavioral health benefit; (IX)
38 DETAILS REGARDING THE IMPLEMENTATION OF REINVESTMENT ALLOCATION PLANS
39 PURSUANT TO REDUCTIONS OF INPATIENT BEHAVIORAL HEALTH SERVICES INCLUD-
40 ING, BUT NOT LIMITED, TO THE LOCATION AND SCOPE OF SERVICE REDUCTIONS
41 RESULTING FROM THE REDUCTION OR CLOSURE OF PROGRAMS LICENSED PURSUANT TO
42 ARTICLE 31 OR 32 OF THE MENTAL HYGIENE LAW AND A DESCRIPTION OF SERVICES
43 TO BE FUNDED PURSUANT TO ALLOCATION PLANS; (X) DETAILED DESCRIPTIONS OF
44 THE METHODOLOGY USED TO CALCULATE THE AMOUNT OF SAVINGS RESULTING FROM
45 THE TRANSITION OF INDIVIDUALS INTO MANAGED CARE REALIZED UNDER SUBDIVI-
46 SION 5 OF SECTION 365-M OF THE SOCIAL SERVICES LAW, AND THE MANNER IN
47 WHICH THE REINVESTMENT WILL ADDRESS THE SERVICE NEEDS; (XI) DETAILS
48 REGARDING THE IMPLEMENTATION OF THE COLLABORATIVE CARE CLINICAL DELIVERY
49 MODEL; (XII) A DESCRIPTION OF, AND RATIONALE FOR, ANY WAIVER OF EXISTING
50 REGULATIONS OR ANY PROMULGATION OF EMERGENCY REGULATIONS PURSUANT TO THE
51 BEHAVIORAL HEALTH SERVICES TRANSITION AUTHORIZED BY SECTIONS 10 THROUGH
52 17 OF PART C OF A CHAPTER OF THE LAWS OF 2014 WHICH AMENDED THIS
53 SECTION, RELATING TO THE IMPLEMENTATION OF THE HEALTH AND MENTAL HYGIENE
54 BUDGET; (XIII) IMPLEMENTATION OF INFRASTRUCTURE AND ORGANIZATIONAL
55 MODIFICATIONS AND INVESTMENTS IN HEALTH INFORMATION TECHNOLOGY AND
56 TRAINING AND TECHNICAL ASSISTANCE; AND (XIV) DETAILS REGARDING THE

1 IMPLEMENTATION OF THE PLAN TO TRANSITION ADULT AND CHILDREN'S BEHAVIORAL
2 HEALTH PROVIDERS AND SERVICES INTO MANAGED CARE. [The report shall be
3 submitted no later than April first, two thousand sixteen to the gover-
4 nor, the temporary president of the senate, the speaker of the assembly,
5 the minority leader of the senate, and the minority leader of the assem-
6 bly.] THE REPORT SHALL BE SUBMITTED ON AN ANNUAL BASIS TO THE GOVERNOR,
7 THE TEMPORARY PRESIDENT OF THE SENATE, THE SPEAKER OF THE ASSEMBLY, THE
8 MINORITY LEADER OF THE SENATE, THE MINORITY LEADER OF THE ASSEMBLY, AND
9 THE BEHAVIORAL HEALTH SUBCOMMITTEE OF THE MEDICAID REDESIGN TEAM, NO
10 LATER THAN JANUARY FIRST OF EACH YEAR.

11 S 16-b. Section 84 of part A of chapter 56 of the laws of 2013, amend-
12 ing the public health law and other laws relating to state health mental
13 hygiene budget for the 2013-14 state fiscal year, is amended by adding a
14 new subdivision 7-a to read as follows:

15 7-A. SECTION FORTY-FIVE-C OF THIS ACT SHALL EXPIRE AND BE DEEMED
16 REPEALED JANUARY 1, 2018;

17 S 17. Subject to the availability of federal financial participation,
18 the commissioner of health is authorized, within amounts appropriated,
19 to distribute funds to local governmental units, as defined in section
20 41.03 of the mental hygiene law, to Medicaid managed care plans certi-
21 fied by the department of health, health homes designated by such
22 department, and individual behavioral health providers and consortiums
23 of such providers licensed or certified by the office of mental health
24 or the office of alcoholism and substance abuse services to prepare for
25 the transition of adult and children's behavioral health providers and
26 services into managed care. The use of such funds may include, but not
27 be limited to, infrastructure and organizational modifications and
28 investments in health information technology and training and technical
29 assistance. Such funds shall be distributed pursuant to a plan to be
30 developed by the commissioner of health, in consultation with the
31 commissioners of the office of mental health and the office of alcohol-
32 ism and substance abuse services. In developing such plan, such commis-
33 sioners may take into account the size and scope of a grantee's oper-
34 ations as a factor relevant to eligibility for, and the amount of, such
35 funds. The commissioner of health is authorized to audit recipients of
36 funds under this section to ensure compliance and to recoup any funds
37 determined to have been used for purposes other than as described herein
38 or otherwise approved by such commissioners. The commissioners shall
39 include details regarding the implementation of the plan to transition
40 adult and children's behavioral health providers and services into
41 managed care in the annual report required under section 45-c of part A
42 of chapter 56 of the laws of 2013.

43 S 18. The commissioner of health is authorized to establish a disabil-
44 ity clinician advisory group of experienced clinicians and clinic admin-
45 istrators who have an understanding of the comprehensive needs of people
46 with disabilities. Such group shall provide the commissioner and the
47 department of health with information and data on the effect of poli-
48 cies, including proposed regulations or statutes, and of fiscal
49 proposals, including rate setting and appropriations, on the delivery of
50 supports and services for individuals with disabilities including but
51 not limited to the role of specialty services.

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

55 (i) "Participating provider" means a certified home health agency,
56 long term home health agency or personal care provider with total medi-

1 caid reimbursements, INCLUDING REIMBURSEMENTS THROUGH THE MANAGED CARE
2 PROGRAM ESTABLISHED PURSUANT TO SECTION THREE HUNDRED SIXTY-FOUR-J OF
3 THIS CHAPTER, exceeding fifteen million dollars per calendar year.

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

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

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

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

28 S 22. Section 22 of the social services law is amended by adding a new
29 subdivision 2-a to read as follows:

30 2-A. WITH REGARD TO FAIR HEARINGS HELD IN CONNECTION WITH APPEALS
31 UNDER THE FULLY INTEGRATED DUALS ADVANTAGE DEMONSTRATION PROGRAM, THE
32 COMMISSIONER MAY CONTRACT FOR THE SOLE PURPOSE OF ASSISTING STAFF OF THE
33 OFFICE FOR SUCH PURPOSE.

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

36 (E) WITH THE EXCEPTION OF THOSE ENROLLEES COVERED UNDER A PAYMENT RATE
37 METHODOLOGY AGREEMENT NEGOTIATED WITH A RESIDENTIAL HEALTH CARE FACILI-
38 TY, PAYMENTS FOR INPATIENT RESIDENTIAL HEALTH CARE FACILITY SERVICES
39 PROVIDED TO PATIENTS ELIGIBLE FOR MEDICAL ASSISTANCE PURSUANT TO TITLE
40 ELEVEN OF ARTICLE FIVE OF THE SOCIAL SERVICES LAW MADE BY ORGANIZATIONS
41 OPERATING IN ACCORDANCE WITH THE PROVISIONS OF ARTICLE FORTY-FOUR OF
42 THIS CHAPTER OR BY HEALTH MAINTENANCE ORGANIZATIONS ORGANIZED AND OPER-
43 ATING IN ACCORDANCE WITH ARTICLE FORTY-THREE OF THE INSURANCE LAW, SHALL
44 BE THE RATES OF PAYMENT THAT WOULD BE PAID FOR SUCH PATIENTS UNDER THE
45 MEDICAL ASSISTANCE PROGRAM AS DETERMINED PURSUANT TO THIS SECTION AND
46 SUBDIVISION TEN OF SECTION TWENTY-EIGHT HUNDRED SEVEN-D OF THIS ARTICLE
47 AND AS IN EFFECT AT THE TIME SUCH SERVICES WERE PROVIDED. THE PROVISIONS
48 OF THIS PARAGRAPH SHALL NOT APPLY TO PAYMENTS FOR PATIENTS WHOSE PLACE-
49 MENT IN A RESIDENTIAL HEALTH CARE FACILITY IS FOR THE PURPOSE OF RECEIV-
50 ING TIME-LIMITED REHABILITATION, TO BE FOLLOWED BY DISCHARGE FROM THE
51 FACILITY, DURING THE PERIOD SUCH TIME-LIMITED SERVICES ARE PROVIDED.

52 S 24. Section 365-f of the social services law is amended by adding a
53 new subdivision 9 to read as follows:

54 9. NOTWITHSTANDING ANY CONTRARY PROVISION OF LAW AND SUBJECT TO THE
55 AVAILABILITY OF FEDERAL FINANCIAL PARTICIPATION, FOR PERIODS ON AND
56 AFTER APRIL FIRST, TWO THOUSAND FOURTEEN, THE COMMISSIONER IS AUTHORIZED

TO MAKE TEMPORARY PERIODIC LUMP-SUM MEDICAID PAYMENTS TO FISCAL INTERMEDIARIES PRINCIPALLY ENGAGED IN PROVIDING CONSUMER DIRECTED PERSONAL ASSISTANCE SERVICES TO MEDICAID PATIENTS, IN ACCORDANCE WITH THE FOLLOWING:

(A) ELIGIBLE FISCAL INTERMEDIARIES SHALL INCLUDE:

(I) PROVIDERS UNDERGOING CLOSURE OR SUBSTANTIAL REDUCTION IN THE VOLUME OF CARE;

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

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

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

(V) PROVIDERS SEEKING TO ENSURE THAT ACCESS TO CARE IS MAINTAINED OR INCREASED; OR

(VI) ON OR AFTER JANUARY FIRST, TWO THOUSAND FIFTEEN, PROVIDERS IMPACTED BY CHANGES TO THE FAIR LABOR STANDARDS ACT REQUIRING OVERTIME PAY FOR PERSONAL ASSISTANTS WORKING IN EXCESS OF FORTY HOURS PER WEEK.

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

(I) PROTECT OR ENHANCE ACCESS TO CARE;

(II) PROTECT OR ENHANCE QUALITY OF CARE;

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

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

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

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

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

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

(A) ELIGIBLE LHCSA PROVIDERS SHALL INCLUDE:

(I) PROVIDERS UNDERGOING CLOSURE;

1 (II) PROVIDERS IMPACTED BY THE CLOSURE OF OTHER HEALTH CARE PROVIDERS;
2 (III) PROVIDERS SUBJECT TO MERGERS, ACQUISITIONS, CONSOLIDATIONS OR
3 RESTRUCTURING;

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

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

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

11 (I) PROTECT OR ENHANCE ACCESS TO CARE;

12 (II) PROTECT OR ENHANCE QUALITY OF CARE;

13 (III) IMPROVE THE COST EFFECTIVENESS OF THE DELIVERY OF HEALTH CARE
14 SERVICES; OR

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

17 (C) (I) SUCH WRITTEN PROPOSAL SHALL BE SUBMITTED TO THE COMMISSIONER
18 AT LEAST SIXTY DAYS PRIOR TO THE REQUESTED COMMENCEMENT OF SUCH MEDICAID
19 PAYMENTS AND SHALL INCLUDE A PROPOSED BUDGET TO ACHIEVE THE GOALS OF THE
20 PROPOSAL. ANY MEDICAID PAYMENTS ISSUED PURSUANT TO THIS SUBDIVISION
21 SHALL BE MADE OVER A SPECIFIED PERIOD OF TIME, AS DETERMINED BY THE
22 COMMISSIONER, OF UP TO THREE YEARS. AT THE END OF THE SPECIFIED TIME-
23 FRAME SUCH PAYMENTS SHALL CEASE. THE COMMISSIONER MAY ESTABLISH, AS A
24 CONDITION OF RECEIVING SUCH MEDICAID PAYMENTS, BENCHMARKS AND GOALS TO
25 BE ACHIEVED IN CONFORMITY WITH THE PROVIDER'S WRITTEN PROPOSAL AS
26 APPROVED BY THE COMMISSIONER AND MAY ALSO REQUIRE THAT THE PROVIDER
27 SUBMIT SUCH PERIODIC REPORTS CONCERNING THE ACHIEVEMENT OF SUCH BENCH-
28 MARKS AND GOALS AS THE COMMISSIONER DEEMS NECESSARY. FAILURE TO ACHIEVE
29 SATISFACTORY PROGRESS, AS DETERMINED BY THE COMMISSIONER, IN ACCOMPLISH-
30 ING SUCH BENCHMARKS AND GOALS SHALL BE A BASIS FOR ENDING THE PROVIDER'S
31 MEDICAID PAYMENTS PRIOR TO THE END OF THE SPECIFIED TIMEFRAME.

32 (II) THE COMMISSIONER MAY REQUIRE THAT APPLICATIONS SUBMITTED PURSUANT
33 TO THIS SUBDIVISION BE SUBMITTED IN RESPONSE TO AND IN ACCORDANCE WITH A
34 REQUEST FOR APPLICATIONS OR A REQUEST FOR PROPOSALS ISSUED BY THE
35 COMMISSIONER.

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

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

51 (B) NOTWITHSTANDING ANY CONTRARY PROVISION OF LAW AND SUBJECT TO THE
52 AVAILABILITY OF FEDERAL FINANCIAL PARTICIPATION, FOR PERIODS ON AND
53 AFTER MARCH FIRST, TWO THOUSAND FOURTEEN THE COMMISSIONER SHALL ADJUST
54 MEDICAID RATES OF PAYMENT FOR SERVICES PROVIDED BY LONG TERM HOME HEALTH
55 CARE PROGRAMS TO ADDRESS COST INCREASES STEMMING FROM THE WAGE INCREASES
56 REQUIRED BY IMPLEMENTATION OF THE PROVISIONS OF SECTION THIRTY-SIX

HUNDRED FOURTEEN-C OF THIS ARTICLE. SUCH RATE ADJUSTMENTS SHALL BE BASED ON A COMPARISON, AS DETERMINED BY THE COMMISSIONER, OF THE HOURLY COMPENSATION LEVELS FOR HOME HEALTH AIDES AND PERSONAL CARE AIDES AS REFLECTED IN THE EXISTING MEDICAID RATES FOR LONG TERM HOME HEALTH CARE PROGRAMS TO THE HOURLY COMPENSATION LEVELS INCURRED AS A RESULT OF COMPLYING WITH THE PROVISIONS OF SECTION THIRTY-SIX HUNDRED FOURTEEN-C OF THIS ARTICLE.

S 26-a. Paragraph (d) of subdivision 2-c of section 2808 of the public health law, as added by section 95 of part H of chapter 59 of the laws of 2011, is amended to read as follows:

(d) The commissioner shall promulgate regulations, and may promulgate emergency regulations, to implement the provisions of this subdivision. Such regulations shall be developed in consultation with the nursing home industry and advocates for residential health care facility residents and, further, the commissioner shall provide notification concerning such regulations to the chairs of the senate and assembly health committees, the chair of the senate finance committee and the chair of the assembly ways and means committee. Such regulations shall include provisions for rate adjustments or payment enhancements to facilitate a minimum four-year transition of facilities to the rate-setting methodology established by this subdivision and may also include, but not be limited to, provisions for facilitating quality improvements in residential health care facilities. FOR PURPOSES OF FACILITATING QUALITY IMPROVEMENTS THROUGH THE ESTABLISHMENT OF A NURSING HOME QUALITY POOL, THOSE FACILITIES THAT CONTRIBUTE TO THE QUALITY POOL, BUT ARE DEEMED INELIGIBLE FOR QUALITY POOL PAYMENTS DUE EXCLUSIVELY TO A SPECIFIC CASE OF EMPLOYEE MISCONDUCT, SHALL NEVERTHELESS BE ELIGIBLE FOR A QUALITY POOL PAYMENT IF THE FACILITY PROPERLY REPORTED THE INCIDENT, DID NOT RECEIVE A SURVEY CITATION FROM THE COMMISSIONER OR THE CENTERS FOR MEDICARE AND MEDICAID SERVICES ESTABLISHING THE FACILITY'S CULPABILITY WITH REGARD TO SUCH MISCONDUCT AND, BUT FOR THE SPECIFIC CASE OF EMPLOYEE MISCONDUCT, THE FACILITY WOULD HAVE OTHERWISE RECEIVED A QUALITY POOL PAYMENT. REGULATIONS PERTAINING TO THE FACILITATION OF QUALITY IMPROVEMENT MAY BE MADE EFFECTIVE FOR PERIODS ON AND AFTER JANUARY FIRST, TWO THOUSAND THIRTEEN.

S 27. The public health law is amended by adding a new section 2826 to read as follows:

S 2826. TEMPORARY ADJUSTMENT TO REIMBURSEMENT RATES. (A) NOTWITHSTANDING ANY PROVISION OF LAW TO THE CONTRARY, WITHIN FUNDS APPROPRIATED AND SUBJECT TO THE AVAILABILITY OF FEDERAL FINANCIAL PARTICIPATION, THE COMMISSIONER MAY GRANT APPROVAL OF A TEMPORARY ADJUSTMENT TO THE NON-CAPITAL COMPONENTS OF RATES, OR MAKE TEMPORARY LUMP-SUM MEDICAID PAYMENTS, TO ELIGIBLE GENERAL HOSPITALS, SKILLED NURSING FACILITIES, CLINICS AND HOME CARE PROVIDERS, PROVIDED HOWEVER, THAT SHOULD FEDERAL FINANCIAL PARTICIPATION NOT BE AVAILABLE FOR ANY ELIGIBLE PROVIDER, THEN PAYMENTS PURSUANT TO THIS SUBDIVISION MAY BE MADE AS GRANTS AND SHALL NOT BE DEEMED TO BE MEDICAL ASSISTANCE PAYMENTS.

(B) ELIGIBLE PROVIDERS SHALL INCLUDE:

(I) PROVIDERS UNDERGOING CLOSURE;

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

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

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

(C) PROVIDERS SEEKING TEMPORARY RATE ADJUSTMENTS UNDER THIS SECTION SHALL DEMONSTRATE THROUGH SUBMISSION OF A WRITTEN PROPOSAL TO THE

1 COMMISSIONER THAT THE ADDITIONAL RESOURCES PROVIDED BY A TEMPORARY RATE
2 ADJUSTMENT WILL ACHIEVE ONE OR MORE OF THE FOLLOWING:

3 (I) PROTECT OR ENHANCE ACCESS TO CARE;
4 (II) PROTECT OR ENHANCE QUALITY OF CARE;
5 (III) IMPROVE THE COST EFFECTIVENESS OF THE DELIVERY OF HEALTH CARE
6 SERVICES; OR

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

9 (D) (I) SUCH WRITTEN PROPOSAL SHALL BE SUBMITTED TO THE COMMISSIONER
10 AT LEAST SIXTY DAYS PRIOR TO THE REQUESTED EFFECTIVE DATE OF THE TEMPO-
11 RARY RATE ADJUSTMENT, AND SHALL INCLUDE A PROPOSED BUDGET TO ACHIEVE THE
12 GOALS OF THE PROPOSAL. ANY MEDICAID PAYMENT ISSUED PURSUANT TO THIS
13 SECTION SHALL BE IN EFFECT FOR A SPECIFIED PERIOD OF TIME AS DETERMINED
14 BY THE COMMISSIONER, OF UP TO THREE YEARS. AT THE END OF THE SPECIFIED
15 TIMEFRAME SUCH PAYMENTS OR ADJUSTMENTS TO THE NON-CAPITAL COMPONENT OF
16 RATES SHALL CEASE, AND THE PROVIDER SHALL BE REIMBURSED IN ACCORDANCE
17 WITH THE OTHERWISE APPLICABLE RATE-SETTING METHODOLOGY AS SET FORTH IN
18 APPLICABLE STATUTES AND REGULATIONS. THE COMMISSIONER MAY ESTABLISH, AS
19 A CONDITION OF RECEIVING SUCH TEMPORARY RATE ADJUSTMENTS OR GRANTS,
20 BENCHMARKS AND GOALS TO BE ACHIEVED IN CONFORMITY WITH THE PROVIDER'S
21 WRITTEN PROPOSAL AS APPROVED BY THE COMMISSIONER AND MAY ALSO REQUIRE
22 THAT THE FACILITY SUBMIT SUCH PERIODIC REPORTS CONCERNING THE ACHIEVE-
23 MENT OF SUCH BENCHMARKS AND GOALS AS THE COMMISSIONER DEEMS NECESSARY.
24 FAILURE TO ACHIEVE SATISFACTORY PROGRESS, AS DETERMINED BY THE COMMIS-
25 SIONER, IN ACCOMPLISHING SUCH BENCHMARKS AND GOALS SHALL BE A BASIS FOR
26 ENDING THE FACILITY'S TEMPORARY RATE ADJUSTMENT OR GRANT PRIOR TO THE
27 END OF THE SPECIFIED TIMEFRAME. (II) THE COMMISSIONER MAY REQUIRE THAT
28 APPLICATIONS SUBMITTED PURSUANT TO THIS SECTION BE SUBMITTED IN RESPONSE
29 TO AND IN ACCORDANCE WITH A REQUEST FOR APPLICATIONS OR A REQUEST FOR
30 PROPOSALS ISSUED BY THE COMMISSIONER.

31 (E) NOTWITHSTANDING ANY LAW TO THE CONTRARY, GENERAL HOSPITALS DEFINED
32 AS CRITICAL ACCESS HOSPITALS PURSUANT TO TITLE XVIII OF THE FEDERAL
33 SOCIAL SECURITY ACT SHALL BE ALLOCATED NO LESS THAN FIVE MILLION DOLLARS
34 ANNUALLY PURSUANT TO THIS SECTION. THE DEPARTMENT OF HEALTH SHALL
35 PROVIDE A REPORT TO THE GOVERNOR AND LEGISLATURE NO LATER THAN DECEMBER
36 FIRST, TWO THOUSAND FOURTEEN PROVIDING RECOMMENDATIONS ON HOW TO ENSURE
37 THE FINANCIAL STABILITY OF, AND PRESERVE PATIENT ACCESS TO, CRITICAL
38 ACCESS HOSPITALS.

39 S 27-a. Subdivision 2 of section 365-a of the social services law is
40 amended by adding a new paragraph (bb) to read as follows:

41 (BB) SUBJECT TO THE AVAILABILITY OF FEDERAL FINANCIAL PARTICIPATION,
42 SERVICES AND SUPPORTS AUTHORIZED BY THE FEDERAL REGULATIONS GOVERNING
43 THE HOME AND COMMUNITY-BASED ATTENDANT SERVICES AND SUPPORTS STATE PLAN
44 OPTION (COMMUNITY FIRST CHOICE) PURSUANT TO 42 U.S.C. S 1396N(K).

45 S 27-b. Section 365-f of the social services law is amended by adding
46 a new subdivision 8 to read as follows:

47 8. SUBJECT TO THE AVAILABILITY OF FEDERAL FINANCIAL PARTICIPATION, THE
48 PROVISIONS OF THIS SECTION GOVERNING CONSUMER DIRECTED PERSONAL ASSIST-
49 ANCE SERVICES SHALL ALSO APPLY TO SUCH SERVICES WHEN OFFERED UNDER THE
50 HOME AND COMMUNITY-BASED ATTENDANT SERVICES AND SUPPORTS STATE PLAN
51 OPTION (COMMUNITY FIRST CHOICE) PURSUANT TO 42 U.S.C. S 1396N(K).

52 S 27-c. Subparagraph (iii) of paragraph a of subdivision 1 of section
53 6908 of the education law, as amended by chapter 160 of the laws of
54 2003, is amended to read as follows:

55 (iii) the providing of care by a person acting in the place of a
56 person exempt under clause (i) of this paragraph, but who does hold

1 himself or herself out as one who accepts employment for performing such
2 care, where nursing services are under the instruction of a licensed
3 nurse, or under the instruction of a patient or family or household
4 member determined by a registered professional nurse to be self-direct-
5 ing and capable of providing such instruction, and [any remuneration is]
6 SERVICES ARE provided under section three hundred sixty-five-f of the
7 social services law; or

8 S 27-d. Intentionally omitted.

9 S 27-e. Intentionally omitted.

10 S 27-f. Intentionally omitted.

11 S 27-h. Section 57-c of part A of chapter 56 of the laws of 2013,
12 relating to establishing the home and community-based care work group,
13 is amended to read as follows:

14 S 57-c. Home and community based care workgroup. The commissioner of
15 health shall convene a home and community based care workgroup to exam-
16 ine and make recommendations on issues which include, but are not limit-
17 ed to:

18 a. State and federal regulatory requirements and related policy guide-
19 lines (including the applicability of the federal conditions of partic-
20 ipation);

21 b. Efficient home and community based care delivery, including tele-
22 health and hospice services; [and]

23 c. Alignment of functions between managed care entities and home and
24 community based providers[.]; AND

25 D. BEST PRACTICE FOR CLEAN CLAIMS AND RELATED DISPUTE RESOLUTION.

26 The workgroup shall be 11 members. The members of the workgroup shall
27 including providers, plans and representatives of consumers and direct
28 caregivers with relevant expertise.

29 The commissioner of health, or his or her designee shall chair the
30 workgroup and department of health and other executive agencies and
31 offices shall provide relevant data and other information as is neces-
32 sary for the group to perform its duties.

33 The commissioner of health shall convene this workgroup by May 15,
34 [2013] 2014 and the group shall issue [a report] PERIODIC REPORTS with
35 recommendations by March 1, 2014, SEPTEMBER 1, 2014 AND FEBRUARY 28,
36 2015.

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

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

48 S 29. Subparagraph (i) of paragraph (e-1) of subdivision 4 of section
49 2807-c of the public health law, as amended by section 41 of part B of
50 chapter 58 of the laws of 2010, is amended to read as follows:

51 (i) For rate periods on and after April first, two thousand ten, the
52 commissioner, in consultation with the commissioner of the office of
53 mental health, shall promulgate regulations, and may promulgate emergen-
54 cy regulations, establishing methodologies for determining the operating
55 cost components of rates of payments for services described in this
56 paragraph. Such regulations shall utilize two thousand five operating

1 costs as submitted to the department prior to July first, two thousand
2 nine and shall provide for methodologies establishing per diem inpatient
3 rates that utilize case mix adjustment mechanisms. Such regulations
4 shall contain criteria for adjustments based on length of stay AND MAY
5 ALSO PROVIDE FOR A BASE YEAR UPDATE, PROVIDED, HOWEVER, THAT SUCH BASE
6 YEAR UPDATE SHALL TAKE EFFECT NO EARLIER THAN APRIL FIRST, TWO THOUSAND
7 FIFTEEN, AND PROVIDED FURTHER, HOWEVER, THAT THE COMMISSIONER MAY MAKE
8 SUCH ADJUSTMENTS TO SUCH UTILIZATION AND TO THE METHODOLOGY FOR COMPUT-
9 ING SUCH RATES AS IS NECESSARY TO ACHIEVE NO AGGREGATE, NET GROWTH IN
10 OVERALL MEDICAID EXPENDITURES RELATED TO SUCH RATES, AS COMPARED TO SUCH
11 AGGREGATE EXPENDITURES FROM THE PRIOR YEAR. IN DETERMINING THE UPDATED
12 BASE YEAR TO BE UTILIZED PURSUANT TO THIS SUBPARAGRAPH, THE COMMISSIONER
13 SHALL TAKE INTO ACCOUNT THE BASE YEAR DETERMINED IN ACCORDANCE WITH
14 PARAGRAPH (C) OF SUBDIVISION THIRTY-FIVE OF THIS SECTION.

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

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

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

34 (V) THE COMMISSIONER MAY PROMULGATE REGULATIONS, INCLUDING EMERGENCY
35 REGULATIONS, PROVIDING FOR AN UPDATE OF THE BASE YEAR COSTS AND STATIS-
36 TICS USED TO COMPUTE RATES OF PAYMENT PURSUANT TO THIS PARAGRAPH,
37 PROVIDED, HOWEVER, THAT SUCH BASE YEAR UPDATE SHALL TAKE EFFECT NO
38 EARLIER THAN APRIL FIRST, TWO THOUSAND FIFTEEN, AND PROVIDED FURTHER,
39 HOWEVER, THAT THE COMMISSIONER MAY MAKE SUCH ADJUSTMENTS TO SUCH UTILI-
40 ZATION AND TO THE METHODOLOGY FOR COMPUTING SUCH RATES AS IS NECESSARY
41 TO ACHIEVE NO AGGREGATE, NET GROWTH IN OVERALL MEDICAID EXPENDITURES
42 RELATED TO SUCH RATES, AS COMPARED TO SUCH AGGREGATE EXPENDITURES FROM
43 THE PRIOR YEAR. IN DETERMINING THE UPDATED BASE YEAR TO BE UTILIZED
44 PURSUANT TO THIS SUBPARAGRAPH, THE COMMISSIONER SHALL TAKE INTO ACCOUNT
45 THE BASE YEAR DETERMINED IN ACCORDANCE WITH PARAGRAPH (C) OF SUBDIVISION
46 THIRTY-FIVE OF THIS SECTION.

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

50 (c) The base period reported costs and statistics used for rate-set-
51 ting for operating cost components, including the weights assigned to
52 diagnostic related groups, shall be updated no less frequently than
53 every four years and the new base period shall be no more than four
54 years prior to the first applicable rate period that utilizes such new
55 base period provided, however, that the first updated base period shall

begin on [January] OR AFTER APRIL first, two thousand fourteen, BUT NO LATER THAN JULY FIRST, TWO THOUSAND FOURTEEN.

S 32-a. Notwithstanding any contrary provision of law, the commissioner of health shall establish a workgroup to review and investigate Medicaid inpatient rate-setting methodologies with regard to hospitals whose rates are governed by paragraphs (e-1), (e-2) and (1) of subdivision 4 of section 2807-c of the public health law and with particular regard to the impact of the utilization of updated base years in the computation of such rates. The workgroup shall contain designated staff of the department of health, representatives of hospital associations and such other interested stakeholders as determined by the commissioner. The commissioner shall consider the recommendations of such workgroup in determining proposed revised rates reflecting the utilization of such updated base years and shall make such proposed revised rates available to the chairs of the senate and assembly health committees no less than thirty days prior to the effective date for such rates. Such updated base years shall be implemented for rate periods commencing no earlier than April 1, 2015.

S 33. Subdivision 1 of section 92 of 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, as amended by section 3 of part A of chapter 56 of the laws of 2013, is amended to read as follows:

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

S 33-a. Subdivision 5 of section 92 of 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, as amended by section 3 of part A of chapter 56 of the laws of 2013, is amended and three new subdivisions 6, 7, and 8 are added to read as follows:

1 5. The [department of health] COMMISSIONER OF HEALTH, IN CONSULTATION
2 WITH THE DIRECTOR OF BUDGET, shall prepare a monthly report that sets
3 forth:

4 (a) known and projected department of health medicaid expenditures as
5 described in subdivision one of this section, and factors that could
6 result in medicaid disbursements for the relevant state fiscal year to
7 exceed the projected department of health state funds disbursements in
8 the enacted budget financial plan pursuant to subdivision 3 of section
9 23 of the state finance law, including spending increases or decreases
10 due to: enrollment fluctuations, rate changes, utilization changes, MRT
11 investments, and shift of beneficiaries to managed care; and variations
12 in offline medicaid payments; [and]

13 (b) the actions taken to implement any medicaid savings allocation
14 plan implemented pursuant to subdivision four of this section, including
15 information concerning the impact of such actions on each category of
16 service and each geographic region of the state. [Each such monthly
17 report shall be provided to the chairs of the senate finance and the
18 assembly ways and means committees and shall be posted on the department
19 of health's website in a timely manner.]

20 (C) THE PRICE, TO INCLUDE THE BASE RATE PLUS ANY UPCOMING RATE ADJUST-
21 MENT; UTILIZATION, TO INCLUDE CURRENT ENROLLMENT, PROJECTED ENROLLMENT
22 CHANGES AND ACUITY; AND MEDICAID REDESIGN TEAM INITIATIVES, ONE-TIME
23 INITIATIVES AND OTHER INITIATIVES DESCRIBING THE PROPOSED BUDGET ACTION
24 IMPACT, ANY PRIOR YEAR INITIATIVE WITH CURRENT AND FUTURE YEAR IMPACTS
25 FOR THE FOLLOWING CATEGORIES OF SPENDING:

26 (I) INPATIENT;
27 (II) OUTPATIENT;
28 (III) EMERGENCY ROOM;
29 (IV) CLINIC;
30 (V) NURSING HOMES;
31 (VI) OTHER LONG TERM CARE;
32 (VII) MEDICAID MANAGED CARE;
33 (VIII) FAMILY HEALTH PLUS;
34 (IX) PHARMACY;
35 (X) TRANSPORTATION;
36 (XI) DENTAL;
37 (XII) NON-INSTITUTIONAL AND ALL OTHER CATEGORIES;
38 (XIII) AFFORDABLE HOUSING;
39 (XIV) VITAL ACCESS PROVIDER SERVICES;
40 (XV) BEHAVIORAL HEALTH VITAL ACCESS PROVIDER SERVICES;
41 (XVI) HEALTH HOME ESTABLISHMENT GRANTS;
42 (XVII) GRANTS FOR FACILITATING TRANSITION OF BEHAVIORAL HEALTH SERVICE
43 TO MANAGED CARE;

44 (XVIII) FINGER LAKES HEALTH SERVICES AGENCY;
45 (XIX) THE TRANSITION OF VULNERABLE POPULATIONS TO MANAGED CARE;
46 (XX) AUDIT RECOVERIES AND SETTLEMENTS; AND

47 (D) WHERE PRICE AND UTILIZATION ARE NOT APPLICABLE, DETAIL SHALL BE
48 PROVIDED ON SPENDING, TO INCLUDE BUT NOT BE LIMITED TO:

49 (I) DEMOGRAPHIC INFORMATION OF TARGETED RECIPIENTS;
50 (II) NUMBER OF RECIPIENTS;
51 (III) AWARD AMOUNTS;
52 (IV) TIMING OF AWARDS; AND
53 (V) THE IMPACT OF MEDICAID REDESIGN TEAM AND/OR ONE-TIME INITIATIVES.
54 INFORMATION REQUIRED BY PARAGRAPHS (A) AND (B) OF THIS SUBDIVISION
55 SHALL BE PROVIDED TO THE CHAIRS OF THE SENATE FINANCE AND THE ASSEMBLY

WAYS AND MEANS COMMITTEES, AND SHALL BE POSTED ON THE DEPARTMENT OF HEALTH'S WEBSITE IN THE TIMELY MANNER.

(E) BEGINNING ON JULY 1, 2014, ADDITIONAL INFORMATION REQUIRED BY PARAGRAPHS (C) AND (D) OF THIS SUBDIVISION SHALL BE PROVIDED TO THE GOVERNOR, THE TEMPORARY PRESIDENT OF THE SENATE, THE SPEAKER OF THE ASSEMBLY, THE CHAIR OF THE SENATE FINANCE COMMITTEE, THE CHAIR OF THE ASSEMBLY WAYS AND MEANS COMMITTEE, AND THE CHAIRS OF THE SENATE AND ASSEMBLY HEALTH COMMITTEES.

(F) ANY PROJECTED MEDICAID SAVINGS DETERMINED BY THE COMMISSIONER OF HEALTH PURSUANT TO SECTION 34 OF PART C OF A CHAPTER OF THE LAWS OF 2014, RELATING TO THE IMPLEMENTATION OF THE HEALTH AND MENTAL HYGIENE BUDGET, AND THE PROPOSED ALLOCATION PLAN WITH REGARD TO SUCH SAVINGS.

6. THE COMMISSIONER OF HEALTH AND THE DIRECTOR OF THE BUDGET SHALL MAKE APPROPRIATE STAFF AVAILABLE TO MEET WITH THE CHAIRS OF THE HEALTH COMMITTEES OF THE NEW YORK STATE SENATE AND THE NEW YORK STATE ASSEMBLY, OR THEIR DESIGNEES, UPON THEIR REQUEST AND WITH REASONABLE NOTICE, TO REVIEW EACH MONTHLY REPORT, AS DESCRIBED IN THIS SUBDIVISION.

7. THE COMMISSIONER OF HEALTH SHALL MAKE TRAINING AVAILABLE TO DESIGNATED LEGISLATIVE STAFF WITH REGARD TO THE SKILLS AND TECHNIQUES NEEDED TO EFFECTIVELY ACCESS AND REVIEW RELEVANT MEDICAID DATA BASES UNDER THE CONTROL OF THE DEPARTMENT OF HEALTH, UPON THEIR REQUEST AND WITH REASONABLE NOTICE.

8. THE MONTHLY REPORTS AS DESCRIBED IN SUBDIVISION FIVE OF THIS SECTION AND RELATED DOCUMENTS PROVIDED TO THE NEW YORK STATE LEGISLATURE SHALL BE POSTED ON THE WEBSITE MAINTAINED BY THE DEPARTMENT OF HEALTH.

S 34. Notwithstanding any contrary provision of law and subject to the availability of federal financial participation, for state fiscal years beginning on and after April 1, 2014, the commissioner of health, in consultation with the director of the budget, shall, prior to January first of each year, determine the extent of savings that have been achieved as a result of the application of the provisions of sections 91 and 92 of part H of chapter 59 of the laws of 2011, as amended, and shall further determine the availability of such savings for distribution during the last quarter of such state fiscal year. In determining such savings the commissioner of health, in consultation with the director of the budget, may exempt the medical assistance administration program from distributions under this section. The commissioner of health, in consultation with the director of the budget, may distribute funds up to an amount equal to such available savings in accordance with an allocation plan that utilizes a methodology that distributes such funds proportionately among providers and plans in New York's Medicaid program. In developing such allocation plan the commissioner of health shall seek the input of the legislature, as well as organizations representing health care providers, consumers, businesses, workers, health care insurers and others with relevant expertise. Such allocation plan shall utilize three years of the most recently available system-wide expenditure data reflecting both MMIS and managed care encounters. Distributions to managed care plans shall be based on the administrative outlays stemming from participation in the Medicaid program. The commissioner of health may impose minimum threshold amounts in determining provider eligibility for distributions pursuant to this section. No less than fifty percent of the amount available for distribution shall be made available for the purpose of assisting eligible providers utilizing the methodology outlined above. The remainder of the distributions pursuant to this section shall be made available for the purposes of ensuring a minimum level of assistance to financially distressed and

1 critically needed providers as identified by the commissioner. The
2 commissioner of health shall post the Medicaid savings allocation plan
3 on the department of health's website and shall provide written copies
4 of such plan to the chairs of the senate finance and the assembly ways
5 and means committees at least 30 days before the date on which implemen-
6 tation is expected to begin. The commissioner of health is authorized to
7 seek such federal approvals as may be required to effectuate the
8 provisions of this section, including, but not limited to, to permit
9 payment of such distributions as lumps sums and to secure waivers from
10 otherwise applicable federal upper payment limit restrictions on such
11 payments. The provisions of this section are subject to the reporting
12 requirements set forth in paragraph (e) of subdivision 5 of section 92
13 of part H of chapter 59 of the laws of 2011, as amended by section 33-a
14 of part C of a chapter of the laws of 2014, relating to implementation
15 of the health and mental hygiene budget.

16 S 34-a. Subdivision 1 of section 206 of the public health law is
17 amended by adding a new paragraph (u) to read as follows:

18 (U) THE COMMISSIONER SHALL PROVIDE A WRITTEN OR ELECTRONIC COPY OF ANY
19 STATE PLAN AMENDMENT SUBMITTED TO THE CENTERS FOR MEDICARE AND MEDICAID
20 SERVICES TO THE CHAIR OF THE SENATE STANDING COMMITTEE ON HEALTH AND THE
21 CHAIR OF THE ASSEMBLY HEALTH COMMITTEE, NO LATER THAN FIVE BUSINESS DAYS
22 FROM THE DATE OF MAILING OR SUBMISSION.

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

26 9. [Any] THE contract [or contracts] entered into by the commissioner
27 of health prior to January first, two thousand thirteen pursuant to
28 subdivision eight of this section may be amended or modified without the
29 need for a competitive bid or request for proposal process, and without
30 regard to the provisions of sections one hundred twelve and one hundred
31 sixty-three of the state finance law, section one hundred forty-two of
32 the economic development law, or any other provision of law, to allow
33 the purchase of additional personnel and services, subject to available
34 funding, for the limited purpose of assisting the department of health
35 with implementing the Balancing Incentive Program, the Fully Integrated
36 Duals Advantage Program, the Vital Access Provider Program, the Medicaid
37 waiver amendment associated with the public hospital transformation, the
38 addition of behavioral health services as a managed care plan benefit,
39 THE DELIVERY SYSTEM REFORM INCENTIVE PAYMENT PLAN, ACTIVITIES TO FACILI-
40 TATE THE TRANSITION OF VULNERABLE POPULATIONS TO MANAGED CARE and/or any
41 workgroups required to be established by the chapter of the laws of two
42 thousand thirteen that added this subdivision.

43 S 36. Section 92 of part H of chapter 59 of the laws of 2011, amending
44 the public health law and other laws relating to known and projected
45 department of health state fund medicaid expenditures, is amended by
46 adding a new subdivision 6 to read as follows:

47 6. THE COMMISSIONER OF HEALTH, IN CONSULTATION WITH THE DIVISION OF
48 THE BUDGET SHALL, UPON SUBMISSION OF THE EXECUTIVE BUDGET TO THE LEGIS-
49 LATURE, PROVIDE A DETAILED ACCOUNTING OF THE STATE MEDICAID GLOBAL CAP
50 ON THE CLOSE OUT OF THE PRIOR YEAR, A CURRENT YEAR RE-ESTIMATE, THE
51 PROSPECTIVE TWO-YEAR ESTIMATE AND ANY OTHER INFORMATION DEEMED NECESSARY
52 AND APPROPRIATE.

53 S 37. Notwithstanding any provision of law to the contrary, the
54 department of health and its designees, in consultation with the assem-
55 bly and the senate health committees and their designees, and the divi-
56 sion of budget and its designees, shall explore the feasibility and

1 efficacy of codifying in consolidated law the provisions of section 92
2 of part H of chapter 59 of the laws of 2011, and other such related laws
3 and shall make such recommendations regarding codification by no later
4 than June 1, 2014.

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

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

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

39 S 39. Subdivisions (a) and (b) of section 364-jj of the social
40 services law, as amended by section 80-a of part A of chapter 56 of the
41 laws of 2013, are amended to read as follows:

42 (a) There is hereby established a special advisory review panel on
43 Medicaid managed care. The panel shall consist of [twelve] SIXTEEN
44 members who shall be appointed as follows: [four] SIX by the governor,
45 one of which shall serve as the chair; [three] FOUR each by the tempo-
46 rary president of the senate and the speaker of the assembly; and one
47 each by the minority leader of the senate and the minority leader of the
48 assembly. At least three members of such panel shall be members of the
49 joint advisory panel established under section 13.40 of the mental
50 hygiene law. THE PANEL SHALL INCLUDE A CONSUMER REPRESENTATIVE FOR INDIV-
51 IDUALS WITH BEHAVIORAL HEALTH NEEDS, A CONSUMER REPRESENTATIVE FOR
52 INDIVIDUALS WHO ARE DUALY ELIGIBLE FOR MEDICARE AND MEDICAID, A REPRE-
53 SENTATIVE OF ENTITIES THAT PROVIDE OR ARRANGE FOR THE PROVISION OF
54 SERVICES TO INDIVIDUALS WITH BEHAVIORAL HEALTH NEEDS, AND A REPRESEN-
55 TATIVE OF ENTITIES THAT PROVIDE OR ARRANGE FOR THE PROVISION OF SERVICES
56 TO INDIVIDUALS WHO ARE DUALY ELIGIBLE FOR MEDICARE AND MEDICAID.

Members shall serve without compensation but shall be reimbursed for appropriate expenses. The department shall provide technical assistance and access to data as is required for the panel to effectuate the mission and purposes established herein.

(b) The panel shall:

(i) determine whether there is sufficient managed care provider participation in the Medicaid managed care program;

(ii) determine whether managed care providers meet proper enrollment targets that permit as many Medicaid recipients as possible to make their own health plan decisions, thus minimizing the number of automatic assignments;

(iii) review the phase-in schedule for enrollment, of managed care providers under both the voluntary and mandatory programs;

(iv) assess the impact of managed care provider marketing and enrollment strategies, and the public education campaign conducted in New York city, on enrollees participation in Medicaid managed care plans;

(v) evaluate the adequacy of managed care provider capacity by reviewing established capacity measurements and monitoring actual access to plan practitioners;

(vi) examine the cost implications of populations excluded and exempted from Medicaid managed care;

(vii) EVALUATE THE ADEQUACY AND APPROPRIATENESS OF PROGRAM MATERIALS;

(VIII) EXAMINE TRENDS IN SERVICE DENIALS;

(IX) ASSESS THE ACCESS TO CARE FOR PEOPLE WITH DISABILITIES;

(X) in accordance with the recommendations of the joint advisory council established pursuant to section 13.40 of the mental hygiene law, advise the commissioners of health and developmental disabilities with respect to the oversight of DISCOs and of health maintenance organizations and managed long term care plans providing services authorized, funded, approved or certified by the office for people with developmental disabilities, and review all managed care options provided to persons with developmental disabilities, including: the adequacy of support for habilitation services; the record of compliance with requirements for person-centered planning, person-centered services and community integration; the adequacy of rates paid to providers in accordance with the provisions of paragraph 1 of subdivision four of section forty-four hundred three of the public health law, paragraph (a-2) of subdivision eight of section forty-four hundred three of the public health law or paragraph (a-2) of subdivision twelve of section forty-four hundred three-f of the public health law; and the quality of life, health, safety and community integration of persons with developmental disabilities enrolled in managed care; and

[(viii)] (XI) examine other issues as it deems appropriate.

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

6. The commissioner shall evaluate the results of the study conducted pursuant to subdivision four of this section to determine, after identification of actual direct and indirect costs incurred by public school districts [and state operated and state supported schools for blind and deaf students], whether it is advisable to claim federal reimbursement for expenditures under this section as certified public expenditures. In the event such claims are submitted, if federal reimbursement received for certified public expenditures on behalf of medical assistance recipients whose assistance and care are the responsibility of a social services district results in a decrease in the state share of annual

1 expenditures pursuant to this section for such recipients, then to the
2 extent that the amount of any such decrease when combined with any
3 decrease in the state share of annual expenditures described in subdivi-
4 sion five of section three hundred sixty-eight-e of this title exceeds
5 one hundred fifty million dollars for the period April 1, 2011 through
6 March 31, 2013, or exceeds one hundred million dollars in state fiscal
7 [year 2012-13 or any fiscal year thereafter] YEARS 2013-14 AND 2014-15,
8 the excess amount shall be transferred to such public school districts
9 [and state operated and state supported schools for blind and deaf
10 students] in amounts proportional to their percentage contribution to
11 the statewide savings; AN AMOUNT EQUAL TO THIRTEEN AND FIVE HUNDREDTHS
12 PERCENT OF ANY DECREASE IN THE STATE SHARE OF ANNUAL EXPENDITURES PURSU-
13 ANT TO THIS SECTION FOR SUCH RECIPIENTS IN STATE FISCAL YEAR 2015-16 AND
14 ANY FISCAL YEAR THEREAFTER SHALL BE TRANSFERRED TO SUCH PUBLIC SCHOOL
15 DISTRICTS IN AMOUNTS PROPORTIONAL TO THEIR PERCENTAGE CONTRIBUTION TO
16 THE STATEWIDE SAVINGS. Any [such excess] amount transferred PURSUANT TO
17 THIS SECTION shall not be considered a revenue received by such social
18 services district in determining the district's actual medical assist-
19 ance expenditures for purposes of paragraph (b) of section one of part C
20 of chapter fifty-eight of the laws of two thousand five.

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

24 5. The commissioner shall evaluate the results of the study conducted
25 pursuant to subdivision three of this section to determine, after iden-
26 tification of actual direct and indirect costs incurred by counties for
27 medical care, services, and supplies furnished to pre-school children
28 with handicapping conditions, whether it is advisable to claim federal
29 reimbursement for expenditures under this section as certified public
30 expenditures. In the event such claims are submitted, if federal
31 reimbursement received for certified public expenditures on behalf of
32 medical assistance recipients whose assistance and care are the respon-
33 sibility of a social services district, results in a decrease in the
34 state share of annual expenditures pursuant to this section for such
35 recipients, then to the extent that the amount of any such decrease when
36 combined with any decrease in the state share of annual expenditures
37 described in subdivision six of section three hundred sixty-eight-d of
38 this title exceeds one hundred fifty million dollars for the period
39 April 1, 2011 through March 31, 2013, or exceeds one hundred million
40 dollars in state fiscal [year 2012-13 or any fiscal year thereafter]
41 YEARS 2013-14 AND 2014-15, the excess amount shall be transferred to
42 such counties in amounts proportional to their percentage contribution
43 to the statewide savings; AN AMOUNT EQUAL TO THIRTEEN AND FIVE
44 HUNDREDTHS PERCENT OF ANY DECREASE IN THE STATE SHARE OF ANNUAL EXPENDI-
45 TURES PURSUANT TO THIS SECTION FOR SUCH RECIPIENTS IN STATE FISCAL YEAR
46 2015-16 AND ANY FISCAL YEAR THEREAFTER SHALL BE TRANSFERRED TO SUCH
47 COUNTIES IN AMOUNTS PROPORTIONAL TO THEIR PERCENTAGE CONTRIBUTION TO THE
48 STATEWIDE SAVINGS. Any [such excess] amount transferred PURSUANT TO
49 THIS SECTION shall not be considered a revenue received by such social
50 services district in determining the district's actual medical assist-
51 ance expenditures for purposes of paragraph (b) of section one of part C
52 of chapter fifty-eight of the laws of two thousand five.

53 S 42. Subdivision 8 of section 365-a of the social services law, as
54 added by section 46-a of part B of chapter 58 of the laws of 2009, is
55 amended to read as follows:

1 8. When a non-governmental entity is authorized by the department
2 pursuant to contract or subcontract to make prior authorization or prior
3 approval determinations that may be required for any item of medical
4 assistance, a recipient may challenge any action taken or failure to act
5 in connection with a prior authorization or prior approval determination
6 as if such determination were made by a government entity, and shall be
7 entitled to the same medical assistance benefits and standards and to
8 the same notice and procedural due process rights, including a right to
9 a fair hearing and aid continuing pursuant to section twenty-two of this
10 chapter, as if the prior authorization or prior approval determination
11 were made by a government entity, WITHOUT REGARD TO EXPIRATION OF THE
12 PRIOR SERVICE AUTHORIZATION.

13 S 43. Subparagraph (ii) of paragraph (a) of subdivision 7 of section
14 4403-f of the public health law, as amended by section 41-b of part H of
15 chapter 59 of the laws of 2011, is amended to read as follows:

16 (ii) Notwithstanding any inconsistent provision of the social services
17 law to the contrary, the commissioner shall, pursuant to regulation,
18 determine whether and the extent to which the applicable provisions of
19 the social services law or regulations relating to approvals and author-
20 izations of, and utilization limitations on, health and long term care
21 services reimbursed pursuant to title XIX of the federal social security
22 act, including, but not limited to, fiscal assessment requirements, are
23 inconsistent with the flexibility necessary for the efficient adminis-
24 tration of managed long term care plans and such regulations shall
25 provide that such provisions shall not be applicable to enrollees or
26 managed long term care plans, provided that such determinations are
27 consistent with applicable federal law and regulation, AND SUBJECT TO
28 THE PROVISIONS OF SUBDIVISION EIGHT OF SECTION THREE HUNDRED
29 SIXTY-FIVE-A OF THE SOCIAL SERVICES LAW.

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

32 S 398-B. TRANSITION TO MANAGED CARE. 1. NOTWITHSTANDING ANY INCONSIST-
33 ENT PROVISION OF LAW TO THE CONTRARY AND SUBJECT TO THE AVAILABILITY OF
34 FEDERAL FINANCIAL PARTICIPATION, THE COMMISSIONER IS AUTHORIZED TO MAKE
35 GRANTS FROM A GROSS AMOUNT OF FIVE MILLION DOLLARS TO FACILITATE THE
36 TRANSITION OF FOSTER CARE CHILDREN PLACED WITH VOLUNTARY FOSTER CARE
37 AGENCIES TO MANAGED CARE. THE USE OF SUCH FUNDS MAY INCLUDE PROVIDING
38 TRAINING AND CONSULTING SERVICES TO VOLUNTARY AGENCIES TO ACCESS READ-
39 INESS AND MAKE NECESSARY INFRASTRUCTURE AND ORGANIZATIONAL MODIFICA-
40 TIONS, COLLECTING SERVICE UTILIZATION AND OTHER DATA FROM VOLUNTARY
41 AGENCIES AND OTHER ENTITIES, AND MAKING INVESTMENTS IN HEALTH INFORMA-
42 TION TECHNOLOGY, INCLUDING THE INFRASTRUCTURE NECESSARY TO ESTABLISH AND
43 MAINTAIN ELECTRONIC HEALTH RECORDS. SUCH FUNDS SHALL BE DISTRIBUTED
44 PURSUANT TO A FORMULA TO BE DEVELOPED BY THE COMMISSIONER OF HEALTH, IN
45 CONSULTATION WITH THE COMMISSIONER OF THE OFFICE OF FAMILY AND CHILD
46 SERVICES. IN DEVELOPING SUCH FORMULA THE COMMISSIONERS MAY TAKE INTO
47 ACCOUNT SIZE AND SCOPE OF PROVIDER OPERATIONS AS A FACTOR RELEVANT TO
48 ELIGIBILITY FOR SUCH FUNDS. EACH RECIPIENT OF SUCH FUNDS SHALL BE
49 REQUIRED TO DOCUMENT AND DEMONSTRATE THE EFFECTIVE USE OF FUNDS DISTRIB-
50 UTED HEREIN.

51 2. DATA PROVIDED BY VOLUNTARY FOSTER CARE AGENCIES SHALL BE COMPLIANT
52 WITH THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT, AND SHALL
53 BE TRANSMITTED SECURELY USING EMEDS OR OTHER MECHANISM TO BE DETERMINED
54 BY THE DEPARTMENT OF HEALTH. SUCH DATA MAY BE USED BY THE DEPARTMENT OF
55 HEALTH TO ESTABLISH RATES OF PAYMENT FOR MANAGED CARE ORGANIZATIONS FOR
56 SERVICES PROVIDED TO CHILDREN IN FOSTER CARE. IN ESTABLISHING SUCH RATES

1 THE COMMISSIONER OF HEALTH SHALL ALSO TAKE INTO ACCOUNT CARE COORDI-
2 NATION SERVICES THAT WILL CONTINUE TO BE PROVIDED BY THE VOLUNTARY
3 FOSTER CARE AGENCIES.

4 3. THE COMMISSIONER OF HEALTH SHALL ISSUE A REPORT TO BE MADE PUBLIC
5 ON THE DEPARTMENT OF HEALTH'S WEBSITE. SUCH REPORT SHALL CONFORM TO THE
6 REQUIREMENTS OF SUBDIVISION FIVE OF SECTION NINETY-TWO OF PART H OF
7 CHAPTER FIFTY-NINE OF THE LAWS OF TWO THOUSAND ELEVEN.

8 S 45. Subdivision 3 of section 365-n of the social services law, as
9 added by section 6 of part F of chapter 56 of the laws of 2012, is
10 amended to read as follows:

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

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

26 5-A. (A) THE COMMISSIONER MAY TAKE NECESSARY ACTION TO REVIEW THE
27 ACCURACY OF DETERMINATIONS OF INITIAL AND ONGOING ELIGIBILITY UNDER THE
28 MEDICAL ASSISTANCE PROGRAM, AND TO IDENTIFY AND ELIMINATE INAPPROPRIATE
29 INSTANCES OF CONCURRENT OR DUPLICATE BENEFITS AND AUTHORIZATIONS. THE
30 COMMISSIONER IS AUTHORIZED TO CONTRACT WITH ONE OR MORE ENTITIES TO
31 ASSIST THE STATE IN IMPLEMENTING THE PROVISIONS OF THIS SUBDIVISION.

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

38 (I) THE DEPARTMENT OF HEALTH SHALL POST ON ITS WEBSITE, FOR A PERIOD
39 OF NO LESS THAN THIRTY DAYS:

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

42 (2) THE CRITERIA FOR SELECTION OF A CONTRACTOR OR CONTRACTORS;

43 (3) THE PERIOD OF TIME DURING WHICH A PROSPECTIVE CONTRACTOR MAY SEEK
44 SELECTION, WHICH SHALL BE NO LESS THAN THIRTY DAYS AFTER SUCH INFORMA-
45 TION IS FIRST POSTED ON THE WEBSITE; AND

46 (4) THE MANNER BY WHICH A PROSPECTIVE CONTRACTOR MAY SEEK SUCH
47 SELECTION, WHICH MAY INCLUDE SUBMISSION BY ELECTRONIC MEANS;

48 (II) ALL REASONABLE AND RESPONSIVE SUBMISSIONS THAT ARE RECEIVED FROM
49 PROSPECTIVE CONTRACTORS IN TIMELY FASHION SHALL BE REVIEWED BY THE
50 COMMISSIONER; AND

51 (III) THE COMMISSIONER SHALL SELECT SUCH CONTRACTOR OR CONTRACTORS
52 THAT, IN HIS OR HER DISCRETION, ARE BEST SUITED TO SERVE THE PURPOSES OF
53 THIS SECTION; AND

54 (IV) NO CONTRACT ENTERED PURSUANT TO THIS PARAGRAPH SHALL HAVE A TERM
55 THAT ENDS LATER THAN MARCH THIRTY-FIRST, TWO THOUSAND SEVENTEEN.

1 S 47. Subparagraph (iv) of paragraph (e-2) of subdivision 4 of
2 section 2807-c of the public health law is amended by adding a new
3 clause (E) to read as follows:

4 (E) FOR FACILITIES SUBJECT TO THE PROVISIONS OF THIS SUBPARAGRAPH, THE
5 DEPARTMENT SHALL EXAMINE THE FEASIBILITY OF REIMBURSING SUCH FACILITIES
6 FOR SERVICES PROVIDED TO CHILDREN ELIGIBLE FOR MEDICAL ASSISTANCE ON A
7 NON-FEE-FOR-SERVICE BASIS. FOR PURPOSES OF THIS CLAUSE,
8 "NON-FEE-FOR-SERVICE" SHALL BE DEFINED AS AN ALTERNATIVE PAYMENT METHOD
9 TO BUNDLE CERTAIN SERVICES RENDERED BY SUCH FACILITY, INCLUDING INPA-
10 TIENT, OUTPATIENT, SPECIALTY OUTPATIENT AND PHYSICIAN SERVICES, IN
11 AMOUNTS DETERMINED BY THE COMMISSIONER. THE DEPARTMENT SHALL EXAMINE:

12 (A) WHAT SERVICES COULD BE PROVIDED PURSUANT TO THE NON-FEE-FOR-SER-
13 VICE BASIS;

14 (B) HOW TO ENSURE, FOR CHILDREN ENROLLED IN MEDICAID MANAGED CARE,
15 THAT THEIR HEALTH PLANS CAN CONTINUE TO ASSIST IN THE COORDINATION OF
16 THEIR CARE, PARTICULARLY UPON DISCHARGE FROM INPATIENT, OUTPATIENT OR
17 SPECIALTY OUTPATIENT SERVICES; AND

18 (C) WHETHER INCENTIVES SHOULD BE INCORPORATED FOR MEETING QUALITY
19 BENCHMARKS OR ACHIEVING EFFICIENCIES IN THE DELIVERY AND COORDINATION OF
20 CARE OR WHETHER OTHER MEANS SHOULD BE CONSIDERED TO ACHIEVE THESE OBJEC-
21 TIVES.

22 THE DEPARTMENT SHALL PROVIDE A REPORT OF ITS FINDINGS AND RECOMMENDA-
23 TIONS TO THE GOVERNOR AND LEGISLATURE NO LATER THAN MARCH FIRST, TWO
24 THOUSAND FIFTEEN.

25 S 48. Notwithstanding sections 112 and 163 of the state finance law,
26 or any other contrary provision of law, the commissioner of health is
27 authorized to negotiate an extension of the terms of the contract
28 executed by the department of health for actuarial and consulting
29 services, on September 18, 2009, without a competitive bid or request
30 for proposal process; provided, however, such extension shall not extend
31 beyond December 31, 2016.

32 S 49. Section 364-j of the social services law is amended by adding a
33 new subdivision 29 to read as follows:

34 29. IN THE EVENT THAT THE DEPARTMENT RECEIVES APPROVAL FROM THE
35 CENTERS FOR MEDICARE AND MEDICAID SERVICES TO AMEND ITS 1115 WAIVER
36 KNOWN AS THE PARTNERSHIP PLAN OR RECEIVES APPROVAL FOR A NEW 1115 WAIVER
37 FOR THE PURPOSE OF REINVESTING SAVINGS RESULTING FROM THE REDESIGN OF
38 THE MEDICAL ASSISTANCE PROGRAM, THE COMMISSIONER IS AUTHORIZED TO ENTER
39 INTO CONTRACTS, AND/OR TO AMEND THE TERMS OF CONTRACTS AWARDED PRIOR TO
40 THE EFFECTIVE DATE OF THIS SUBDIVISION, FOR THE PURPOSE OF ASSISTING THE
41 DEPARTMENT OF HEALTH WITH IMPLEMENTING PROJECTS AUTHORIZED UNDER SUCH
42 WAIVER APPROVAL. NOTWITHSTANDING THE PROVISIONS OF SECTIONS ONE HUNDRED
43 TWELVE AND ONE HUNDRED SIXTY-THREE OF THE STATE FINANCE LAW, OR SECTIONS
44 ONE HUNDRED FORTY-TWO AND ONE HUNDRED FORTY-THREE OF THE ECONOMIC DEVEL-
45 OPMENT LAW, OR ANY CONTRARY PROVISION OF LAW, CONTRACTS MAY BE ENTERED
46 OR CONTRACT AMENDMENTS MAY BE MADE PURSUANT TO THIS SUBDIVISION WITHOUT
47 A COMPETITIVE BID OR REQUEST FOR PROPOSAL PROCESS IF THE TERM OF ANY
48 SUCH CONTRACT OR CONTRACT AMENDMENT DOES NOT EXTEND BEYOND MARCH THIR-
49 TY-FIRST, TWO THOUSAND NINETEEN; PROVIDED, HOWEVER, IN THE CASE OF A
50 CONTRACT ENTERED INTO AFTER THE EFFECTIVE DATE OF THIS SUBDIVISION,
51 THAT:

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

54 (I) A DESCRIPTION OF THE PROPOSED SERVICES TO BE PROVIDED PURSUANT TO
55 THE CONTRACT OR CONTRACTS;

56 (II) THE CRITERIA FOR SELECTION OF A CONTRACTOR OR CONTRACTORS;

(III) THE PERIOD OF TIME DURING WHICH A PROSPECTIVE CONTRACTOR MAY SEEK SELECTION, WHICH SHALL BE NO LESS THAN THIRTY DAYS AFTER SUCH INFORMATION IS FIRST POSTED ON THE WEBSITE; AND

(IV) THE MANNER BY WHICH A PROSPECTIVE CONTRACTOR MAY SEEK SUCH SELECTION, WHICH MAY INCLUDE SUBMISSION BY ELECTRONIC MEANS;

(B) ALL REASONABLE AND RESPONSIVE SUBMISSIONS THAT ARE RECEIVED FROM PROSPECTIVE CONTRACTORS IN TIMELY FASHION SHALL BE REVIEWED BY THE COMMISSIONER OF HEALTH; AND

(C) THE COMMISSIONER OF HEALTH SHALL SELECT SUCH CONTRACTOR OR CONTRACTORS THAT, IN HIS OR HER DISCRETION, ARE BEST SUITED TO SERVE THE PURPOSES OF THIS SECTION.

S 50. Subdivision 1 of section 366 of the social services law is amended by adding a new paragraph (g) to read as follows:

(G) COVERAGE OF CERTAIN NONCITIZENS. (1) APPLICANTS AND RECIPIENTS WHO ARE LAWFULLY ADMITTED FOR PERMANENT RESIDENCE, OR WHO ARE PERMANENTLY RESIDING IN THE UNITED STATES UNDER COLOR OF LAW; WHO ARE MAGI ELIGIBLE PURSUANT TO PARAGRAPH (B) OF THIS SUBDIVISION; AND WHO WOULD BE INELIGIBLE FOR MEDICAL ASSISTANCE COVERAGE UNDER SUBDIVISIONS ONE AND TWO OF SECTION THREE HUNDRED SIXTY-FIVE-A OF THIS TITLE SOLELY DUE TO THEIR IMMIGRATION STATUS IF THE PROVISIONS OF SECTION ONE HUNDRED TWENTY-TWO OF THIS CHAPTER WERE APPLIED, SHALL ONLY BE ELIGIBLE FOR ASSISTANCE UNDER THIS TITLE IF ENROLLED IN A STANDARD HEALTH PLAN OFFERED BY A BASIC HEALTH PROGRAM ESTABLISHED PURSUANT TO SECTION THREE HUNDRED SIXTY-NINE-GG OF THIS ARTICLE IF SUCH PROGRAM IS ESTABLISHED AND OPERATING.

(2) WITH RESPECT TO A PERSON DESCRIBED IN SUBPARAGRAPH ONE OF THIS PARAGRAPH WHO IS ENROLLED IN A STANDARD HEALTH PLAN, MEDICAL ASSISTANCE COVERAGE SHALL MEAN:

(I) PAYMENT OF REQUIRED PREMIUMS AND OTHER COST-SHARING OBLIGATIONS UNDER THE STANDARD HEALTH PLAN THAT EXCEED THE PERSON'S CO-PAYMENT OBLIGATION UNDER SUBDIVISION SIX OF SECTION THREE HUNDRED SIXTY-SEVEN-A OF THIS TITLE; AND

(II) PAYMENT FOR SERVICES AND SUPPLIES DESCRIBED IN SUBDIVISION ONE OR TWO OF SECTION THREE HUNDRED SIXTY-FIVE-A OF THIS TITLE, AS APPLICABLE, BUT ONLY TO THE EXTENT THAT SUCH SERVICES AND SUPPLIES ARE NOT COVERED BY THE STANDARD HEALTH PLAN.

(3) NOTHING IN THIS SUBDIVISION SHALL PREVENT A PERSON DESCRIBED IN SUBPARAGRAPH ONE OF THIS PARAGRAPH FROM QUALIFYING FOR OR RECEIVING MEDICAL ASSISTANCE WHILE HIS OR HER ENROLLMENT IN A STANDARD HEALTH PLAN IS PENDING, IN ACCORDANCE WITH APPLICABLE PROVISIONS OF THIS TITLE.

S 51. The social services law is amended by adding a new section 369-gg to read as follows:

S 369-GG. BASIC HEALTH PROGRAM. 1. DEFINITIONS. FOR PURPOSES OF THIS SECTION:

(A) "ELIGIBLE ORGANIZATION" MEANS AN INSURER LICENSED PURSUANT TO ARTICLE THIRTY-TWO OR FORTY-TWO OF THE INSURANCE LAW, A CORPORATION OR AN ORGANIZATION UNDER ARTICLE FORTY-THREE OF THE INSURANCE LAW, OR AN ORGANIZATION CERTIFIED UNDER ARTICLE FORTY-FOUR OF THE PUBLIC HEALTH LAW, INCLUDING PROVIDERS CERTIFIED UNDER SECTION FORTY-FOUR HUNDRED THREE-E OF THE PUBLIC HEALTH LAW;

(B) "APPROVED ORGANIZATION" MEANS AN ELIGIBLE ORGANIZATION APPROVED BY THE COMMISSIONER TO UNDERWRITE A BASIC HEALTH INSURANCE PLAN PURSUANT TO THIS TITLE;

(C) "HEALTH CARE SERVICES" MEANS THE SERVICES AND SUPPLIES AS DEFINED BY THE COMMISSIONER IN CONSULTATION WITH THE SUPERINTENDENT OF FINANCIAL SERVICES, AND SHALL BE CONSISTENT WITH AND SUBJECT TO THE ESSENTIAL

1 HEALTH BENEFITS AS DEFINED BY THE COMMISSIONER IN ACCORDANCE WITH THE
2 PROVISIONS OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (P.L. 111-
3 148) AND CONSISTENT WITH THE BENEFITS PROVIDED BY THE REFERENCE PLAN
4 SELECTED BY THE COMMISSIONER FOR THE PURPOSES OF DEFINING SUCH BENEFITS;

5 (D) "QUALIFIED HEALTH PLAN" MEANS A HEALTH PLAN THAT MEETS THE CRITE-
6 RIA FOR CERTIFICATION DESCRIBED IN S 1311(C) OF THE PATIENT PROTECTION
7 AND AFFORDABLE CARE ACT (P.L. 111-148), AND IS OFFERED TO INDIVIDUALS
8 THROUGH THE HEALTH INSURANCE EXCHANGE MARKETPLACE; AND

9 (E) "BASIC HEALTH INSURANCE PLAN" MEANS A STANDARD HEALTH PLAN, SEPA-
10 RATE AND APART FROM QUALIFIED HEALTH PLANS, THAT IS ISSUED BY AN
11 APPROVED ORGANIZATION AND CERTIFIED IN ACCORDANCE WITH THIS SECTION.

12 2. AUTHORIZATION. IF IT IS IN THE FINANCIAL INTEREST OF THE STATE TO
13 DO SO, THE COMMISSIONER OF HEALTH IS AUTHORIZED, WITH THE APPROVAL OF
14 THE DIRECTOR OF THE BUDGET, TO ESTABLISH A BASIC HEALTH PROGRAM. THE
15 COMMISSIONER'S AUTHORITY PURSUANT TO THIS SECTION IS CONTINGENT UPON
16 OBTAINING AND MAINTAINING ALL NECESSARY APPROVALS FROM THE SECRETARY OF
17 HEALTH AND HUMAN SERVICES TO OFFER A BASIC HEALTH PROGRAM IN ACCORDANCE
18 WITH 42 U.S.C. 18051. THE COMMISSIONER MAY TAKE ANY AND ALL ACTIONS
19 NECESSARY TO OBTAIN SUCH APPROVALS.

20 3. ELIGIBILITY. A PERSON IS ELIGIBLE TO RECEIVE COVERAGE FOR HEALTH
21 CARE SERVICES PURSUANT TO THIS TITLE IF HE OR SHE:

22 (A) RESIDES IN NEW YORK STATE AND IS UNDER SIXTY-FIVE YEARS OF AGE;

23 (B) IS NOT ELIGIBLE FOR MEDICAL ASSISTANCE UNDER TITLE ELEVEN OF THIS
24 ARTICLE OR FOR THE CHILD HEALTH INSURANCE PLAN DESCRIBED IN TITLE ONE-A
25 OF ARTICLE TWENTY-FIVE OF THE PUBLIC HEALTH LAW;

26 (C) IS NOT ELIGIBLE FOR MINIMUM ESSENTIAL COVERAGE, AS DEFINED IN
27 SECTION 5000A(F) OF THE INTERNAL REVENUE SERVICE CODE OF 1986, OR IS
28 ELIGIBLE FOR AN EMPLOYER-SPONSORED PLAN THAT IS NOT AFFORDABLE, IN
29 ACCORDANCE WITH SECTION 5000A OF SUCH CODE; AND

30 (D) (I) HAS HOUSEHOLD INCOME AT OR BELOW TWO HUNDRED PERCENT OF THE
31 FEDERAL POVERTY LINE DEFINED AND ANNUALLY REVISED BY THE UNITED STATES
32 DEPARTMENT OF HEALTH AND HUMAN SERVICES FOR A HOUSEHOLD OF THE SAME
33 SIZE; AND (II) HAS HOUSEHOLD INCOME THAT EXCEEDS ONE HUNDRED
34 THIRTY-THREE PERCENT OF THE FEDERAL POVERTY LINE DEFINED AND ANNUALLY
35 REVISED BY THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES FOR
36 A HOUSEHOLD OF THE SAME SIZE; HOWEVER, MAGI ELIGIBLE ALIENS LAWFULLY
37 PRESENT IN THE UNITED STATES WITH HOUSEHOLD INCOMES AT OR BELOW ONE
38 HUNDRED THIRTY-THREE PERCENT OF THE FEDERAL POVERTY LINE SHALL BE ELIGI-
39 BLE TO RECEIVE COVERAGE FOR HEALTH CARE SERVICES PURSUANT TO THE
40 PROVISIONS OF THIS TITLE IF SUCH ALIEN WOULD BE INELIGIBLE FOR MEDICAL
41 ASSISTANCE UNDER TITLE ELEVEN OF THIS ARTICLE DUE TO HIS OR HER IMMI-
42 GRATION STATUS.

43 AN APPLICANT WHO FAILS TO MAKE AN APPLICABLE PREMIUM PAYMENT SHALL
44 LOSE ELIGIBILITY TO RECEIVE COVERAGE FOR HEALTH CARE SERVICES IN ACCORD-
45 ANCE WITH TIME FRAMES AND PROCEDURES DETERMINED BY THE COMMISSIONER.

46 4. ENROLLMENT. (A) SUBJECT TO FEDERAL APPROVAL, THE COMMISSIONER IS
47 AUTHORIZED TO ESTABLISH AN APPLICATION AND ENROLLMENT PROCEDURE FOR
48 PROSPECTIVE ENROLLEES. SUCH PROCEDURE SHALL INCLUDE A VERIFICATION
49 SYSTEM FOR APPLICANTS, WHICH SHALL BE CONSISTENT WITH 42 USC S 1320B-7.

50 (B) SUCH PROCEDURE SHALL ALLOW FOR CONTINUOUS ENROLLMENT FOR ENROLLEES
51 TO THE BASIC HEALTH PROGRAM WHERE AN INDIVIDUAL MAY APPLY AND ENROLL FOR
52 COVERAGE AT ANY POINT.

53 (C) UPON AN APPLICANT'S ENROLLMENT IN A BASIC HEALTH INSURANCE PLAN,
54 COVERAGE FOR HEALTH CARE SERVICES PURSUANT TO THE PROVISIONS OF THIS
55 TITLE SHALL BE PROSPECTIVE. COVERAGE SHALL BEGIN IN A MANNER CONSISTENT
56 WITH THE REQUIREMENTS FOR QUALIFIED HEALTH PLANS OFFERED THROUGH THE

1 HEALTH INSURANCE EXCHANGE MARKETPLACE, AS DELINEATED IN FEDERAL REGU-
2 LATION AT 42 CFR 155.420(B)(1) OR ANY SUCCESSOR REGULATION THEREOF.

3 (D) A PERSON WHO HAS ENROLLED FOR COVERAGE PURSUANT TO THIS TITLE, AND
4 WHO LOSES ELIGIBILITY TO ENROLL IN THE BASIC HEALTH PROGRAM FOR A REASON
5 OTHER THAN CITIZENSHIP STATUS, LACK OF STATE RESIDENCE, FAILURE TO
6 PROVIDE A VALID SOCIAL SECURITY NUMBER, PROVIDING INACCURATE INFORMATION
7 THAT WOULD AFFECT ELIGIBILITY WHEN REQUESTING OR RENEWING HEALTH COVER-
8 AGE PURSUANT TO THIS TITLE, OR FAILURE TO MAKE AN APPLICABLE PREMIUM
9 PAYMENT, BEFORE THE END OF A TWELVE MONTH PERIOD BEGINNING ON THE EFFEC-
10 TIVE DATE OF THE PERSON'S INITIAL ELIGIBILITY FOR COVERAGE, OR BEFORE
11 THE END OF A TWELVE MONTH PERIOD BEGINNING ON THE DATE OF ANY SUBSEQUENT
12 DETERMINATION OF ELIGIBILITY, SHALL HAVE HIS OR HER ELIGIBILITY FOR
13 COVERAGE CONTINUED UNTIL THE END OF SUCH TWELVE MONTH PERIOD, PROVIDED
14 THAT THE STATE RECEIVES FEDERAL APPROVAL FOR USING FUNDS FROM THE BASIC
15 HEALTH PROGRAM TRUST FUND, ESTABLISHED UNDER SECTION 97-0000 OF THE
16 STATE FINANCE LAW, FOR THE COSTS ASSOCIATED WITH SUCH ASSISTANCE.

17 5. PREMIUMS AND COST SHARING. (A) SUBJECT TO FEDERAL APPROVAL, THE
18 COMMISSIONER SHALL ESTABLISH PREMIUM PAYMENTS ENROLLEES SHALL PAY TO
19 APPROVED ORGANIZATIONS FOR COVERAGE OF HEALTH CARE SERVICES PURSUANT TO
20 THIS TITLE. SUCH PREMIUM PAYMENTS SHALL BE ESTABLISHED IN THE FOLLOWING
21 MANNER:

22 (I) UP TO TWENTY DOLLARS MONTHLY FOR AN INDIVIDUAL WITH A HOUSEHOLD
23 INCOME ABOVE ONE HUNDRED AND FIFTY PERCENT OF THE FEDERAL POVERTY LINE
24 BUT AT OR BELOW TWO HUNDRED PERCENT OF THE FEDERAL POVERTY LINE DEFINED
25 AND ANNUALLY REVISED BY THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN
26 SERVICES FOR A HOUSEHOLD OF THE SAME SIZE; AND

27 (II) NO PAYMENT IS REQUIRED FOR INDIVIDUALS WITH A HOUSEHOLD INCOME AT
28 OR BELOW ONE HUNDRED AND FIFTY PERCENT OF THE FEDERAL POVERTY LINE
29 DEFINED AND ANNUALLY REVISED BY THE UNITED STATES DEPARTMENT OF HEALTH
30 AND HUMAN SERVICES FOR A HOUSEHOLD OF THE SAME SIZE.

31 (B) THE COMMISSIONER SHALL ESTABLISH COST SHARING OBLIGATIONS FOR
32 ENROLLEES, SUBJECT TO FEDERAL APPROVAL.

33 6. ANY FUNDS TRANSFERRED BY THE SECRETARY OF HEALTH AND HUMAN SERVICES
34 TO THE STATE PURSUANT TO 42 U.S.C. 18051(D) SHALL BE DEPOSITED IN TRUST.
35 FUNDS FROM THE TRUST SHALL BE USED FOR PROVIDING HEALTH BENEFITS THROUGH
36 AN APPROVED ORGANIZATION, WHICH, AT A MINIMUM, SHALL INCLUDE ESSENTIAL
37 HEALTH BENEFITS AS DEFINED IN 42 U.S.C. 18022(B); TO REDUCE THE PREMIUMS
38 AND COST SHARING OF PARTICIPANTS IN THE BASIC HEALTH PROGRAM; OR FOR
39 SUCH OTHER PURPOSES AS MAY BE ALLOWED BY THE SECRETARY OF HEALTH AND
40 HUMAN SERVICES. HEALTH BENEFITS AVAILABLE THROUGH THE BASIC HEALTH
41 PROGRAM SHALL BE PROVIDED BY ONE OR MORE APPROVED ORGANIZATIONS PURSUANT
42 TO AN AGREEMENT WITH THE DEPARTMENT OF HEALTH AND SHALL MEET THE
43 REQUIREMENTS OF APPLICABLE FEDERAL AND STATE LAWS AND REGULATIONS.

44 7. AN INDIVIDUAL WHO IS LAWFULLY ADMITTED FOR PERMANENT RESIDENCE OR
45 PERMANENTLY RESIDING IN THE UNITED STATES UNDER COLOR OF LAW, AND WHO
46 WOULD BE INELIGIBLE FOR MEDICAL ASSISTANCE UNDER TITLE ELEVEN OF THIS
47 ARTICLE DUE TO HIS OR HER IMMIGRATION STATUS IF THE PROVISIONS OF
48 SECTION ONE HUNDRED TWENTY-TWO OF THIS CHAPTER WERE APPLIED, SHALL BE
49 CONSIDERED TO BE INELIGIBLE FOR MEDICAL ASSISTANCE FOR PURPOSES OF PARA-
50 GRAPHS (B) AND (C) OF SUBDIVISION THREE OF THIS SECTION.

51 S 52. Subparagraph 2 of paragraph (e) of subdivision 3 of section
52 367-a of the social services law, as added by section 16 of part D of
53 chapter 56 of the laws of 2013, is amended to read as follows:

54 (2) Payment pursuant to this paragraph shall be for premium obli-
55 gations of the individual under the qualified health plan and shall
56 continue only if and for so long as the individual's MAGI household

1 income exceeds one hundred thirty-three percent, but does not exceed one
2 hundred fifty percent, of the federal poverty line for the applicable
3 family size, OR, IF EARLIER, UNTIL THE INDIVIDUAL IS ELIGIBLE FOR
4 ENROLLMENT IN A STANDARD HEALTH PLAN PURSUANT TO SECTION THREE HUNDRED
5 SIXTY-NINE-GG OF THIS ARTICLE.

6 S 53. The state finance law is amended by adding a new section 97-0000
7 to read as follows:

8 S 97-0000. BASIC HEALTH PROGRAM TRUST FUND. 1. THERE IS HEREBY ESTAB-
9 LISHED IN THE JOINT CUSTODY OF THE COMPTROLLER AND THE COMMISSIONER OF
10 TAXATION AND FINANCE A FUND, TO BE KNOWN AS THE "BASIC HEALTH PROGRAM
11 TRUST FUND".

12 2. SUCH FUND SHALL CONSIST OF MONEYS TRANSFERRED FROM THE FEDERAL
13 GOVERNMENT PURSUANT TO 42 U.S.C. S 18051(D) FOR THE PURPOSE OF REDUCING
14 THE PREMIUMS AND COST-SHARING OF, OR PROVIDING BENEFITS FOR, ELIGIBLE
15 INDIVIDUALS ENROLLED IN THE BASIC HEALTH PROGRAM, ESTABLISHED PURSUANT
16 TO SECTION THREE HUNDRED SIXTY-NINE-GG OF THE SOCIAL SERVICES LAW.

17 3. UPON FEDERAL APPROVAL, ALL MONIES IN SUCH FUND SHALL BE USED TO
18 IMPLEMENT AND OPERATE THE BASIC HEALTH PLAN, PURSUANT TO SECTION THREE
19 HUNDRED SIXTY-NINE-GG OF THE SOCIAL SERVICES LAW, EXCEPT TO THE EXTENT
20 THAT THE PROVISIONS OF SUCH SECTION CONFLICT OR ARE INCONSISTENT WITH
21 FEDERAL LAW, IN WHICH CASE THE PROVISIONS OF SUCH FEDERAL LAW SHALL
22 SUPERSEDE SUCH STATE LAW PROVISIONS.

23 S 54. The state finance law is amended by adding a new section 97-xxxx
24 to read as follows:

25 S 97-XXXX. STATE HEALTH INNOVATION PLAN ACCOUNT. 1. THERE IS HEREBY
26 ESTABLISHED IN THE JOINT CUSTODY OF THE STATE COMPTROLLER AND THE
27 COMMISSIONER OF THE DEPARTMENT OF HEALTH AN ACCOUNT OF THE MISCELLANEOUS
28 SPECIAL REVENUE FUND TO BE KNOWN AS THE STATE HEALTH INNOVATION PLAN
29 ACCOUNT.

30 2. NOTWITHSTANDING ANY OTHER LAW, RULE OR REGULATION TO THE CONTRARY,
31 THE STATE COMPTROLLER IS HEREBY AUTHORIZED AND DIRECTED TO RECEIVE FOR
32 DEPOSIT TO THE CREDIT OF THE STATE HEALTH INNOVATION PLAN ACCOUNT,
33 MONIES RECEIVED PURSUANT TO THE STATE INNOVATION MODEL INITIATIVE FROM
34 THE CENTERS FOR MEDICARE AND MEDICAID INNOVATION.

35 3. MONEYS OF THIS ACCOUNT, FOLLOWING APPROPRIATION BY THE LEGISLATURE,
36 SHALL BE AVAILABLE TO THE DEPARTMENT OF HEALTH FOR SERVICES AND EXPENSES
37 OF THE STATE HEALTH INNOVATION PLAN.

38 S 55. Section 364-i of the social services law is amended by adding a
39 new subdivision 8 to read as follows:

40 8. (A) THE FOLLOWING INDIVIDUALS SHALL BE PRESUMED TO BE ELIGIBLE FOR
41 MEDICAL ASSISTANCE UNDER THIS TITLE BEGINNING ON THE DATE THAT A QUALI-
42 FIED HOSPITAL, AS DEFINED IN PARAGRAPH (B) OF THIS SUBDIVISION, DETER-
43 MINES, ON THE BASIS OF PRELIMINARY INFORMATION, THAT:

44 (1) A CHILD HAS MAGI HOUSEHOLD INCOME THAT DOES NOT EXCEED THE APPLI-
45 CABLE LEVEL FOR ELIGIBILITY AS PROVIDED FOR PURSUANT TO SUBPARAGRAPH TWO
46 OR THREE OF PARAGRAPH (B) OF SUBDIVISION ONE OF SECTION THREE HUNDRED
47 SIXTY-SIX OF THIS TITLE;

48 (2) A PREGNANT WOMAN HAS MAGI HOUSEHOLD INCOME THAT DOES NOT EXCEED
49 THE MAGI-EQUIVALENT OF TWO HUNDRED PERCENT OF THE FEDERAL POVERTY LINE
50 FOR THE APPLICABLE FAMILY SIZE;

51 (3) A PARENT OR CARETAKER RELATIVE HAS MAGI HOUSEHOLD INCOME THAT DOES
52 NOT EXCEED THE MAGI-EQUIVALENT OF ONE HUNDRED THIRTY PERCENT OF THE
53 HIGHEST AMOUNT THAT ORDINARILY WOULD HAVE BEEN PAID TO A PERSON WITHOUT
54 ANY INCOME OR RESOURCES UNDER THE FAMILY ASSISTANCE PROGRAM AS IT
55 EXISTED ON THE FIRST DAY OF NOVEMBER, NINETEEN HUNDRED NINETY-SEVEN, OR
56 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 AS A GENERAL HOSPITAL 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

1 STANDARD AND IS ALLOWED TO ACHIEVE ELIGIBILITY FOR MEDICAL ASSISTANCE
2 UNDER THIS TITLE BY INCURRING MEDICAL EXPENSES EQUAL TO THE AMOUNT OF
3 SUCH EXCESS INCOME, THE AMOUNT OF EXCESS INCOME MAY BE CALCULATED BY
4 COMPARING THE INDIVIDUAL'S MAGI HOUSEHOLD INCOME TO THE MAGI-EQUIVALENT
5 OF THE APPLICABLE INCOME ELIGIBILITY STANDARD; PROVIDED, HOWEVER, THAT
6 MEDICAL ASSISTANCE SHALL BE FURNISHED PURSUANT TO THIS PARAGRAPH ONLY
7 IF, FOR SO LONG AS, AND TO THE EXTENT THAT FEDERAL FINANCIAL PARTIC-
8 IPATION IS AVAILABLE THEREFOR. THE COMMISSIONER OF HEALTH SHALL MAKE ANY
9 AMENDMENTS TO THE STATE PLAN FOR MEDICAL ASSISTANCE, OR APPLY FOR ANY
10 WAIVER OR APPROVAL UNDER THE FEDERAL SOCIAL SECURITY ACT THAT ARE NECES-
11 SARY TO CARRY OUT THE PROVISIONS OF THIS PARAGRAPH.

12 S 56-a. Section 364-j of the social services law is amended by adding
13 a new subdivision 30 to read as follows:

14 30. NOTWITHSTANDING THE PROVISIONS OF SECTION ONE HUNDRED SIXTY-THREE
15 OF THE STATE FINANCE LAW, OR SECTIONS ONE HUNDRED FORTY-TWO AND ONE
16 HUNDRED FORTY-THREE OF THE ECONOMIC DEVELOPMENT LAW, OR ANY CONTRARY
17 PROVISION OF LAW, IN THE EVENT THAT THE STATE RECEIVES PRIOR APPROVAL
18 AND ENHANCED FINANCIAL PARTICIPATION FROM THE CENTERS FOR MEDICAID AND
19 MEDICARE SERVICES, ADMINISTRATION FOR CHILDREN AND FAMILIES AND THE
20 FEDERAL FOOD AND NUTRITION SERVICES FOR REIMBURSEMENT PURSUANT TO AN
21 A-87 COST ALLOCATION WAIVER FOR ENHANCED FUNDING FOR INTEGRATED ELIGI-
22 BILITY SYSTEMS, THE STATE IS AUTHORIZED TO ENTER INTO CONTRACTS, AND/OR
23 TO AMEND THE TERMS OF CONTRACTS AWARDED PRIOR TO THE EFFECTIVE DATE OF
24 THIS SUBDIVISION, WITHOUT A COMPETITIVE BID OR REQUEST FOR PROPOSAL
25 PROCESS, CONSISTENT WITH FEDERAL REQUIREMENTS, FOR THE PURPOSE OF IMPE-
26 MENTING PROJECTS AUTHORIZED UNDER SUCH WAIVER AMENDMENT; PROVIDED,
27 HOWEVER, IN THE CASE OF A CONTRACT ENTERED INTO AFTER THE EFFECTIVE DATE
28 OF THIS SUBDIVISION, THAT:

29 (A) THE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE AND THE OFFICE
30 OF GENERAL SERVICES, OR ANOTHER STATE AGENCY, SHALL POST ON ITS WEBSITE
31 AND CONCURRENTLY PROVIDE TO THE CHAIR OF THE SENATE HEALTH COMMITTEE AND
32 THE CHAIR OF THE ASSEMBLY HEALTH COMMITTEE, FOR A PERIOD OF NO LESS THAN
33 THIRTY DAYS:

34 (I) A DESCRIPTION OF THE PROPOSED SERVICES TO BE PROVIDED PURSUANT TO
35 THE CONTRACT OR CONTRACTS;

36 (II) THE CRITERIA FOR SELECTION OF A CONTRACTOR OR CONTRACTORS;

37 (III) THE PERIOD OF TIME DURING WHICH A PROSPECTIVE CONTRACTOR MAY
38 SUBMIT AN OFFER, WHICH SHALL BE NO LESS THAN THIRTY DAYS AFTER SUCH
39 INFORMATION IS FIRST POSTED ON THE WEBSITE; AND

40 (IV) THE MANNER BY WHICH A PROSPECTIVE CONTRACTOR MAY SUBMIT AN OFFER,
41 WHICH MAY INCLUDE SUBMISSION BY ELECTRONIC MEANS;

42 (B) ALL RESPONSIVE AND REASONABLE OFFERS THAT ARE RECEIVED FROM
43 PROSPECTIVE CONTRACTORS IN TIMELY FASHION SHALL BE REVIEWED BY THE
44 COMMISSIONER OF TEMPORARY AND DISABILITY ASSISTANCE OR OTHER STATE AGEN-
45 CY; AND

46 (C) THE COMMISSIONERS OF THE DEPARTMENT OF HEALTH, THE OFFICE OF
47 TEMPORARY AND DISABILITY ASSISTANCE AND THE OFFICE OF CHILDREN AND FAMI-
48 LY SERVICES, WORKING IN COOPERATION WITH THE STATE CHIEF INFORMATION
49 OFFICER AND THE OFFICE OF GENERAL SERVICES, SHALL AWARD SUCH CONTRACT TO
50 THE CONTRACTOR OR CONTRACTORS OFFER THAT PROVIDES THE BEST VALUE AS SUCH
51 TERM IS DEFINED IN SECTION ONE HUNDRED SIXTY-THREE OF THE STATE FINANCE
52 LAW, TO THE STATE. AT NOTIFICATION THE COMMISSIONER OF HEALTH SHALL
53 PROVIDE THIS INFORMATION TO THE CHAIR OF THE SENATE STANDING HEALTH
54 COMMITTEE AND THE CHAIR OF THE ASSEMBLY HEALTH COMMITTEE.

(D) ALL DECISIONS MADE AND APPROACHES TAKEN PURSUANT TO THIS SUBDIVISION SHALL BE DOCUMENTED IN A PROCUREMENT RECORD AS DEFINED IN SECTION ONE HUNDRED SIXTY-THREE OF THE STATE FINANCE LAW.

(E) IN ACCORDANCE WITH ALL FEDERAL ADVANCE PLANNING DOCUMENT GUIDANCE AND WITHIN THE PARAMETERS ESTABLISHED BY THE ENHANCED FINANCIAL PARTICIPATION FROM THE CENTERS FOR MEDICAID AND MEDICARE SERVICES, ADMINISTRATION FOR CHILDREN AND FAMILIES AND THE FEDERAL FOOD AND NUTRITION SERVICES FOR REIMBURSEMENT TO AN A-87 COST ALLOCATION WAIVER FOR ENHANCED FUNDING FOR INTEGRATED ELIGIBILITY SYSTEMS, PHASE 1 WILL INCLUDE FOUNDATIONAL ALLOWABLE SHARED SERVICE COMPONENTS REQUIRED TO SUCCESSFULLY MEET THE REQUIREMENTS FOR NON-MAGI MEDICAID SUCH AS A COMMON CLIENT PORTAL, DOCUMENT MANAGEMENT, RULES ENGINES, WORKFLOW MANAGEMENT TOOLS, CASE MANAGEMENT, NOTICES AND TRAINING.

(F) THE CONTRACT WILL REQUIRE TRAINING TO BE PROVIDED AT NO COST TO THE SOCIAL SERVICES DISTRICTS.

(G) THE CONTRACT SHALL REQUIRE THE COMPLETION OF SHARED SERVICE COMPONENTS BY THE TIMELINES NECESSARY TO RECEIVE THE ENHANCED FINANCIAL PARTICIPATION FROM THE CENTERS FOR MEDICAID AND MEDICARE SERVICES, ADMINISTRATION FOR CHILDREN AND FAMILIES AND THE FEDERAL FOOD AND NUTRITION SERVICES FOR REIMBURSEMENT TO AN A-87 COST ALLOCATION WAIVER.

(H) THE COMMISSIONER SHALL PROVIDE, WITHIN THIRTY DAYS OF AWARD OF SUCH CONTRACT OR CONTRACTS, THE CHAIR OF THE SENATE STANDING COMMITTEE ON HEALTH AND THE CHAIR OF THE ASSEMBLY HEALTH COMMITTEE WITH A REPORT OUTLINING THE PROCUREMENT AND AWARDS.

S 57. Subdivision 8 of section 2511 of the public health law is amended by adding a new paragraph (h) to read as follows:

(H) NOTWITHSTANDING ANY INCONSISTENT PROVISION OF THIS TITLE, ARTICLES THIRTY-TWO AND FORTY-THREE OF THE INSURANCE LAW AND SUBSECTION (E) OF SECTION ELEVEN HUNDRED TWENTY OF THE INSURANCE LAW, FOR THE PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND FIFTEEN, SUBSIDY PAYMENTS MADE TO APPROVED ORGANIZATIONS SHALL BE AT AMOUNTS APPROVED PRIOR TO APRIL FIRST, TWO THOUSAND FOURTEEN.

S 58. Article 29-A of the public health law is amended by adding a new title 1-A to read as follows:

TITLE 1-A

RURAL DENTISTRY PILOT PROGRAM

SECTION 2958-A. RURAL DENTISTRY PILOT PROGRAM.

S 2958-A. RURAL DENTISTRY PILOT PROGRAM. 1. THE COMMISSIONER SHALL, WITHIN MONIES APPROPRIATED THEREFORE, ESTABLISH A RURAL DENTISTRY PILOT PROGRAM IN CHAUTAUQUA, ALLEGANY, AND CATTARAUGUS COUNTIES. THE COMMISSIONER SHALL, IN COORDINATION WITH THE UNIVERSITY OF BUFFALO SCHOOL OF DENTISTRY STUDY COST SAVINGS ACHIEVED THROUGH THE PROVISION OF DENTAL SERVICES IN GEOGRAPHICALLY ISOLATED AND UNDERSERVED AREAS. SUCH A STUDY SHALL DETERMINE:

(I) THE QUALITY OF CARE PROVIDED THROUGH A MOBILE DENTAL SYSTEM, INCLUDING MINIMIZING ANY ADVERSE EFFECTS ON DENTAL PRACTICES ALREADY SERVING OR SEEKING TO ENTER RURAL OR UNDERSERVED COMMUNITIES, THE INVOLVEMENT OF DENTAL PRACTICES SERVING RURAL OR UNDERSERVED COMMUNITIES IN SUCH A MOBILE DENTAL SYSTEM, AND THE ESTABLISHMENT OF REFERRAL SYSTEMS AND NETWORKS TO EXISTING DENTAL PRACTICES SERVING RURAL OR UNDERSERVED COMMUNITIES FOR REGULAR ONGOING CARE OF PATIENTS;

(II) COST SAVINGS ACHIEVED THROUGH TARGETED ORAL HEALTH INITIATIVES IN RURAL AREAS;

(III) COROLLARIES BETWEEN PREVENTATIVE DENTAL CARE AND IMPROVED PATIENT OUTCOMES IN RURAL AREAS;

(IV) KNOWLEDGE, ATTITUDE, AND BEHAVIOR OUTCOMES AMONG DENTAL STUDENTS AND RECOMMENDATIONS FOR RURAL DENTAL HEALTH EDUCATION CURRICULUM;

(V) A PROFILE OF THE PARTICIPANTS, THE NUMBER OF PERSONS SERVED, AND HEALTH CARE DISPARITIES;

(VI) A DESCRIPTION OF THE ACTIVITIES OF THE PROGRAM;

(VII) GUIDANCE ON FACILITATED PARTICIPATION IN RURAL AREAS;

(VIII) PROVIDER SHORTAGES IN RURAL AREAS;

(IX) A DESCRIPTION OF THE IMPACT OF THE PROGRAMS ON THE COMMUNITY AND RECOMMENDATIONS FOR REPLICATION/IMPROVEMENT IN OTHER RURAL AREAS; AND

(X) SUCH OTHER ACTIVITIES AS THE COMMISSIONER MAY DEEM NECESSARY AND APPROPRIATE TO THIS SECTION.

2. TWELVE MONTHS AFTER THE APPROVAL OF THE RURAL DENTISTRY PILOT PROGRAM, AND ANNUALLY THEREAFTER, THE PROGRAM SHALL REPORT TO THE COMMISSIONER ON THE PROGRESS OF THE PROGRAM. THE COMMISSIONER SHALL EVALUATE THE FINDINGS OF THE STUDY AND REPORT TO THE GOVERNOR, THE TEMPORARY PRESIDENT OF THE SENATE, THE SPEAKER OF THE ASSEMBLY, THE CHAIR OF THE SENATE STANDING COMMITTEE ON HEALTH, THE CHAIR OF THE ASSEMBLY HEALTH COMMITTEE AND THE CHAIR OF THE LEGISLATIVE COMMISSION ON RURAL RESOURCES ON ITS FINDINGS.

3. ADDITIONALLY, TO THE EXTENT OF FUNDS APPROPRIATED THEREFORE, MEDICAL ASSISTANCE FUNDS, INCLUDING ANY FUNDING OR SHARED SAVINGS AS MAY BECOME AVAILABLE THROUGH FEDERAL WAIVERS OR OTHERWISE UNDER TITLES EIGHTEEN AND NINETEEN OF THE FEDERAL SOCIAL SECURITY ACT, MAY BE USED FOR EXPENDITURES IN SUPPORT OF THE DEMONSTRATION PROGRAM.

4. NOTWITHSTANDING ANY INCONSISTENT PROVISION OF LAW TO THE CONTRARY, THE COMMISSIONER IS AUTHORIZED TO WAIVE, MODIFY OR SUSPEND THE PROVISIONS OF RULES AND REGULATIONS PROMULGATED PURSUANT TO ARTICLE TWENTY-EIGHT OF THIS CHAPTER IF THE COMMISSIONER DETERMINES THAT SUCH WAIVER, MODIFICATION OR SUSPENSION IS NECESSARY FOR THE SUCCESSFUL IMPLEMENTING OF THE RURAL DENTISTRY PILOT PROGRAM AUTHORIZED PURSUANT TO THIS SECTION AND PROVIDED THAT THE COMMISSIONER DETERMINES THAT THE HEALTH, SAFETY AND GENERAL WELFARE OF PEOPLE RECEIVING HEALTH CARE UNDER SUCH RURAL DENTISTRY PILOT PROGRAM WILL NOT BE IMPAIRED AS A RESULT OF SUCH WAIVER, MODIFICATION, OR SUSPENSION.

S 59. Paragraph (d) of subdivision 2 of section 2511 of the public health law is REPEALED.

S 60. Subparagraphs (iv) and (v) of paragraph (b) of subdivision 9 of section 2511 of the public health law, subparagraph (iv) as amended by section 33 of part D of chapter 56 of the laws of 2013 and subparagraph (v) as amended by chapter 2 of the laws of 1998, are amended to read as follows:

(iv) outstationing of persons who are authorized to provide assistance to families in completing the enrollment application process under this title and title eleven of article five of the social services law, in locations, such as community settings, which are geographically accessible to large numbers of children who may be eligible for benefits under such titles, and at times, including evenings and weekends, when large numbers of children who may be eligible for benefits under such titles are likely to be encountered. Persons outstationed in accordance with this subparagraph shall be authorized to make determinations of presumptive eligibility in accordance with paragraph [(g)] (F) of subdivision two of THIS section [two thousand five hundred and eleven of this title]; and

(v) notice by local social services districts to medical assistance applicants of the availability of benefits under paragraph [(g)] (F) of

subdivision two of THIS section [two thousand five hundred and eleven of this title].

S 61. Subdivisions 3, 4 and 5 of section 47 of chapter 2 of the laws of 1998, amending the public health law and other laws relating to expanding the child health insurance plan, as amended by section 19 of part D of chapter 59 of the laws of 2011, are amended to read as follows:

3. section six of this act shall take effect January 1, 1999; provided, however, that subparagraph (iii) of paragraph (c) of subdivision 9 of section 2510 of the public health law, as added by this act, shall expire on July 1, [2014] 2017;

4. sections two, three, four, seven, eight, nine, fourteen, fifteen, sixteen, eighteen, eighteen-a, [twenty-three,] twenty-four, and twenty-nine of this act shall take effect January 1, 1999 and SECTION EIGHTEEN-A shall expire on July 1, 2014; section twenty-five of this act shall take effect on January 1, 1999 and shall expire on April 1, 2005;

5. section twelve of this act shall take effect January 1, 1999; provided, however, paragraphs (g) and (h) of subdivision 2 of section 2511 of the public health law, as added by such section, shall expire on July 1, [2014] 2017;

S 62. The opening paragraph of subparagraph (ii) of paragraph (a) of subdivision 2 of section 369 of the social services law, as amended by chapter 41 of the laws of 1992, is amended to read as follows:

with respect to the real property of an individual who is an inpatient in a nursing facility, intermediate care facility for the mentally retarded, or other medical institution, [and] who is not reasonably expected to be discharged from the medical institution and to return home, AND WHO IS REQUIRED, AS A CONDITION OF RECEIVING SERVICES IN SUCH INSTITUTION UNDER THE STATE PLAN FOR MEDICAL ASSISTANCE, TO SPEND FOR COSTS OF MEDICAL CARE ALL BUT A MINIMAL AMOUNT OF HIS OR HER INCOME REQUIRED FOR PERSONAL NEEDS; provided, however, any such lien will dissolve upon the individual's discharge from the medical institution and return home; in addition, no such lien may be imposed on the individual's home if one of the following persons is lawfully residing in the home:

S 62-a. Subparagraph (i) of paragraph (b) of subdivision 2 of section 369 of the social services law, as amended by chapter 170 of the laws of 1994, is amended to read as follows:

(i) Notwithstanding any inconsistent provision of this chapter or other law, no adjustment or recovery may be made against the property of any individual on account of any medical assistance correctly paid to or on behalf of an individual under this title, except that recoveries must be pursued:

(A) upon the sale of the property subject to a lien imposed on account of medical assistance paid to an individual described in clause (ii) of paragraph (a) of this subdivision, or from the estate of such individual; and

(B) from the estate of an individual who was fifty-five years of age or older when he or she received such assistance, PROVIDED THAT FOR INDIVIDUALS WHOSE ELIGIBILITY FOR MEDICAL ASSISTANCE WAS BASED ON PARAGRAPH (B) OF SUBDIVISION ONE OF SECTION THREE HUNDRED SIXTY-SIX OF THIS TITLE, RECOVERY SHALL BE LIMITED TO MEDICAL ASSISTANCE CONSISTING OF NURSING FACILITY SERVICES, HOME AND COMMUNITY-BASED SERVICES, AND RELATED HOSPITAL AND PRESCRIPTION DRUG SERVICES.

S 63. Section 4 of chapter 779 of the laws of 1986, amending the social services law relating to authorizing services for non-residents

1 in adult homes, residences for adults and enriched housing programs, as
2 amended by chapter 108 of the laws of 2011, is amended to read as
3 follows:

4 S 4. This act shall take effect on the one hundred twentieth day after
5 it shall have become a law and shall remain in full force and effect
6 until July 1, [2014] 2017, provided however, that effective immediately,
7 the addition, amendment and/or repeal of any rules or regulations neces-
8 sary for the implementation of the foregoing sections of this act on its
9 effective date are authorized and directed to be made and completed on
10 or before such effective date.

11 S 64. Subdivision (i-1) of section 79 of part C of chapter 58 of the
12 laws of 2008, amending the social services law and the public health law
13 relating to adjustments of rates, as amended by section 21 of part D of
14 chapter 59 of the laws of 2011, is amended to read as follows:

15 (i-1) section thirty-one-a of this act shall be deemed repealed July
16 1, [2014] 2017;

17 S 65. Section 4 of chapter 19 of the laws of 1998, amending the social
18 services law relating to limiting the method of payment for prescription
19 drugs under the medical assistance program, as amended by section 107 of
20 part H of chapter 59 of the laws of 2011, is amended to read as follows:

21 S 4. This act shall take effect 120 days after it shall have become a
22 law and shall expire and be deemed repealed March 31, [2014] 2017.

23 S 66. Paragraph (e-1) of subdivision 12 of section 2808 of the public
24 health law, as amended by section 63 of part A of chapter 56 of the laws
25 of 2013, is amended to read as follows:

26 (e-1) Notwithstanding any inconsistent provision of law or regulation,
27 the commissioner shall provide, in addition to payments established
28 pursuant to this article prior to application of this section, addi-
29 tional payments under the medical assistance program pursuant to title
30 eleven of article five of the social services law for non-state operated
31 public residential health care facilities, including public residential
32 health care facilities located in the county of Nassau, the county of
33 Westchester and the county of Erie, but excluding public residential
34 health care facilities operated by a town or city within a county, in
35 aggregate annual amounts of up to one hundred fifty million dollars in
36 additional payments for the state fiscal year beginning April first, two
37 thousand six and for the state fiscal year beginning April first, two
38 thousand seven and for the state fiscal year beginning April first, two
39 thousand eight and of up to three hundred million dollars in such aggre-
40 gate annual additional payments for the state fiscal year beginning
41 April first, two thousand nine, and for the state fiscal year beginning
42 April first, two thousand ten and for the state fiscal year beginning
43 April first, two thousand eleven, and for the state fiscal years begin-
44 ning April first, two thousand twelve and April first, two thousand
45 thirteen, AND OF UP TO FIVE HUNDRED MILLION DOLLARS IN SUCH AGGREGATE
46 ANNUAL ADDITIONAL PAYMENTS FOR THE STATE FISCAL YEARS BEGINNING APRIL
47 FIRST, TWO THOUSAND FOURTEEN, APRIL FIRST, TWO THOUSAND FIFTEEN AND
48 APRIL FIRST, TWO THOUSAND SIXTEEN. The amount allocated to each eligible
49 public residential health care facility for this period shall be
50 computed in accordance with the provisions of paragraph (f) of this
51 subdivision, provided, however, that patient days shall be utilized for
52 such computation reflecting actual reported data for two thousand three
53 and each representative succeeding year as applicable, and provided
54 further, however, that, in consultation with impacted providers, of the
55 funds allocated for distribution in the state fiscal year beginning

1 April first, two thousand thirteen, up to thirty-two million dollars may
2 be allocated in accordance with paragraph (f-1) of this subdivision.

3 S 67. Paragraph (i) of subdivision 3 of section 461-1 of the social
4 services law, as amended by section 4 of part D of chapter 56 of the
5 laws of 2012, is amended to read as follows:

6 (i) (A) The commissioner of health is authorized to add up to six
7 thousand assisted living program beds to the gross number of assisted
8 living program beds having been determined to be available as of April
9 first, two thousand nine. Nothing herein shall be interpreted as prohib-
10 iting any eligible applicant from submitting an application for any
11 assisted living program bed so added. The commissioner of health shall
12 not be required to review on a comparative basis applications submitted
13 for assisted living program beds made available under this paragraph.
14 The commissioner of health shall only authorize the addition of six
15 thousand beds pursuant to a [five] SEVEN year plan ENDING PRIOR TO JANU-
16 ARY FIRST, TWO THOUSAND SEVENTEEN.

17 (B) THE COMMISSIONER OF HEALTH SHALL PROVIDE AN ANNUAL WRITTEN REPORT
18 TO THE CHAIR OF THE SENATE STANDING COMMITTEE ON HEALTH AND THE CHAIR OF
19 THE ASSEMBLY HEALTH COMMITTEE NO LATER THAN JANUARY FIRST OF EACH YEAR.
20 SUCH REPORT SHALL INCLUDE, BUT NOT BE LIMITED TO, THE NUMBER OF ASSISTED
21 LIVING PROGRAM BEDS MADE AVAILABLE PURSUANT TO THIS SECTION BY COUNTY,
22 THE TOTAL NUMBER OF ASSISTED LIVING PROGRAM BEDS BY COUNTY, THE NUMBER
23 OF VACANT ASSISTED LIVING PROGRAM BEDS BY COUNTY, AND ANY OTHER INFORMA-
24 TION DEEMED NECESSARY AND APPROPRIATE.

25 S 67-a. Subparagraph (v) of paragraph (b) of subdivision 35 of section
26 2807-c of the public health law, as amended by section 7 of part B of
27 chapter 56 of the laws of 2013, is amended to read as follows:

28 (v) such regulations shall incorporate quality related measures,
29 including, but not limited to, potentially preventable re-admissions
30 (PPRs) and provide for rate adjustments or payment disallowances related
31 to PPRs and other potentially preventable negative outcomes (PPNOs),
32 which shall be calculated in accordance with methodologies as determined
33 by the commissioner, provided, however, that such methodologies shall be
34 based on a comparison of the actual and risk adjusted expected number of
35 PPRs and other PPNOs in a given hospital and with benchmarks established
36 by the commissioner and provided further that such rate adjustments or
37 payment disallowances shall result in an aggregate reduction in Medicaid
38 payments of no less than thirty-five million dollars for the period July
39 first, two thousand ten through March thirty-first, two thousand eleven
40 and no less than fifty-one million dollars for annual periods beginning
41 April first, two thousand eleven through March thirty-first, two thou-
42 sand [fourteen] FIFTEEN, provided further that such aggregate reductions
43 shall be offset by Medicaid payment reductions occurring as a result of
44 decreased PPRs during the period July first, two thousand ten through
45 March thirty-first, two thousand eleven and the period April first, two
46 thousand eleven through March thirty-first, two thousand [fourteen]
47 FIFTEEN and as a result of decreased PPNOs during the period April
48 first, two thousand eleven through March thirty-first, two thousand
49 [fourteen] FIFTEEN; and provided further that for the period July first,
50 two thousand ten through March thirty-first, two thousand [fourteen]
51 FIFTEEN, such rate adjustments or payment disallowances shall not apply
52 to behavioral health PPRs; or to readmissions that occur on or after
53 fifteen days following an initial admission. By no later than July
54 first, two thousand eleven the commissioner shall enter into consulta-
55 tions with representatives of the health care facilities subject to this
56 section regarding potential prospective revisions to applicable method-

ologies and benchmarks set forth in regulations issued pursuant to this subparagraph;

S 67-b. Paragraph (b) of subdivision 1 of section 76 of chapter 731 of the laws of 1993, amending the public health law and other laws relating to reimbursement, delivery and capital cost of ambulatory health care services and inpatient hospital services, as amended by section 28 of part A of chapter 59 of the laws of 2011, is amended to read as follows:

(b) sections fifteen through nineteen and subdivision 3 of section 2807-e of the public health law as added by section twenty of this act shall expire on July 1, [2014] 2017, and section seventy-four of this act shall expire on July 1, 2007;

S 67-c. Section 18 of chapter 904 the laws of 1984, amending the public health law and the social services law relating to encouraging comprehensive health services, as amended by section 21 of part C of chapter 59 of the laws of 2011, is amended to read as follows:

S 18. This act shall take effect immediately, except that sections six, nine, ten and eleven of this act shall take effect on the sixtieth day after it shall have become a law, sections two, three, four and nine of this act shall expire and be of no further force or effect on or after March 31, [2014] 2017, section two of this act shall take effect on April 1, 1985 or seventy-five days following the submission of the report required by section one of this act, whichever is later, and sections eleven and thirteen of this act shall expire and be of no further force or effect on or after March 31, 1988.

S 68. Notwithstanding any inconsistent provision of law, rule or regulation, for purposes of implementing the provisions of the public health law and the social services law, references to titles XIX and XXI of the federal social security act in the public health law and the social services law shall be deemed to include and also to mean any successor titles thereto under the federal social security act.

S 69. Notwithstanding any inconsistent provision of law, rule or regulation, the effectiveness of the provisions of sections 2807 and 3614 of the public health law, section 18 of chapter 2 of the laws of 1988, and 18 NYCRR 505.14(h), as they relate to time frames for notice, approval or certification of rates of payment, are hereby suspended and without force or effect for purposes of implementing the provisions of this act.

S 70. Severability clause. If any clause, sentence, paragraph, subdivision, section or part of this act shall be adjudged by any court of competent jurisdiction to be invalid, such judgment shall not affect, impair or invalidate the remainder thereof, but shall be confined in its operation to the clause, sentence, paragraph, subdivision, section or part thereof directly involved in the controversy in which such judgment shall have been rendered. It is hereby declared to be the intent of the legislature that this act would have been enacted even if such invalid provisions had not been included herein.

S 71. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2014 provided that:

1. sections five, fifty-nine and sixty of this act shall take effect July 1, 2014;

2. section twenty-six of this act shall take effect immediately and be deemed to have been in full force and effect on and after March 1, 2014;

3. section nine of this act shall take effect May 1, 2014; provided, however, that the amendments to subparagraph (iii) of paragraph (c) of subdivision 6 of section 367-a of the social services law made by

1 section nine of this act shall not affect the repeal of such paragraph
2 and shall be deemed repealed therewith;

3 3-a. amendments made to section 365-h of the social services law made
4 by section seven of this act, shall not affect the repeal of such
5 section and shall be deemed repealed therewith.

6 3-b. section twenty-six-a of this act shall take effect October 1,
7 2014;

8 3-c. sections fifty, fifty-one, fifty-two and fifty-three shall take
9 effect April 1, 2015;

10 3-d. section fifty-five of this act shall take effect January 1, 2015;

11 4. the amendments to subdivision 9 of section 2511 of the public
12 health law made by section sixty of this act shall not affect the expi-
13 ration of such subdivision and shall expire therewith;

14 4-a. section twenty-two of this act shall take effect April 1, 2014,
15 and shall be deemed expired January 1, 2017;

16 4-b. the amendments to subdivisions (a) and (b) of section 364-jj of
17 the social services law made by section thirty-nine of this act shall
18 not affect the expiration of such section and shall be deemed to expire
19 therewith;

20 4-c. the amendments to section 364-j of the social services law made
21 by section forty-nine of this act shall not affect the repeal of such
22 section and shall be deemed to repeal therewith;

23 4-d. the amendments to section 48-a of part A of chapter 56 of the
24 laws of 2013 made by section thirteen of this act shall not affect the
25 expiration of such section and shall expire therewith;

26 4-e. the amendments to section 1 of part H of chapter 111 of the laws
27 of 2010 made by section fifteen of this act shall not affect the expira-
28 tion of such section and shall expire therewith;

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

33 6. this act shall not be construed to alter, change, affect, impair or
34 defeat any rights, obligations, duties or interests accrued, incurred or
35 conferred prior to the effective date of this act;

36 7. the commissioner of health and the superintendent of the department
37 of financial services and any appropriate council may take any steps
38 necessary to implement this act prior to its effective date;

39 8. notwithstanding any inconsistent provision of the state administra-
40 tive procedure act or any other provision of law, rule or regulation,
41 the commissioner of health and the superintendent of the department of
42 financial services and any appropriate council is authorized to adopt or
43 amend or promulgate on an emergency basis any regulation he or she or
44 such council determines necessary to implement any provision of this act
45 on its effective date; and

46 9. the provisions of this act shall become effective notwithstanding
47 the failure of the commissioner of health or the superintendent of the
48 department of financial services or any council to adopt or amend or
49 promulgate regulations implementing this act.

50 PART D

51 Section 1. Section 6802 of the education law is amended by adding
52 three new subdivisions 24, 25 and 26 to read as follows:

53 24. "COMPOUNDING" MEANS THE COMBINING, ADMIXING, MIXING, DILUTING,
54 POOLING, RECONSTITUTING, OR OTHERWISE ALTERING OF A DRUG OR BULK DRUG

1 SUBSTANCE TO CREATE A DRUG WITH RESPECT TO AN OUTSOURCING FACILITY UNDER
2 SECTION 503B OF THE FEDERAL FOOD, DRUG AND COSMETIC ACT AND FURTHER
3 DEFINED IN THIS SECTION.

4 25. "OUTSOURCING FACILITY" MEANS A FACILITY THAT:

5 (A) IS ENGAGED IN THE COMPOUNDING OF STERILE DRUGS;

6 (B) IS CURRENTLY REGISTERED AS AN OUTSOURCING FACILITY WITH THE SECRE-
7 TARY OF HEALTH AND HUMAN SERVICES; AND

8 (C) COMPLIES WITH ALL APPLICABLE REQUIREMENTS OF FEDERAL AND STATE
9 LAW, INCLUDING THE FEDERAL FOOD, DRUG AND COSMETIC ACT.

10 26. "STERILE DRUG" MEANS A DRUG THAT IS INTENDED FOR PARENTERAL ADMIN-
11 ISTRATION, AN OPHTHALMIC OR ORAL INHALATION DRUG IN AQUEOUS FORMAT, OR A
12 DRUG THAT IS REQUIRED TO BE STERILE UNDER FEDERAL OR STATE LAW.

13 S 2. Subdivision 1 of section 6808 of the education law, as added by
14 chapter 987 of the laws of 1971, is amended to read as follows:

15 1. No person, firm, corporation or association shall possess drugs,
16 prescriptions or poisons for the purpose of compounding, dispensing,
17 retailing, wholesaling, or manufacturing, or shall offer drugs,
18 prescriptions or poisons for sale at retail or wholesale unless regis-
19 tered by the department as a pharmacy, [store,] wholesaler, [or]
20 manufacturer OR OUTSOURCING FACILITY.

21 S 3. Subdivisions 5, 6 and 7 of section 6808 of the education law are
22 renumbered subdivisions 6, 7 and 8 and a new subdivision 5 is added to
23 read as follows:

24 5. OUTSOURCING FACILITY'S REGISTRATION.

25 A. OBTAINING A REGISTRATION. AN OUTSOURCING FACILITY SHALL BE REGIS-
26 TERED AS FOLLOWS:

27 (1) AN APPLICATION FOR INITIAL REGISTRATION OR RENEWAL OF REGISTRATION
28 SHALL BE MADE ON A FORM PRESCRIBED BY THE DEPARTMENT.

29 (2) AN APPLICATION FOR INITIAL REGISTRATION SHALL BE ACCOMPANIED BY A
30 FEE OF EIGHT HUNDRED TWENTY-FIVE DOLLARS.

31 B. RENEWAL OF REGISTRATION. ALL OUTSOURCING FACILITIES' REGISTRATIONS
32 SHALL BE RENEWED ON A DATE SET BY THE DEPARTMENT. THE TRIENNIAL REGIS-
33 TRATION FEE SHALL BE FIVE HUNDRED TWENTY DOLLARS OR A PRO RATED PORTION
34 THEREOF AS DETERMINED BY THE DEPARTMENT.

35 C. DISPLAY OF REGISTRATION. THE REGISTRATION SHALL BE DISPLAYED
36 CONSPICUOUSLY IN THE PLACE OF BUSINESS.

37 D. CHANGE OF LOCATION. IN THE EVENT THAT THE LOCATION OF SUCH PLACE OF
38 BUSINESS SHALL BE CHANGED, THE OWNER SHALL APPLY TO THE DEPARTMENT FOR
39 INSPECTION OF THE NEW LOCATION AND ENDORSEMENT OF THE REGISTRATION FOR
40 THE NEW LOCATION. THE FEE FOR INSPECTION AND ENDORSEMENT SHALL BE ONE
41 HUNDRED SEVENTY-FIVE DOLLARS, UNLESS IT APPEARS TO THE SATISFACTION OF
42 THE DEPARTMENT THAT THE CHANGE IN LOCATION IS OF A TEMPORARY NATURE DUE
43 TO FIRE, FLOOD OR OTHER DISASTER.

44 E. REPORT. UPON INITIALLY REGISTERING AS AN OUTSOURCING FACILITY AND
45 EVERY SIX MONTHS THEREAFTER, EACH OUTSOURCING FACILITY SHALL SUBMIT TO
46 THE EXECUTIVE SECRETARY OF THE STATE BOARD OF PHARMACY A REPORT:

47 (1) IDENTIFYING THE DRUGS COMPOUNDED BY SUCH OUTSOURCING FACILITY
48 DURING THE PREVIOUS 6-MONTH PERIOD; AND

49 (2) WITH RESPECT TO EACH DRUG IDENTIFIED UNDER SUBPARAGRAPH ONE OF
50 THIS PARAGRAPH, PROVIDING THE ACTIVE INGREDIENT; THE SOURCE OF SUCH
51 ACTIVE INGREDIENT; THE NATIONAL DRUG CODE NUMBER OF THE SOURCE DRUG OR
52 BULK ACTIVE INGREDIENT, IF AVAILABLE; THE STRENGTH OF THE ACTIVE INGRE-
53 DIENT PER UNIT; THE DOSAGE FORM AND ROUTE OF ADMINISTRATION; THE PACKAGE
54 DESCRIPTION; THE NUMBER OF INDIVIDUAL UNITS PRODUCED; AND THE NATIONAL
55 DRUG CODE NUMBER OF THE FINAL PRODUCT, IF ASSIGNED.

1 F. CONDUCT OF OUTSOURCING FACILITY. EVERY OWNER OF AN OUTSOURCING
2 FACILITY IS RESPONSIBLE FOR THE STRENGTH, QUALITY, PURITY AND LABELING
3 THEREOF OF ALL COMPOUNDED DRUGS, SUBJECT TO THE GUARANTY PROVISIONS OF
4 THIS ARTICLE AND THE PUBLIC HEALTH LAW. EVERY OUTSOURCING FACILITY SHALL
5 BE UNDER THE IMMEDIATE SUPERVISION AND MANAGEMENT OF A PHARMACIST
6 LICENSED TO PRACTICE IN NEW YORK STATE.

7 G. APPLICANT FOR REGISTRATION. AN APPLICANT FOR REGISTRATION OF AN
8 OUTSOURCING FACILITY SHALL BE OF GOOD MORAL CHARACTER, AS DETERMINED BY
9 THE DEPARTMENT. IN THE CASE OF A CORPORATE APPLICANT, THE REQUIREMENT
10 SHALL EXTEND TO ALL OFFICERS AND DIRECTORS AND STAKEHOLDERS HAVING A TEN
11 PERCENT OR GREATER INTEREST IN THE CORPORATION.

12 S 4. Subdivisions 6 and 7 of section 6808 of the education law, as
13 added by chapter 987 of the laws of 1971, such subdivisions as renum-
14 bered by section three of this act, are amended to read as follows:

15 6. Inspection. The state board of pharmacy and the department of
16 education, and their employees designated by the commissioner, shall
17 have the right to enter any pharmacy, wholesaler, manufacturer, [or
18 registered store,] OUTSOURCING FACILITY or vehicle and to inspect, at
19 reasonable times, such factory, warehouse, establishment or vehicle and
20 all records required by this article, pertinent equipment, finished and
21 unfinished materials, containers, and labels.

22 7. [Revocation or suspension] PENALTIES. A pharmacy, [store,] whole-
23 saler [or], manufacturer [registration may be revoked or suspended by
24 the committee on professional conduct of the state board of pharmacy in
25 accordance with the provisions of article one hundred thirty] OR
26 OUTSOURCING FACILITY REGISTERED UNDER THIS SECTION SHALL BE UNDER THE
27 SUPERVISION OF THE BOARD OF REGENTS AND SHALL BE SUBJECT TO DISCIPLINARY
28 PROCEEDINGS AND PENALTIES IN ACCORDANCE WITH ARTICLE ONE HUNDRED THIRTY
29 OF THIS CHAPTER IN THE SAME MANNER AND TO THE SAME EXTENT AS INDIVIDUALS
30 AND PROFESSIONAL SERVICE CORPORATIONS WITH RESPECT TO THEIR LICENSES AND
31 REGISTRATIONS, PROVIDED THAT FAILURE TO COMPLY WITH THE REQUIREMENTS OF
32 THIS SECTION SHALL CONSTITUTE PROFESSIONAL MISCONDUCT.

33 S 5. Subdivision 1 of section 6808-b of the education law, as amended
34 by chapter 567 of the laws of 2002, is amended to read as follows:

35 1. Definition. The term "nonresident establishment" shall mean any
36 pharmacy, manufacturer [or], wholesaler, OR OUTSOURCING FACILITY located
37 outside of the state that ships, mails or delivers prescription drugs or
38 devices to other establishments, authorized prescribers and/or patients
39 residing in this state. Such establishments shall include, but not be
40 limited to, pharmacies that transact business through the use of the
41 internet.

42 S 6. Paragraph f of subdivision 4 of section 6808-b of the education
43 law, as amended by chapter 567 of the laws of 2002, is amended to read
44 as follows:

45 f. The application of establishments to be registered as a manufactur-
46 er [or], wholesaler OR OUTSOURCING FACILITY of drugs and/or devices
47 shall be accompanied by a fee as provided in section sixty-eight hundred
48 eight of this article; and

49 S 7. Section 6810 of the education law is amended by adding a new
50 subdivision 14 to read as follows:

51 14. NOTWITHSTANDING ANY OTHER PROVISION OF LAW TO THE CONTRARY, NO
52 OUTSOURCING FACILITY MAY DISTRIBUTE OR DISPENSE ANY DRUG TO ANY PERSON
53 PURSUANT TO A PRESCRIPTION UNLESS IT IS ALSO REGISTERED AS A PHARMACY IN
54 THIS STATE AND MEETS ALL OTHER APPLICABLE REQUIREMENTS OF FEDERAL AND
55 STATE LAW.

1 S 8. Section 6811 of the education law is amended by adding a new
2 subdivision 26 to read as follows:

3 26. ANY OUTSOURCING FACILITY TO SELL OR OFFER TO SELL ANY DRUG THAT IS
4 NOT BOTH COMPOUNDED UNDER THE PERSONAL SUPERVISION OF A LICENSED PHARMA-
5 CIST AND LABELED WITH THE FULL NAME OF THE OUTSOURCING FACILITY.

6 S 9. Subdivisions 1 and 2 of section 6811-a of the education law, as
7 added by chapter 729 of the laws of 1981, are amended to read as
8 follows:

9 1. [No] EXCEPT AS OTHERWISE AUTHORIZED IN THE FEDERAL FOOD, DRUG AND
10 COSMETIC ACT, NO drug for which a prescription is required by the
11 provisions of the Federal Food, Drug and Cosmetic Act or by the commis-
12 sioner of health may be manufactured or commercially distributed within
13 this state in tablet or capsule form unless it has clearly marked or
14 imprinted on each such tablet or capsule in conformance with the appli-
15 cable plan required by subdivision three of this section:

16 (a) an individual symbol, number, company name, words, letters, mark-
17 ing or National Drug Code (hereinafter referred to as N. D. C.) number
18 identifying the manufacturer or distributor of the drug; and

19 (b) an N. D. C. number, symbol, number, letters, words or marking
20 identifying such drug or combination of drugs.

21 2. [No] EXCEPT AS OTHERWISE AUTHORIZED IN THE FEDERAL FOOD, DRUG AND
22 COSMETIC ACT, NO drug for which any prescription is required by the
23 provisions of the Federal Food, Drug and Cosmetic Act or by the commis-
24 sioner of health contained within a bottle, vial, carton or other
25 container, or in any way affixed or appended to or enclosed within a
26 package of any kind, and designed or intended for delivery in such
27 container or package to an ultimate consumer, shall be manufactured or
28 distributed within this state unless such container or package has
29 clearly and permanently marked or imprinted upon it in conformance with
30 the applicable plan required by subdivision three of this section:

31 (a) an individual symbol, N. D. C. number, company name, number,
32 letters, words or marking identifying the manufacturer or distributor of
33 the drug;

34 (b) an N. D. C. number, symbol, number, letters, words or marking
35 identifying such drug or combination of drugs; and

36 (c) whenever the distributor of the prescription drug product does not
37 also manufacture the product the names and places of business of both
38 shall appear on the label in words clearly distinguishing each.

39 S 10. Subdivision 1 of section 6812 of the education law, as added by
40 chapter 987 of the laws of 1971, is amended to read as follows:

41 1. Where any pharmacy, MANUFACTURER, WHOLESALER OR OUTSOURCING FACILI-
42 TY registered by the department is damaged by fire the board shall be
43 notified within a period of forty-eight hours, and the board shall have
44 power to impound all drugs for analysis and condemnation, if found unfit
45 for use. Where a pharmacy is discontinued, the owner of its
46 prescription records shall notify the department as to the disposition
47 of said prescription records, and in no case shall records be sold or
48 given away to a person who does not currently possess a registration to
49 operate a pharmacy.

50 S 11. Subdivision 1 of section 6817 of the education law, as added by
51 chapter 987 of the laws of 1971, is amended to read as follows:

52 1. [No] EXCEPT AS OTHERWISE PROVIDED IN THE FEDERAL FOOD, DRUG AND
53 COSMETIC ACT, NO person shall sell, deliver, offer for sale, hold for
54 sale, or give away any new drug, unless:

55 a. an application with respect thereto has become effective, or in the
56 case of an investigational drug the sponsor has complied with the appli-

1 cable requirements, under the [federal food, drug, and cosmetic act]
2 FEDERAL FOOD, DRUG, AND COSMETIC ACT, or

3 b. when not subject to such act, such drug has been tested and has not
4 been found to be unsafe or ineffective for use under the conditions
5 prescribed, recommended or suggested in the labeling thereof, and, prior
6 to selling or offering for sale such drug, there has been filed with the
7 department an application setting forth

8 (1) full reports of investigations which have been made to show wheth-
9 er or not such drug is safe and effective for use;

10 (2) a full list of the ingredients used as components of such drug;

11 (3) a full statement of the composition of such drug;

12 (4) a full description of the methods used in, and the facilities and
13 controls used for, the manufacture, processing and packing of such
14 drugs;

15 (5) such samples of such drug and of the ingredients used as compo-
16 nents thereof as the board or secretary may require; and

17 (6) specimens of the labeling proposed to be used for such drug.

18 S 12. The education law is amended by adding a new section 6831 to
19 read as follows:

20 S 6831. SPECIAL PROVISIONS RELATING TO OUTSOURCING FACILITIES. 1.
21 REGISTRATION. ANY OUTSOURCING FACILITY THAT IS ENGAGED IN THE COMPOUND-
22 ING OF STERILE DRUGS IN THIS STATE SHALL BE REGISTERED AS AN OUTSOURCING
23 FACILITY UNDER THE FEDERAL FOOD, DRUG AND COSMETIC ACT AND BE REGISTERED
24 AS AN OUTSOURCING FACILITY PURSUANT TO THIS ARTICLE.

25 2. NEW DRUGS. SECTIONS 502(F)(1), 505 AND 582 OF THE FEDERAL FOOD,
26 DRUG AND COSMETIC ACT SHALL NOT APPLY TO A DRUG COMPOUNDED IN AN
27 OUTSOURCING FACILITY REGISTERED UNDER THE FEDERAL FOOD, DRUG AND COSMET-
28 IC ACT.

29 3. PRESCRIPTIONS. NOTWITHSTANDING ANY OTHER PROVISION OF LAW TO THE
30 CONTRARY, NO OUTSOURCING FACILITY MAY DISTRIBUTE OR DISPENSE ANY DRUG TO
31 ANY PERSON PURSUANT TO A PRESCRIPTION UNLESS IT IS ALSO REGISTERED AS A
32 PHARMACY IN THIS STATE AND MEETS ALL OTHER APPLICABLE REQUIREMENTS OF
33 FEDERAL AND STATE LAW.

34 4. RESTRICTIONS. ANY DRUGS COMPOUNDED IN AN OUTSOURCING FACILITY
35 REGISTERED PURSUANT TO THIS ARTICLE SHALL BE COMPOUNDED IN ACCORDANCE
36 WITH ALL APPLICABLE FEDERAL AND STATE LAWS.

37 5. LABELING. NOTWITHSTANDING ANY OTHER PROVISION OF LAW TO THE CONTRA-
38 RY, THE LABEL OF ANY DRUG COMPOUNDED BY AN OUTSOURCING FACILITY SHALL
39 INCLUDE, BUT NOT BE LIMITED TO THE FOLLOWING:

40 (A) A STATEMENT THAT THE DRUG IS A COMPOUNDED DRUG OR A REASONABLE
41 COMPARABLE ALTERNATIVE STATEMENT THAT PROMINENTLY IDENTIFIES THE DRUG AS
42 A COMPOUNDED DRUG;

43 (B) THE NAME, ADDRESS, AND PHONE NUMBER OF THE APPLICABLE OUTSOURCING
44 FACILITY; AND

45 (C) WITH RESPECT TO THE DRUG:

46 (I) THE LOT OR BATCH NUMBER;

47 (II) THE ESTABLISHED NAME OF THE DRUG;

48 (III) THE DOSAGE FORM AND STRENGTH;

49 (IV) THE STATEMENT OF QUANTITY OR VOLUME, AS APPROPRIATE;

50 (V) THE DATE THAT THE DRUG WAS COMPOUNDED;

51 (VI) THE EXPIRATION DATE;

52 (VII) STORAGE AND HANDLING INSTRUCTIONS;

53 (VIII) THE NATIONAL DRUG CODE NUMBER, IF AVAILABLE;

54 (IX) THE STATEMENT THAT THE DRUG IS NOT FOR RESALE, AND THE STATEMENT
55 "OFFICE USE ONLY"; AND

(X) A LIST OF THE ACTIVE AND INACTIVE INGREDIENTS, IDENTIFIED BY ESTABLISHED NAME, AND THE QUANTITY OR PROPORTION OF EACH INGREDIENT.

6. CONTAINER. THE CONTAINER FROM WHICH THE INDIVIDUAL UNITS OF THE DRUG ARE REMOVED FOR DISPENSING OR FOR ADMINISTRATION (SUCH AS A PLASTIC BAG CONTAINING INDIVIDUAL PRODUCT SYRINGES) SHALL INCLUDE:

(A) A LIST OF ACTIVE AND INACTIVE INGREDIENTS, IDENTIFIED BY ESTABLISHED NAME, AND THE QUANTITY OR PROPORTION OF EACH INGREDIENT; AND

(B) ANY OTHER INFORMATION REQUIRED BY REGULATIONS PROMULGATED BY THE COMMISSIONER TO FACILITATE ADVERSE EVENT REPORTING IN ACCORDANCE WITH THE REQUIREMENTS ESTABLISHED IN SECTION 310.305 OF TITLE 21 OF THE CODE OF FEDERAL REGULATIONS.

7. BULK DRUGS. A DRUG MAY ONLY BE COMPOUNDED IN AN OUTSOURCING FACILITY THAT DOES NOT COMPOUND USING BULK DRUG SUBSTANCES AS DEFINED IN SECTION 207.3(A)(4) OF TITLE 21 OF THE CODE OF FEDERAL REGULATIONS OR ANY SUCCESSOR REGULATION UNLESS:

(A) THE BULK DRUG SUBSTANCE APPEARS ON A LIST ESTABLISHED BY THE SECRETARY OF HEALTH AND HUMAN SERVICES IDENTIFYING BULK DRUG SUBSTANCES FOR WHICH THERE IS A CLINICAL NEED;

(B) THE DRUG IS COMPOUNDED FROM A BULK DRUG SUBSTANCE THAT APPEARS ON THE FEDERAL DRUG SHORTAGE LIST IN EFFECT AT THE TIME OF COMPOUNDING, DISTRIBUTING, AND DISPENSING;

(C) IF AN APPLICABLE MONOGRAPH EXISTS UNDER THE UNITED STATES PHARMACOPEIA, THE NATIONAL FORMULARY, OR ANOTHER COMPENDIUM OR PHARMACOPEIA RECOGNIZED BY THE SECRETARY OF HEALTH AND HUMAN SERVICES AND THE BULK DRUG SUBSTANCES EACH COMPLY WITH THE MONOGRAPH;

(D) THE BULK DRUG SUBSTANCES ARE EACH MANUFACTURED BY AN ESTABLISHMENT THAT IS REGISTERED WITH THE FEDERAL GOVERNMENT.

8. INGREDIENTS. IF AN OUTSOURCING FACILITY USES INGREDIENTS, OTHER THAN BULK DRUG SUBSTANCES, SUCH INGREDIENTS MUST COMPLY WITH THE STANDARDS OF THE APPLICABLE UNITED STATES PHARMACOPEIA OR NATIONAL FORMULARY MONOGRAPH, IF SUCH MONOGRAPH EXISTS, OR OF ANOTHER COMPENDIUM OR PHARMACOPEIA RECOGNIZED BY THE SECRETARY OF HEALTH AND HUMAN SERVICES FOR PURPOSES OF THIS SUBDIVISION, IF ANY.

9. UNSAFE OR INEFFECTIVE DRUGS. NO OUTSOURCING FACILITY MAY COMPOUND A DRUG THAT APPEARS ON A LIST PUBLISHED BY THE SECRETARY OF HEALTH AND HUMAN SERVICES THAT HAS BEEN WITHDRAWN OR REMOVED FROM THE MARKET BECAUSE SUCH DRUGS OR COMPONENTS OF SUCH DRUGS HAVE BEEN FOUND TO BE UNSAFE OR NOT EFFECTIVE.

10. PROHIBITION ON WHOLESALING. NO COMPOUNDED DRUG WILL BE SOLD OR TRANSFERRED BY ANY ENTITY OTHER THAN THE OUTSOURCING FACILITY THAT COMPOUNDED SUCH DRUG. THIS DOES NOT PROHIBIT THE ADMINISTRATION OF A DRUG IN A HEALTH CARE SETTING OR DISPENSING A DRUG PURSUANT TO A PROPERLY EXECUTED PRESCRIPTION.

11. PROHIBITION AGAINST COPYING AN APPROVED DRUG. NO OUTSOURCING FACILITY MAY COMPOUND A DRUG THAT IS ESSENTIALLY A COPY OF ONE OR MORE APPROVED DRUGS.

12. PROHIBITION AGAINST COMPOUNDING DRUGS PRESENTING DEMONSTRABLE DIFFICULTIES. NO OUTSOURCING FACILITY MAY COMPOUND A DRUG:

I. THAT IS IDENTIFIED, DIRECTLY OR AS PART OF A CATEGORY OF DRUGS, ON A LIST PUBLISHED BY THE SECRETARY OF HEALTH AND HUMAN SERVICES THAT PRESENT DEMONSTRABLE DIFFICULTIES FOR COMPOUNDING THAT ARE REASONABLY LIKELY TO LEAD TO AN ADVERSE EFFECT ON THE SAFETY OR EFFECTIVENESS OF THE DRUG OR CATEGORY OF DRUGS, TAKING INTO ACCOUNT THE RISKS AND BENEFITS TO PATIENTS; OR

1 II. THAT IS COMPOUNDED IN ACCORDANCE WITH ALL APPLICABLE CONDITIONS
2 IDENTIFIED ON THE DRUG LIST AS CONDITIONS THAT ARE NECESSARY TO PREVENT
3 THE DRUG OR CATEGORY OF DRUGS FROM PRESENTING DEMONSTRABLE DIFFICULTIES.

4 13. ADVERSE EVENT REPORTS. OUTSOURCING FACILITIES SHALL SUBMIT A COPY
5 OF ALL ADVERSE EVENT REPORTS SUBMITTED TO THE SECRETARY OF HEALTH AND
6 HUMAN SERVICES IN ACCORDANCE WITH THE CONTENT AND FORMAT REQUIREMENTS
7 ESTABLISHED IN SECTION 310.305 OF TITLE 21 OF THE CODE OF FEDERAL REGU-
8 LATIONS, OR ANY SUCCESSOR REGULATION, TO THE EXECUTIVE SECRETARY FOR THE
9 STATE BOARD OF PHARMACY.

10 14. REPORTS. THE COMMISSIONER, IN CONSULTATION WITH THE COMMISSIONER
11 OF HEALTH, SHALL PREPARE AND SUBMIT A REPORT TO THE GOVERNOR AND THE
12 LEGISLATURE, DUE EIGHTEEN MONTHS FROM THE EFFECTIVE DATE OF THIS
13 SECTION, EVALUATING THE EFFECTIVENESS OF THE REGISTRATION AND OVERSIGHT
14 OF OUTSOURCING FACILITIES RELATED TO COMPOUNDING.

15 S 13. Section 3302 of the public health law is amended by adding two
16 new subdivisions 42 and 43 to read as follows:

17 42. "COMPOUNDING" MEANS THE COMBINING, ADMIXING, MIXING, DILUTING,
18 POOLING, RECONSTITUTING, OR OTHERWISE ALTERING OF A DRUG OR BULK DRUG
19 SUBSTANCE TO CREATE A DRUG WITH RESPECT TO AN OUTSOURCING FACILITY UNDER
20 SECTION 503B OF THE FEDERAL FOOD, DRUG AND COSMETIC ACT AND FURTHER
21 DEFINED IN THIS SECTION.

22 43. "OUTSOURCING FACILITY" MEANS A FACILITY THAT:

23 (A) IS ENGAGED IN THE COMPOUNDING OF STERILE DRUGS AS DEFINED IN
24 SECTION SIXTY-EIGHT HUNDRED TWO OF THE EDUCATION LAW;

25 (B) IS CURRENTLY REGISTERED AS AN OUTSOURCING FACILITY PURSUANT TO
26 ARTICLE ONE HUNDRED THIRTY-SEVEN OF THE EDUCATION LAW; AND

27 (C) COMPLIES WITH ALL APPLICABLE REQUIREMENTS OF FEDERAL AND STATE
28 LAW, INCLUDING THE FEDERAL FOOD, DRUG AND COSMETIC ACT.

29 NOTWITHSTANDING ANY OTHER PROVISION OF LAW TO THE CONTRARY, WHEN AN
30 OUTSOURCING FACILITY DISTRIBUTES OR DISPENSES ANY DRUG TO ANY PERSON
31 PURSUANT TO A PRESCRIPTION, SUCH OUTSOURCING FACILITY SHALL BE DEEMED TO
32 BE PROVIDING PHARMACY SERVICES AND SHALL BE SUBJECT TO ALL LAWS, RULES
33 AND REGULATIONS GOVERNING PHARMACIES AND PHARMACY SERVICES.

34 S 14. The opening paragraph of subdivision 2 of section 3318 of the
35 public health law, as added by chapter 878 of the laws of 1972, is
36 amended to read as follows:

37 No controlled substance contained within a bottle, vial, carton or
38 other container, or in any way affixed or appended to or enclosed within
39 a package of any kind, and designed or intended for delivery in such
40 container or package to an ultimate consumer, shall be manufactured,
41 DELIVERED or distributed within this state unless such container or
42 package has clearly and permanently marked or imprinted upon it:

43 S 15. Subdivision 1 of section 3320 of the public health law, as added
44 by chapter 878 of the laws of 1972, is amended to read as follows:

45 1. Controlled substances may be lawfully distributed within this state
46 only to licensed distributors or manufacturers, practitioners, pharma-
47 cists, pharmacies, institutional dispensers, REGISTERED OUTSOURCING
48 FACILITIES, and laboratory, research or instructional facilities author-
49 ized by law to possess the particular substance distributed.

50 S 16. Paragraph (a) of subdivision 1 of section 3321 of the public
51 health law, as added by chapter 878 of the laws of 1972, is amended to
52 read as follows:

53 (a) the return of controlled substances to a manufacturer, REGISTERED
54 OUTSOURCING FACILITY or distributor by a practitioner or pharmacy;

1 S 17. Section 3322 of the public health law, as added by chapter 878
2 of the laws of 1972, subdivision 2 as amended by chapter 108 of the laws
3 of 1975, is amended to read as follows:

4 S 3322. Reports and records. 1. Persons licensed under this title OR
5 OPERATING A REGISTERED OUTSOURCING FACILITY shall maintain records of
6 all controlled substances manufactured, COMPOUNDED, received, disposed
7 of, DELIVERED or distributed by them. The record shall show the date of
8 receipt or delivery, the name and address, and registration number of
9 the person from whom received or to whom DELIVERED OR distributed, the
10 kind and quantity of substance received and DELIVERED OR distributed,
11 the kind and quantity of substance produced or removed from the process
12 of manufacture and the date thereof.

13 2. Any person licensed under this title OR OPERATING A REGISTERED
14 OUTSOURCING FACILITY shall prepare and maintain a biennial report
15 setting forth the current inventory of controlled substances, the quan-
16 tities of controlled substances manufactured, COMPOUNDED, DELIVERED or
17 distributed within the state during the period covered by the report and
18 such other information as the commissioner shall [be] BY regulation
19 prescribe. Maintaining for inspection a biennial inventory of controlled
20 substances prepared and maintained in compliance with federal statutes
21 and regulations shall be deemed in compliance with this section.

22 3. Any person licensed under this title OR OPERATING A REGISTERED
23 OUTSOURCING FACILITY shall forthwith notify the department of any inci-
24 dent involving the theft, loss or possible diversion of controlled
25 substances manufactured, COMPOUNDED, DELIVERED or distributed by the
26 licensee OR OPERATOR.

27 4. The records and reports required by this section shall be prepared,
28 preserved, or filed in such manner and detail as the commissioner shall
29 by regulation prescribe.

30 S 18. Paragraph (c) of subdivision 1 of section 3397 of the public
31 health law, as amended by chapter 547 of the laws of 1981, is amended to
32 read as follows:

33 (c) falsely assume the title of, or represent himself to be a licensed
34 manufacturer, distributor, pharmacy, pharmacist, practitioner, research-
35 er, approved institutional dispenser, OWNER OR EMPLOYEE OF A REGISTERED
36 OUTSOURCING FACILITY or other authorized person, for the purpose of
37 obtaining a controlled substance;

38 S 19. This act shall take effect on the ninetieth day after it shall
39 have become a law.

40 PART E

41 Section 1. The mental hygiene law is amended by adding a new section
42 13.41 to read as follows:

43 S 13.41 INTEGRATED EMPLOYMENT PLAN.

44 (A) THE COMMISSIONER, IN CONSULTATION WITH THE DEVELOPMENTAL DISABILI-
45 TIES ADVISORY COUNCIL, SHALL ESTABLISH A PLAN TO INCREASE EMPLOYMENT
46 OPPORTUNITIES FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES. THE PLAN SHALL
47 INCLUDE, BUT NOT BE LIMITED TO:

48 (1) IDENTIFICATION OF STRATEGIES TO INCREASE COMPETITIVE EMPLOYMENT
49 OPPORTUNITIES FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES, INCLUDING
50 STUDENTS TRANSITIONING FROM EDUCATIONAL PROGRAMS;

51 (2) DATA CONCERNING JOB RETENTION AMONG INDIVIDUALS WITH DEVELOPMENTAL
52 DISABILITIES AND THE IDENTIFICATION OF STRATEGIES TO INCREASE JOB
53 RETENTION;

(3) IDENTIFICATION OF MODELS OF INTEGRATED EMPLOYMENT PROMOTING, TO THE GREATEST EXTENT POSSIBLE, INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES WORKING ALONGSIDE INDIVIDUALS WITHOUT DISABILITIES, INCLUDING CONSIDERATIONS OF ABILITY LEVELS, CRITICAL LIFE TRANSITIONS AND APPROPRIATE OPTIONS;

(4) STRATEGIES FOR ASSISTING INDIVIDUALS IN TRANSITIONING FROM SHELTERED WORKSHOP PROGRAMS TO COMPETITIVE EMPLOYMENT;

(5) PARTNERSHIPS WITH BUSINESS COMMUNITIES AND SENIOR SERVICES TO ASSIST IN INCREASING THE AVAILABILITY OF COMPETITIVE EMPLOYMENT FOR OLDER ADULTS;

(6) IDENTIFICATION OF MEANS TO ASSIST INDIVIDUALS WITH SIGNIFICANT BEHAVIORAL OR MEDICAL NEEDS IN PREPARING FOR AND MOVING TOWARDS INTEGRATED EMPLOYMENT;

(7) TECHNICAL ASSISTANCE, COMPLIANCE AND TRANSITION ASSISTANCE PROCEDURES FOR EXISTING PROVIDERS WHO SEEK TO TRANSITION TO COMPETITIVE AND/OR INTEGRATED EMPLOYMENT MODELS; AND

(8) ASSESSMENTS OF FUNDING AND NECESSARY SUPPORTS FOR INDIVIDUALS AND PROVIDERS.

(B) THE COMMISSIONER, IN CONSULTATION WITH THE DEVELOPMENTAL DISABILITIES ADVISORY COUNCIL, SHALL DEVELOP THE PLAN WITH INPUT FROM STAKEHOLDERS, INCLUDING INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES, PARENTS AND GUARDIANS OF INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES, ADVOCATES AND PROVIDERS OF SERVICES FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES.

(C) THE PLAN REQUIRED PURSUANT TO THIS SECTION SHALL BE DEVELOPED AND SUBMITTED TO THE TEMPORARY PRESIDENT OF THE SENATE AND SPEAKER OF THE ASSEMBLY AND POSTED ON THE WEBSITE OF THE OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES WITHIN ONE HUNDRED EIGHTY DAYS OF THE CENTERS FOR MEDICARE AND MEDICAID SERVICES' APPROVAL OF THE PLAN TO INCREASE COMPETITIVE EMPLOYMENT OPPORTUNITIES FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES.

S 2. This act shall take effect immediately.

PART F

Section 1. No later than January 1, 2016, the office for people with developmental disabilities shall issue a report to the governor, the temporary president of the senate and the speaker of the assembly setting forth recommendations for the establishment of a direct support professional credentialing pilot program. Recommendations for the program shall be based on a study to be conducted by the office for people with developmental disabilities and shall include consideration of: (1) national and international models of direct support credentialing; (2) career ladders for direct support professionals and supervisors; (3) current direct support professional salaries and training requirements; (4) classroom and on-the-job training requirements for existing direct support credentialing programs and the impact of these requirements on operations of providers of services; (5) ongoing and continuing professional education requirements for credentialed direct support of professionals; (6) the fiscal impact of a credentialing pilot program; and (7) financial incentives for those who successfully complete the credentialing program.

S 2. This act shall take effect immediately.

PART G

1 Section 1. Subdivision (e) of section 41.55 of the mental hygiene law,
2 as amended by section 3 of part C of chapter 111 of the laws of 2010, is
3 amended to read as follows:

4 (e) The amount of community mental health support and workforce rein-
5 vestment funds for the office of mental health shall be determined in
6 the annual budget and shall include the amount of actual state oper-
7 ations general fund appropriation reductions, including personal service
8 savings and other than personal service savings directly attributed to
9 each child and adult non-geriatric inpatient bed closure. For the
10 purposes of this section a bed shall be considered to be closed upon the
11 elimination of funding for such beds in the executive budget. The
12 appropriation reductions as a result of inpatient bed closures shall be
13 no less than [seventy] ONE HUNDRED TEN thousand dollars per bed on a
14 full annual basis, as annually recommended by the commissioner, subject
15 to the approval of the director of the budget, in the executive budget
16 request prior to the fiscal year for which the executive budget is being
17 submitted. The methodologies used to calculate the per bed closure
18 savings shall be developed by the commissioner and the director of the
19 budget. In no event shall the full annual value of community mental
20 health support and workforce reinvestment programs attributable to beds
21 closed as a result of net inpatient census decline exceed the twelve
22 month value of the office of mental health state operations general fund
23 reductions resulting from such census decline. Such reinvestment amount
24 shall be made available in the same proportion by which the office of
25 mental health's state operations general fund appropriations are reduced
26 each year as a result of child and adult non-geriatric inpatient bed
27 closures due to census decline.

28 S 2. Subdivision 2 of section 97-dddd of the state finance law, as
29 added by section 6 of part R2 of chapter 62 of the laws of 2003, is
30 amended to read as follows:

31 2. The commissioner of the office of mental health shall notify the
32 director of the budget when the number of children's psychiatric center
33 beds or adult, non-geriatric psychiatric center beds closed in any one
34 year exceeds the number of beds projected to be closed by the office of
35 mental health in the executive budget request submitted in the year
36 prior to the fiscal year for which the executive budget is being submit-
37 ted. Notwithstanding any other law, rule or regulation to the contrary
38 the director of the budget shall then transfer the amount of actual
39 state operations general fund appropriation reductions, including
40 personal service and nonpersonal service, directly attributed to the
41 closure of such beds, to the state comptroller who shall then credit
42 such appropriation reductions to the community mental health support and
43 workforce reinvestment account. The per bed appropriation reduction
44 shall be no less than [seventy] ONE HUNDRED TEN thousand dollars on a
45 full annual basis.

46 S 3. Section 7 of part R2 of chapter 62 of the laws of 2003, amending
47 the mental hygiene law and the state finance law relating to the commu-
48 nity mental health support and workforce reinvestment program, the
49 membership of subcommittees for mental health of community services
50 boards and the duties of such subcommittees and creating the community
51 mental health and workforce reinvestment account, as amended by section
52 3 of part H of chapter 56 of the laws of 2013, is amended to read as
53 follows:

54 S 7. This act shall take effect immediately and shall expire March 31,
55 [2015] 2018 when upon such date the provisions of this act shall be
56 deemed repealed.

1 S 4. This act shall take effect immediately; provided that:

2 1. the amendments to subdivision (e) of section 41.55 of the mental
3 hygiene law made by section one of this act shall not affect the repeal
4 of such section and shall be deemed repealed therewith; and

5 2. the amendments to subdivision 2 of section 97-dddd of the state
6 finance law made by section two of this act shall not affect the repeal
7 of such section and shall be deemed repealed therewith.

8

PART H

9 Section 1. Paragraphs 11, 12, 13, 14, 16 and 17 of subsection (a) of
10 section 3217-a of the insurance law, as added by chapter 705 of the laws
11 of 1996, are amended and four new paragraphs 16-a, 18, 19 and 20 are
12 added to read as follows:

13 (11) where applicable, notice that an insured enrolled in a managed
14 care product OR IN A COMPREHENSIVE POLICY THAT UTILIZES A NETWORK OF
15 PROVIDERS offered by the insurer may obtain a referral [to] OR PREAU-
16 THORIZATION FOR a health care provider outside of the insurer's network
17 or panel when the insurer does not have a health care provider [with]
18 WHO IS GEOGRAPHICALLY ACCESSIBLE TO THE INSURED AND WHO HAS THE appro-
19 priate training and experience in the network or panel to meet the
20 particular health care needs of the insured and the procedure by which
21 the insured can obtain such referral OR PREAUTHORIZATION;

22 (12) where applicable, notice that an insured enrolled in a managed
23 care product OR A COMPREHENSIVE POLICY THAT UTILIZES A NETWORK OF
24 PROVIDERS offered by the insurer with a condition which requires ongoing
25 care from a specialist may request a standing referral to such a
26 specialist and the procedure for requesting and obtaining such a stand-
27 ing referral;

28 (13) where applicable, notice that an insured enrolled in a managed
29 care product OR A COMPREHENSIVE POLICY THAT UTILIZES A NETWORK OF
30 PROVIDERS offered by the insurer with [(i)] (A) a life-threatening
31 condition or disease, or [(ii)] (B) a degenerative and disabling condi-
32 tion or disease, either of which requires specialized medical care over
33 a prolonged period of time may request a specialist responsible for
34 providing or coordinating the insured's medical care and the procedure
35 for requesting and obtaining such a specialist;

36 (14) where applicable, notice that an insured enrolled in a managed
37 care product OR A COMPREHENSIVE POLICY THAT UTILIZES A NETWORK OF
38 PROVIDERS offered by the insurer with [(i)] (A) a life-threatening
39 condition or disease, or [(ii)] (B) a degenerative and disabling condi-
40 tion or disease, either of which requires specialized medical care over
41 a prolonged period of time, may request access to a specialty care
42 center and the procedure by which such access may be obtained;

43 (16) notice of all appropriate mailing addresses and telephone numbers
44 to be utilized by insureds seeking information or authorization; [and]

45 (16-A) WHERE APPLICABLE, NOTICE THAT AN INSURED SHALL HAVE DIRECT
46 ACCESS TO PRIMARY AND PREVENTIVE OBSTETRIC AND GYNECOLOGIC SERVICES,
47 INCLUDING ANNUAL EXAMINATIONS, CARE RESULTING FROM SUCH ANNUAL EXAMINA-
48 TIONS, AND TREATMENT OF ACUTE GYNECOLOGIC CONDITIONS, FROM A QUALIFIED
49 PROVIDER OF SUCH SERVICES OF HER CHOICE FROM WITHIN THE PLAN OR FOR ANY
50 CARE RELATED TO A PREGNANCY;

51 (17) where applicable, a listing by specialty, which may be in a sepa-
52 rate document that is updated annually, of the name, address, and tele-
53 phone number of all participating providers, including facilities, and
54 in addition, in the case of physicians, board certification[.],

1 LANGUAGES SPOKEN AND ANY AFFILIATIONS WITH PARTICIPATING HOSPITALS. THE
2 LISTING SHALL ALSO BE POSTED ON THE INSURER'S WEBSITE AND THE INSURER
3 SHALL UPDATE THE WEBSITE WITHIN FIFTEEN DAYS OF THE ADDITION OR TERMI-
4 NATION OF A PROVIDER FROM THE INSURER'S NETWORK OR A CHANGE IN A PHYSI-
5 CIAN'S HOSPITAL AFFILIATION;

6 (18) A DESCRIPTION OF THE METHOD BY WHICH AN INSURED MAY SUBMIT A
7 CLAIM FOR HEALTH CARE SERVICES;

8 (19) WITH RESPECT TO OUT-OF-NETWORK COVERAGE:

9 (A) A CLEAR DESCRIPTION OF THE METHODOLOGY USED BY THE INSURER TO
10 DETERMINE REIMBURSEMENT FOR OUT-OF-NETWORK HEALTH CARE SERVICES;

11 (B) THE AMOUNT THAT THE INSURER WILL REIMBURSE UNDER THE METHODOLOGY
12 FOR OUT-OF-NETWORK HEALTH CARE SERVICES SET FORTH AS A PERCENTAGE OF THE
13 USUAL AND CUSTOMARY COST FOR OUT-OF-NETWORK HEALTH CARE SERVICES; AND

14 (C) EXAMPLES OF ANTICIPATED OUT-OF-POCKET COSTS FOR FREQUENTLY BILLED
15 OUT-OF-NETWORK HEALTH CARE SERVICES; AND

16 (20) INFORMATION IN WRITING AND THROUGH AN INTERNET WEBSITE THAT
17 REASONABLY PERMITS AN INSURED OR PROSPECTIVE INSURED TO ESTIMATE THE
18 ANTICIPATED OUT-OF-POCKET COST FOR OUT-OF-NETWORK HEALTH CARE SERVICES
19 IN A GEOGRAPHICAL AREA OR ZIP CODE BASED UPON THE DIFFERENCE BETWEEN
20 WHAT THE INSURER WILL REIMBURSE FOR OUT-OF-NETWORK HEALTH CARE SERVICES
21 AND THE USUAL AND CUSTOMARY COST FOR OUT-OF-NETWORK HEALTH CARE
22 SERVICES.

23 S 2. Paragraphs 11 and 12 of subsection (b) of section 3217-a of the
24 insurance law, as added by chapter 705 of the laws of 1996, are amended
25 and two new paragraphs 13 and 14 are added to read as follows:

26 (11) where applicable, provide the written application procedures and
27 minimum qualification requirements for health care providers to be
28 considered by the insurer for participation in the insurer's network for
29 a managed care product; [and]

30 (12) disclose such other information as required by the superinten-
31 dent, provided that such requirements are promulgated pursuant to the
32 state administrative procedure act[.];

33 (13) DISCLOSE WHETHER A HEALTH CARE PROVIDER SCHEDULED TO PROVIDE A
34 HEALTH CARE SERVICE IS AN IN-NETWORK PROVIDER; AND

35 (14) WITH RESPECT TO OUT-OF-NETWORK COVERAGE, DISCLOSE THE APPROXIMATE
36 DOLLAR AMOUNT THAT THE INSURER WILL PAY FOR A SPECIFIC OUT-OF-NETWORK
37 HEALTH CARE SERVICE. THE INSURER SHALL ALSO INFORM THE INSURED THROUGH
38 SUCH DISCLOSURE THAT SUCH APPROXIMATION IS NOT BINDING ON THE INSURER
39 AND THAT THE APPROXIMATE DOLLAR AMOUNT THAT THE INSURER WILL PAY FOR A
40 SPECIFIC OUT-OF-NETWORK HEALTH CARE SERVICE MAY CHANGE.

41 S 3. Section 3217-a of the insurance law is amended by adding a new
42 subsection (f) to read as follows:

43 (F) FOR PURPOSES OF THIS SECTION, "USUAL AND CUSTOMARY COST" SHALL
44 MEAN THE EIGHTIETH PERCENTILE OF ALL CHARGES FOR THE PARTICULAR HEALTH
45 CARE SERVICE PERFORMED BY A PROVIDER IN THE SAME OR SIMILAR SPECIALTY
46 AND PROVIDED IN THE SAME GEOGRAPHICAL AREA AS REPORTED IN A BENCHMARKING
47 DATABASE MAINTAINED BY A NONPROFIT ORGANIZATION SPECIFIED BY THE SUPER-
48 INTENDENT. THE NONPROFIT ORGANIZATION SHALL NOT BE AFFILIATED WITH AN
49 INSURER, A CORPORATION SUBJECT TO ARTICLE FORTY-THREE OF THIS CHAPTER, A
50 MUNICIPAL COOPERATIVE HEALTH BENEFIT PLAN CERTIFIED PURSUANT TO ARTICLE
51 FORTY-SEVEN OF THIS CHAPTER, OR A HEALTH MAINTENANCE ORGANIZATION CERTI-
52 FIED PURSUANT TO ARTICLE FORTY-FOUR OF THE PUBLIC HEALTH LAW.

53 S 4. Section 3217-d of the insurance law is amended by adding a new
54 subsection (d) to read as follows:

55 (D) AN INSURER THAT ISSUES A COMPREHENSIVE POLICY THAT UTILIZES A
56 NETWORK OF PROVIDERS AND IS NOT A MANAGED CARE HEALTH INSURANCE CONTRACT

1 AS DEFINED IN SUBSECTION (C) OF SECTION FOUR THOUSAND EIGHT HUNDRED ONE
2 OF THIS CHAPTER, SHALL PROVIDE ACCESS TO OUT-OF-NETWORK SERVICES
3 CONSISTENT WITH THE REQUIREMENTS OF SUBSECTION (A) OF SECTION FOUR THOU-
4 SAND EIGHT HUNDRED FOUR OF THIS CHAPTER, SUBSECTIONS (G-6) AND (G-7) OF
5 SECTION FOUR THOUSAND NINE HUNDRED OF THIS CHAPTER, SUBSECTIONS (A-1)
6 AND (A-2) OF SECTION FOUR THOUSAND NINE HUNDRED FOUR OF THIS CHAPTER,
7 PARAGRAPHS THREE AND FOUR OF SUBSECTION (B) OF SECTION FOUR THOUSAND
8 NINE HUNDRED TEN OF THIS CHAPTER, AND SUBPARAGRAPHS (C) AND (D) OF PARA-
9 GRAPH FOUR OF SUBSECTION (B) OF SECTION FOUR THOUSAND NINE HUNDRED FOUR-
10 TEEN OF THIS CHAPTER.

11 S 5. Section 3224-a of the insurance law is amended by adding a new
12 subsection (j) to read as follows:

13 (J) AN INSURER OR AN ORGANIZATION OR CORPORATION LICENSED OR CERTIFIED
14 PURSUANT TO ARTICLE FORTY-THREE OR FORTY-SEVEN OF THIS CHAPTER OR ARTI-
15 CLE FORTY-FOUR OF THE PUBLIC HEALTH LAW OR A STUDENT HEALTH PLAN ESTAB-
16 LISHED OR MAINTAINED PURSUANT TO SECTION ONE THOUSAND ONE HUNDRED TWEN-
17 TY-FOUR OF THIS CHAPTER SHALL ACCEPT CLAIMS SUBMITTED BY A POLICYHOLDER
18 OR COVERED PERSON, IN WRITING, INCLUDING THROUGH THE INTERNET, BY ELEC-
19 TRONIC MAIL OR BY FACSIMILE.

20 S 6. The insurance law is amended by adding a new section 3241 to read
21 as follows:

22 S 3241. NETWORK COVERAGE. (A) AN INSURER, A CORPORATION ORGANIZED
23 PURSUANT TO ARTICLE FORTY-THREE OF THIS CHAPTER, A MUNICIPAL COOPERATIVE
24 HEALTH BENEFIT PLAN CERTIFIED PURSUANT TO ARTICLE FORTY-SEVEN OF THIS
25 CHAPTER, OR A STUDENT HEALTH PLAN ESTABLISHED OR MAINTAINED PURSUANT TO
26 SECTION ONE THOUSAND ONE HUNDRED TWENTY-FOUR OF THIS CHAPTER, THAT
27 ISSUES A HEALTH INSURANCE POLICY OR CONTRACT WITH A NETWORK OF HEALTH
28 CARE PROVIDERS SHALL ENSURE THAT THE NETWORK IS ADEQUATE TO MEET THE
29 HEALTH NEEDS OF INSURED AND PROVIDE AN APPROPRIATE CHOICE OF PROVIDERS
30 SUFFICIENT TO RENDER THE SERVICES COVERED UNDER THE POLICY OR CONTRACT.
31 THE SUPERINTENDENT SHALL REVIEW THE NETWORK OF HEALTH CARE PROVIDERS FOR
32 ADEQUACY AT THE TIME OF THE SUPERINTENDENT'S INITIAL APPROVAL OF A
33 HEALTH INSURANCE POLICY OR CONTRACT; AT LEAST EVERY THREE YEARS THERE-
34 AFTER; AND UPON APPLICATION FOR EXPANSION OF ANY SERVICE AREA ASSOCIATED
35 WITH THE POLICY OR CONTRACT IN CONFORMANCE WITH THE STANDARDS SET FORTH
36 IN SUBDIVISION FIVE OF SECTION FOUR THOUSAND FOUR HUNDRED THREE OF THE
37 PUBLIC HEALTH LAW. TO THE EXTENT THAT THE NETWORK HAS BEEN DETERMINED
38 BY THE COMMISSIONER OF HEALTH TO MEET THE STANDARDS SET FORTH IN SUBDI-
39 VISION FIVE OF SECTION FOUR THOUSAND FOUR HUNDRED THREE OF THE PUBLIC
40 HEALTH LAW, SUCH NETWORK SHALL BE DEEMED ADEQUATE BY THE SUPERINTENDENT.

41 (B)(1)(A) AN INSURER, A CORPORATION ORGANIZED PURSUANT TO ARTICLE
42 FORTY-THREE OF THIS CHAPTER, A MUNICIPAL COOPERATIVE HEALTH BENEFIT PLAN
43 CERTIFIED PURSUANT TO ARTICLE FORTY-SEVEN OF THIS CHAPTER, A HEALTH
44 MAINTENANCE ORGANIZATION CERTIFIED PURSUANT TO ARTICLE FORTY-FOUR OF THE
45 PUBLIC HEALTH LAW OR A STUDENT HEALTH PLAN ESTABLISHED OR MAINTAINED
46 PURSUANT TO SECTION ONE THOUSAND ONE HUNDRED TWENTY-FOUR OF THIS CHAP-
47 TER, THAT ISSUES A COMPREHENSIVE GROUP OR GROUP REMITTANCE HEALTH INSUR-
48 ANCE POLICY OR CONTRACT THAT COVERS OUT-OF-NETWORK HEALTH CARE SERVICES
49 SHALL MAKE AVAILABLE AND, IF REQUESTED BY THE POLICYHOLDER OR CONTRACT-
50 HOLDER, PROVIDE AT LEAST ONE OPTION FOR COVERAGE FOR AT LEAST EIGHTY
51 PERCENT OF THE USUAL AND CUSTOMARY COST OF EACH OUT-OF-NETWORK HEALTH
52 CARE SERVICE AFTER IMPOSITION OF A DEDUCTIBLE OR ANY PERMISSIBLE BENEFIT
53 MAXIMUM.

54 (B) IF THERE IS NO COVERAGE AVAILABLE PURSUANT TO SUBPARAGRAPH (A) OF
55 THIS PARAGRAPH IN A RATING REGION, THEN THE SUPERINTENDENT MAY REQUIRE
56 AN INSURER, A CORPORATION ORGANIZED PURSUANT TO ARTICLE FORTY-THREE OF

1 THIS CHAPTER, A MUNICIPAL COOPERATIVE HEALTH BENEFIT PLAN CERTIFIED
2 PURSUANT TO ARTICLE FORTY-SEVEN OF THIS CHAPTER, A HEALTH MAINTENANCE
3 ORGANIZATION CERTIFIED PURSUANT TO ARTICLE FORTY-FOUR OF THE PUBLIC
4 HEALTH LAW, OR A STUDENT HEALTH PLAN ESTABLISHED OR MAINTAINED PURSUANT
5 TO SECTION ONE THOUSAND ONE HUNDRED TWENTY-FOUR OF THIS CHAPTER ISSUING
6 A COMPREHENSIVE GROUP OR GROUP REMITTANCE HEALTH INSURANCE POLICY OR
7 CONTRACT IN THE RATING REGION, TO MAKE AVAILABLE AND, IF REQUESTED BY
8 THE POLICYHOLDER OR CONTRACTHOLDER, PROVIDE AT LEAST ONE OPTION FOR
9 COVERAGE OF EIGHTY PERCENT OF THE USUAL AND CUSTOMARY COST OF EACH OUT-
10 OF-NETWORK HEALTH CARE SERVICE AFTER IMPOSITION OF ANY PERMISSIBLE
11 DEDUCTIBLE OR BENEFIT MAXIMUM. THE SUPERINTENDENT MAY, AFTER GIVING
12 CONSIDERATION TO THE PUBLIC INTEREST, PERMIT AN INSURER, A CORPORATION,
13 OR A HEALTH MAINTENANCE ORGANIZATION TO SATISFY THE REQUIREMENTS OF THIS
14 PARAGRAPH ON BEHALF OF ANOTHER INSURER, CORPORATION, OR HEALTH MAINTENANCE ORGANIZATION WITHIN THE SAME HOLDING COMPANY SYSTEM, AS DEFINED IN
15 ARTICLE FIFTEEN OF THIS CHAPTER, INCLUDING A HEALTH MAINTENANCE ORGANIZATION OPERATED AS A LINE OF BUSINESS OF A HEALTH SERVICE CORPORATION ORGANIZED PURSUANT TO ARTICLE FORTY-THREE OF THIS CHAPTER. THE SUPERINTENDENT MAY, UPON WRITTEN REQUEST, WAIVE THE REQUIREMENT FOR COVERAGE
16 OF OUT-OF-NETWORK HEALTH CARE SERVICES TO BE MADE AVAILABLE PURSUANT TO
17 THIS SUBPARAGRAPH IF THE SUPERINTENDENT DETERMINES THAT IT WOULD POSE AN
18 UNDUE HARDSHIP UPON AN INSURER, A CORPORATION ORGANIZED PURSUANT TO
19 ARTICLE FORTY-THREE OF THIS CHAPTER, A MUNICIPAL COOPERATIVE HEALTH
20 BENEFIT PLAN CERTIFIED PURSUANT TO ARTICLE FORTY-SEVEN OF THIS CHAPTER,
21 A HEALTH MAINTENANCE ORGANIZATION CERTIFIED PURSUANT TO ARTICLE
22 FORTY-FOUR OF THE PUBLIC HEALTH LAW, OR A STUDENT HEALTH PLAN ESTABLISHED OR MAINTAINED PURSUANT TO SECTION ONE THOUSAND ONE HUNDRED TWENTY-FOUR OF THIS CHAPTER.

23 (2) FOR THE PURPOSES OF THIS SUBSECTION, "USUAL AND CUSTOMARY COST"
24 SHALL MEAN THE EIGHTIETH PERCENTILE OF ALL CHARGES FOR THE PARTICULAR
25 HEALTH CARE SERVICE PERFORMED BY A PROVIDER IN THE SAME OR SIMILAR
26 SPECIALTY AND PROVIDED IN THE SAME GEOGRAPHICAL AREA AS REPORTED IN A
27 BENCHMARKING DATABASE MAINTAINED BY A NONPROFIT ORGANIZATION SPECIFIED
28 BY THE SUPERINTENDENT. THE NONPROFIT ORGANIZATION SHALL NOT BE AFFILIATED WITH AN INSURER, A CORPORATION SUBJECT TO ARTICLE FORTY-THREE OF
29 THIS CHAPTER, A MUNICIPAL COOPERATIVE HEALTH BENEFIT PLAN CERTIFIED
30 PURSUANT TO ARTICLE FORTY-SEVEN OF THIS CHAPTER, A HEALTH MAINTENANCE
31 ORGANIZATION CERTIFIED PURSUANT TO ARTICLE FORTY-FOUR OF THE PUBLIC
32 HEALTH LAW OR A STUDENT HEALTH PLAN ESTABLISHED OR MAINTAINED PURSUANT
33 TO SECTION ONE THOUSAND ONE HUNDRED TWENTY-FOUR OF THIS CHAPTER.

34 (3) THIS SUBSECTION SHALL NOT APPLY TO EMERGENCY CARE SERVICES IN
35 HOSPITAL FACILITIES OR PREHOSPITAL EMERGENCY MEDICAL SERVICES AS DEFINED
36 IN CLAUSE (I) OF SUBPARAGRAPH (E) OF PARAGRAPH TWENTY-FOUR OF SUBSECTION
37 (I) OF SECTION THREE THOUSAND TWO HUNDRED SIXTEEN OF THIS ARTICLE, OR
38 CLAUSE (I) OF SUBPARAGRAPH (E) OF PARAGRAPH FIFTEEN OF SUBSECTION (L) OF
39 SECTION THREE THOUSAND TWO HUNDRED TWENTY-ONE OF THIS CHAPTER, OR
40 SUBPARAGRAPH (A) OF PARAGRAPH FIVE OF SUBSECTION (AA) OF SECTION FOUR
41 THOUSAND THREE HUNDRED THREE OF THIS CHAPTER.

42 (4) NOTHING IN THIS SUBSECTION SHALL LIMIT THE SUPERINTENDENT'S
43 AUTHORITY PURSUANT TO SECTION THREE THOUSAND TWO HUNDRED SEVENTEEN OF
44 THIS ARTICLE TO ESTABLISH MINIMUM STANDARDS FOR THE FORM, CONTENT AND
45 SALE OF ACCIDENT AND HEALTH INSURANCE POLICIES AND SUBSCRIBER CONTRACTS,
46 TO REQUIRE ADDITIONAL COVERAGE OPTIONS FOR OUT-OF-NETWORK SERVICES, OR
47 TO PROVIDE FOR STANDARDIZATION AND SIMPLIFICATION OF COVERAGE.

48 (C) WHEN AN INSURED OR ENROLLEE UNDER A CONTRACT OR POLICY THAT
49 PROVIDES COVERAGE FOR EMERGENCY SERVICES RECEIVES THE SERVICES FROM A
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1 HEALTH CARE PROVIDER THAT DOES NOT PARTICIPATE IN THE PROVIDER NETWORK
2 OF AN INSURER, A CORPORATION ORGANIZED PURSUANT TO ARTICLE FORTY-THREE
3 OF THIS CHAPTER, A MUNICIPAL COOPERATIVE HEALTH BENEFIT PLAN CERTIFIED
4 PURSUANT TO ARTICLE FORTY-SEVEN OF THIS CHAPTER, A HEALTH MAINTENANCE
5 ORGANIZATION CERTIFIED PURSUANT TO ARTICLE FORTY-FOUR OF THE PUBLIC
6 HEALTH LAW, OR A STUDENT HEALTH PLAN ESTABLISHED OR MAINTAINED PURSUANT
7 TO SECTION ONE THOUSAND ONE HUNDRED TWENTY-FOUR OF THIS CHAPTER ("HEALTH
8 CARE PLAN"), THE HEALTH CARE PLAN SHALL ENSURE THAT THE INSURED OR
9 ENROLLEE SHALL INCUR NO GREATER OUT-OF-POCKET COSTS FOR THE EMERGENCY
10 SERVICES THAN THE INSURED OR ENROLLEE WOULD HAVE INCURRED WITH A HEALTH
11 CARE PROVIDER THAT PARTICIPATES IN THE HEALTH CARE PLAN'S PROVIDER
12 NETWORK. FOR THE PURPOSE OF THIS SECTION, "EMERGENCY SERVICES" SHALL
13 HAVE THE MEANING SET FORTH IN SUBPARAGRAPH (D) OF PARAGRAPH NINE OF
14 SUBSECTION (I) OF SECTION THREE THOUSAND TWO HUNDRED SIXTEEN OF THIS
15 ARTICLE, SUBPARAGRAPH (D) OF PARAGRAPH FOUR OF SUBSECTION (K) OF SECTION
16 THREE THOUSAND TWO HUNDRED TWENTY-ONE OF THIS ARTICLE, AND SUBPARAGRAPH
17 (D) OF PARAGRAPH TWO OF SUBSECTION (A) OF SECTION FOUR THOUSAND THREE
18 HUNDRED THREE OF THIS CHAPTER.

19 S 7. Section 4306-c of the insurance law is amended by adding a new
20 subsection (d) to read as follows:

21 (D) A CORPORATION, INCLUDING A MUNICIPAL COOPERATIVE HEALTH BENEFIT
22 PLAN CERTIFIED PURSUANT TO ARTICLE FORTY-SEVEN OF THIS CHAPTER AND A
23 STUDENT HEALTH PLAN ESTABLISHED OR MAINTAINED PURSUANT TO SECTION ONE
24 THOUSAND ONE HUNDRED TWENTY-FOUR OF THIS CHAPTER, THAT ISSUES A COMPRE-
25 HENSIVE POLICY THAT UTILIZES A NETWORK OF PROVIDERS AND IS NOT A MANAGED
26 CARE HEALTH INSURANCE CONTRACT AS DEFINED IN SUBSECTION (C) OF SECTION
27 FOUR THOUSAND EIGHT HUNDRED ONE OF THIS CHAPTER, SHALL PROVIDE ACCESS TO
28 OUT-OF-NETWORK SERVICES CONSISTENT WITH THE REQUIREMENTS OF SUBSECTION
29 (A) OF SECTION FOUR THOUSAND EIGHT HUNDRED FOUR OF THIS CHAPTER,
30 SUBSECTIONS (G-6) AND (G-7) OF SECTION FOUR THOUSAND NINE HUNDRED OF
31 THIS CHAPTER, SUBSECTIONS (A-1) AND (A-2) OF SECTION FOUR THOUSAND NINE
32 HUNDRED FOUR OF THIS CHAPTER, PARAGRAPHS THREE AND FOUR OF SUBSECTION
33 (B) OF SECTION FOUR THOUSAND NINE HUNDRED TEN OF THIS CHAPTER, AND
34 SUBPARAGRAPHS (C) AND (D) OF PARAGRAPH FOUR OF SUBSECTION (B) OF SECTION
35 FOUR THOUSAND NINE HUNDRED FOURTEEN OF THIS CHAPTER.

36 S 8. Paragraphs 11, 12, 13, 14, 16-a, 17, and 18 of subsection (a) of
37 section 4324 of the insurance law, paragraphs 11, 12, 13, 14, 17 and 18
38 as added by chapter 705 of the laws of 1996, paragraph 16-a as added by
39 chapter 554 of the laws of 2002, are amended and three new paragraphs
40 19, 20 and 21 are added to read as follows:

41 (11) where applicable, notice that a subscriber enrolled in a managed
42 care product OR IN A COMPREHENSIVE CONTRACT THAT UTILIZES A NETWORK OF
43 PROVIDERS offered by the corporation may obtain a referral [to] OR
44 PREAUTHORIZATION FOR a health care provider outside of the corporation's
45 network or panel when the corporation does not have a health care
46 provider [with] WHO IS GEOGRAPHICALLY ACCESSIBLE TO THE INSURED AND WHO
47 HAS THE appropriate training and experience in the network or panel to
48 meet the particular health care needs of the subscriber and the proce-
49 dure by which the subscriber can obtain such referral OR PREAUTHORI-
50 ZATION;

51 (12) where applicable, notice that a subscriber enrolled in a managed
52 care product OR A COMPREHENSIVE CONTRACT THAT UTILIZES A NETWORK OF
53 PROVIDERS offered by the corporation with a condition which requires
54 ongoing care from a specialist may request a standing referral to such a
55 specialist and the procedure for requesting and obtaining such a stand-
56 ing referral;

(13) where applicable, notice that a subscriber enrolled in a managed care product OR A COMPREHENSIVE CONTRACT THAT UTILIZES A NETWORK OF PROVIDERS offered by the corporation with (i) a life-threatening condition or disease, or (ii) a degenerative and disabling condition or disease, either of which requires specialized medical care over a prolonged period of time may request a specialist responsible for providing or coordinating the subscriber's medical care and the procedure for requesting and obtaining such a specialist;

(14) where applicable, notice that a subscriber enrolled in a managed care product OR A COMPREHENSIVE CONTRACT THAT UTILIZES A NETWORK OF PROVIDERS offered by the corporation with [(i)] (A) a life-threatening condition or disease, or [(ii)] (B) a degenerative and disabling condition or disease, either of which requires specialized medical care over a prolonged period of time may request access to a specialty care center and the procedure by which such access may be obtained;

(16-a) where applicable, notice that an enrollee shall have direct access to primary and preventive obstetric and gynecologic services, INCLUDING ANNUAL EXAMINATIONS, CARE RESULTING FROM SUCH ANNUAL EXAMINATIONS, AND TREATMENT OF ACUTE GYNECOLOGIC CONDITIONS, from a qualified provider of such services of her choice from within the plan [for no fewer than two examinations annually for such services] or [to] FOR any care related to A pregnancy [and that additionally, the enrollee shall have direct access to primary and preventive obstetric and gynecologic services required as a result of such annual examinations or as a result of an acute gynecologic condition];

(17) where applicable, a listing by specialty, which may be in a separate document that is updated annually, of the name, address, and telephone number of all participating providers, including facilities, and in addition, in the case of physicians, board certification[; and], LANGUAGES SPOKEN AND ANY AFFILIATIONS WITH PARTICIPATING HOSPITALS. THE LISTING SHALL ALSO BE POSTED ON THE CORPORATION'S WEBSITE AND THE CORPORATION SHALL UPDATE THE WEBSITE WITHIN FIFTEEN DAYS OF THE ADDITION OR TERMINATION OF A PROVIDER FROM THE CORPORATION'S NETWORK OR A CHANGE IN A PHYSICIAN'S HOSPITAL AFFILIATION;

(18) a description of the mechanisms by which subscribers may participate in the development of the policies of the corporation[.];

(19) THE METHOD BY WHICH A SUBSCRIBER MAY SUBMIT A CLAIM FOR HEALTH CARE SERVICES;

(20) WITH RESPECT TO OUT-OF-NETWORK COVERAGE:

(A) A CLEAR DESCRIPTION OF THE METHODOLOGY USED BY THE CORPORATION TO DETERMINE REIMBURSEMENT FOR OUT-OF-NETWORK HEALTH CARE SERVICES;

(B) A DESCRIPTION OF THE AMOUNT THAT THE CORPORATION WILL REIMBURSE UNDER THE METHODOLOGY FOR OUT-OF-NETWORK HEALTH CARE SERVICES SET FORTH AS A PERCENTAGE OF THE USUAL AND CUSTOMARY COST FOR OUT-OF-NETWORK HEALTH CARE SERVICES; AND

(C) EXAMPLES OF ANTICIPATED OUT-OF-POCKET COSTS FOR FREQUENTLY BILLED OUT-OF-NETWORK HEALTH CARE SERVICES; AND

(21) INFORMATION IN WRITING AND THROUGH AN INTERNET WEBSITE THAT REASONABLY PERMITS A SUBSCRIBER OR PROSPECTIVE SUBSCRIBER TO ESTIMATE THE ANTICIPATED OUT-OF-POCKET COST FOR OUT-OF-NETWORK HEALTH CARE SERVICES IN A GEOGRAPHICAL AREA OR ZIP CODE BASED UPON THE DIFFERENCE BETWEEN WHAT THE CORPORATION WILL REIMBURSE FOR OUT-OF-NETWORK HEALTH CARE SERVICES AND THE USUAL AND CUSTOMARY COST FOR OUT-OF-NETWORK HEALTH CARE SERVICES.

1 S 9. Paragraphs 11 and 12 of subsection (b) of section 4324 of the
2 insurance law, as added by chapter 705 of the laws of 1996, are amended
3 and two new paragraphs 13 and 14 are added to read as follows:

4 (11) where applicable, provide the written application procedures and
5 minimum qualification requirements for health care providers to be
6 considered by the corporation for participation in the corporation's
7 network for a managed care product; [and]

8 (12) disclose such other information as required by the superinten-
9 dent, provided that such requirements are promulgated pursuant to the
10 state administrative procedure act[.];

11 (13) DISCLOSE WHETHER A HEALTH CARE PROVIDER SCHEDULED TO PROVIDE A
12 HEALTH CARE SERVICE IS AN IN-NETWORK PROVIDER; AND

13 (14) WITH RESPECT TO OUT-OF-NETWORK COVERAGE, DISCLOSE THE APPROXIMATE
14 DOLLAR AMOUNT THAT THE CORPORATION WILL PAY FOR A SPECIFIC OUT-OF-NET-
15 WORK HEALTH CARE SERVICE. THE CORPORATION SHALL ALSO INFORM THE INSURED
16 THROUGH SUCH DISCLOSURE THAT SUCH APPROXIMATION IS NOT BINDING ON THE
17 CORPORATION AND THAT THE APPROXIMATE DOLLAR AMOUNT THAT THE CORPORATION
18 WILL PAY FOR A SPECIFIC OUT-OF-NETWORK HEALTH CARE SERVICE MAY CHANGE.

19 S 10. Section 4324 of the insurance law is amended by adding a new
20 subsection (f) to read as follows:

21 (F) FOR PURPOSES OF THIS SECTION, "USUAL AND CUSTOMARY COST" SHALL
22 MEAN THE EIGHTIETH PERCENTILE OF ALL CHARGES FOR THE PARTICULAR HEALTH
23 CARE SERVICE PERFORMED BY A PROVIDER IN THE SAME OR SIMILAR SPECIALTY
24 AND PROVIDED IN THE SAME GEOGRAPHICAL AREA AS REPORTED IN A BENCHMARKING
25 DATABASE MAINTAINED BY A NONPROFIT ORGANIZATION SPECIFIED BY THE SUPER-
26 INTENDENT. THE NONPROFIT ORGANIZATION SHALL NOT BE AFFILIATED WITH AN
27 INSURER, A CORPORATION SUBJECT TO THIS ARTICLE, A MUNICIPAL COOPERATIVE
28 HEALTH BENEFIT PLAN CERTIFIED PURSUANT TO ARTICLE FORTY-SEVEN OF THIS
29 CHAPTER, OR A HEALTH MAINTENANCE ORGANIZATION CERTIFIED PURSUANT TO
30 ARTICLE FORTY-FOUR OF THE PUBLIC HEALTH LAW.

31 S 11. Section 4900 of the insurance law is amended by adding a new
32 subsection (g-6-a) to read as follows:

33 (G-6-A) "OUT-OF-NETWORK REFERRAL DENIAL" MEANS A DENIAL UNDER A
34 MANAGED CARE PRODUCT AS DEFINED IN SUBSECTION (C) OF SECTION FOUR THOU-
35 SAND EIGHT HUNDRED ONE OF THIS CHAPTER OF A REQUEST FOR AN AUTHORIZATION
36 OR REFERRAL TO AN OUT-OF-NETWORK PROVIDER ON THE BASIS THAT THE HEALTH
37 CARE PLAN HAS A HEALTH CARE PROVIDER IN THE IN-NETWORK BENEFITS PORTION
38 OF ITS NETWORK WITH APPROPRIATE TRAINING AND EXPERIENCE TO MEET THE
39 PARTICULAR HEALTH CARE NEEDS OF AN INSURED, AND WHO IS ABLE TO PROVIDE
40 THE REQUESTED HEALTH SERVICE. THE NOTICE OF AN OUT-OF-NETWORK REFERRAL
41 DENIAL PROVIDED TO AN INSURED SHALL INCLUDE INFORMATION EXPLAINING WHAT
42 INFORMATION THE INSURED MUST SUBMIT IN ORDER TO APPEAL THE OUT-OF-NET-
43 WORK REFERRAL DENIAL PURSUANT TO SUBSECTION (A-2) OF SECTION FOUR THOU-
44 SAND NINE HUNDRED FOUR OF THIS ARTICLE. AN OUT-OF-NETWORK REFERRAL
45 DENIAL UNDER THIS SUBSECTION DOES NOT CONSTITUTE AN ADVERSE DETERMI-
46 NATION AS DEFINED IN THIS ARTICLE. AN OUT-OF-NETWORK REFERRAL DENIAL
47 SHALL NOT BE CONSTRUED TO INCLUDE AN OUT-OF-NETWORK DENIAL AS DEFINED IN
48 SUBSECTION (G-6) OF THIS SECTION.

49 S 12. Subsection (b) of section 4903 of the insurance law, as amended
50 by chapter 514 of the laws of 2013, is amended to read as follows:

51 (b) A utilization review agent shall make a utilization review deter-
52 mination involving health care services which require pre-authorization
53 and provide notice of a determination to the insured or insured's desig-
54 nee and the insured's health care provider by telephone and in writing
55 within three business days of receipt of the necessary information. To
56 the extent practicable, such written notification to the enrollee's

1 health care provider shall be transmitted electronically, in a manner
2 and in a form agreed upon by the parties. THE NOTIFICATION SHALL IDEN-
3 TIFY: (1) WHETHER THE SERVICES ARE CONSIDERED IN-NETWORK OR OUT-OF-NET-
4 WORK; (2) WHETHER THE INSURED WILL BE HELD HARMLESS FOR THE SERVICES AND
5 NOT BE RESPONSIBLE FOR ANY PAYMENT, OTHER THAN ANY APPLICABLE CO-PAY-
6 MENT, CO-INSURANCE OR DEDUCTIBLE; (3) AS APPLICABLE, THE DOLLAR AMOUNT
7 THE HEALTH CARE PLAN WILL PAY IF THE SERVICE IS OUT-OF-NETWORK; AND (4)
8 AS APPLICABLE, INFORMATION EXPLAINING HOW AN INSURED MAY DETERMINE THE
9 ANTICIPATED OUT-OF-POCKET COST FOR OUT-OF-NETWORK HEALTH CARE SERVICES
10 IN A GEOGRAPHICAL AREA OR ZIP CODE BASED UPON THE DIFFERENCE BETWEEN
11 WHAT THE HEALTH CARE PLAN WILL REIMBURSE FOR OUT-OF-NETWORK HEALTH CARE
12 SERVICES AND THE USUAL AND CUSTOMARY COST FOR OUT-OF-NETWORK HEALTH CARE
13 SERVICES.

14 S 13. Section 4904 of the insurance law is amended by adding a new
15 subsection (a-2) to read as follows:

16 (A-2) AN INSURED OR THE INSURED'S DESIGNEE MAY APPEAL AN OUT-OF-NET-
17 WORK REFERRAL DENIAL BY A HEALTH CARE PLAN BY SUBMITTING A WRITTEN
18 STATEMENT FROM THE INSURED'S ATTENDING PHYSICIAN, WHO MUST BE A
19 LICENSED, BOARD CERTIFIED OR BOARD ELIGIBLE PHYSICIAN QUALIFIED TO PRAC-
20 TICE IN THE SPECIALTY AREA OF PRACTICE APPROPRIATE TO TREAT THE INSURED
21 FOR THE HEALTH SERVICE SOUGHT, PROVIDED THAT: (1) THE IN-NETWORK HEALTH
22 CARE PROVIDER OR PROVIDERS RECOMMENDED BY THE HEALTH CARE PLAN DO NOT
23 HAVE THE APPROPRIATE TRAINING AND EXPERIENCE TO MEET THE PARTICULAR
24 HEALTH CARE NEEDS OF THE INSURED FOR THE HEALTH SERVICE; AND (2) RECOM-
25 MENDS AN OUT-OF-NETWORK PROVIDER WITH THE APPROPRIATE TRAINING AND EXPE-
26 RIENCE TO MEET THE PARTICULAR HEALTH CARE NEEDS OF THE INSURED, AND WHO
27 IS ABLE TO PROVIDE THE REQUESTED HEALTH SERVICE.

28 S 14. Subsection (b) of section 4910 of the insurance law is amended
29 by adding a new paragraph 4 to read as follows:

30 (4)(A) THE INSURED HAS HAD AN OUT-OF-NETWORK REFERRAL DENIED ON THE
31 GROUNDS THAT THE HEALTH CARE PLAN HAS A HEALTH CARE PROVIDER IN THE
32 IN-NETWORK BENEFITS PORTION OF ITS NETWORK WITH APPROPRIATE TRAINING AND
33 EXPERIENCE TO MEET THE PARTICULAR HEALTH CARE NEEDS OF AN INSURED, AND
34 WHO IS ABLE TO PROVIDE THE REQUESTED HEALTH SERVICE.

35 (B) THE INSURED'S ATTENDING PHYSICIAN, WHO SHALL BE A LICENSED, BOARD
36 CERTIFIED OR BOARD ELIGIBLE PHYSICIAN QUALIFIED TO PRACTICE IN THE
37 SPECIALTY AREA OF PRACTICE APPROPRIATE TO TREAT THE INSURED FOR THE
38 HEALTH SERVICE SOUGHT, CERTIFIES THAT THE IN-NETWORK HEALTH CARE PROVID-
39 ER OR PROVIDERS RECOMMENDED BY THE HEALTH CARE PLAN DO NOT HAVE THE
40 APPROPRIATE TRAINING AND EXPERIENCE TO MEET THE PARTICULAR HEALTH CARE
41 NEEDS OF AN INSURED, AND RECOMMENDS AN OUT-OF-NETWORK PROVIDER WITH THE
42 APPROPRIATE TRAINING AND EXPERIENCE TO MEET THE PARTICULAR HEALTH CARE
43 NEEDS OF AN INSURED, AND WHO IS ABLE TO PROVIDE THE REQUESTED HEALTH
44 SERVICE.

45 S 15. Paragraph 4 of subsection (b) of section 4914 of the insurance
46 law is amended by adding a new subparagraph (D) to read as follows:

47 (D) FOR EXTERNAL APPEALS REQUESTED PURSUANT TO PARAGRAPH FOUR OF
48 SUBSECTION (B) OF SECTION FOUR THOUSAND NINE HUNDRED TEN OF THIS TITLE
49 RELATING TO AN OUT-OF-NETWORK REFERRAL DENIAL, THE EXTERNAL APPEAL AGENT
50 SHALL REVIEW THE UTILIZATION REVIEW AGENT'S FINAL ADVERSE DETERMINATION
51 AND, IN ACCORDANCE WITH THE PROVISIONS OF THIS TITLE, SHALL MAKE A
52 DETERMINATION AS TO WHETHER THE OUT-OF-NETWORK REFERRAL SHALL BE COVERED
53 BY THE HEALTH PLAN; PROVIDED THAT SUCH DETERMINATION SHALL:

54 (I) BE CONDUCTED ONLY BY ONE OR A GREATER ODD NUMBER OF CLINICAL PEER
55 REVIEWERS;

56 (II) BE ACCOMPANIED BY A WRITTEN STATEMENT:

1 (I) THAT THE OUT-OF-NETWORK REFERRAL SHALL BE COVERED BY THE HEALTH
2 CARE PLAN EITHER WHEN THE REVIEWER OR A MAJORITY OF THE PANEL OF REVIEW-
3 ERS DETERMINES, UPON REVIEW OF THE TRAINING AND EXPERIENCE OF THE
4 IN-NETWORK HEALTH CARE PROVIDER OR PROVIDERS PROPOSED BY THE PLAN, THE
5 TRAINING AND EXPERIENCE OF THE REQUESTED OUT-OF-NETWORK PROVIDER, THE
6 CLINICAL STANDARDS OF THE PLAN, THE INFORMATION PROVIDED CONCERNING THE
7 INSURED, THE ATTENDING PHYSICIAN'S RECOMMENDATION, THE INSURED'S MEDICAL
8 RECORD, AND ANY OTHER PERTINENT INFORMATION, THAT THE HEALTH PLAN DOES
9 NOT HAVE A PROVIDER WITH THE APPROPRIATE TRAINING AND EXPERIENCE TO MEET
10 THE PARTICULAR HEALTH CARE NEEDS OF AN INSURED WHO IS ABLE TO PROVIDE
11 THE REQUESTED HEALTH SERVICE, AND THAT THE OUT-OF-NETWORK PROVIDER HAS
12 THE APPROPRIATE TRAINING AND EXPERIENCE TO MEET THE PARTICULAR HEALTH
13 CARE NEEDS OF AN INSURED, IS ABLE TO PROVIDE THE REQUESTED HEALTH
14 SERVICE, AND IS LIKELY TO PRODUCE A MORE CLINICALLY BENEFICIAL OUTCOME;
15 OR

16 (II) UPHOLDING THE HEALTH PLAN'S DENIAL OF COVERAGE;

17 (III) BE SUBJECT TO THE TERMS AND CONDITIONS GENERALLY APPLICABLE TO
18 BENEFITS UNDER THE EVIDENCE OF COVERAGE UNDER THE HEALTH CARE PLAN;

19 (IV) BE BINDING ON THE PLAN AND THE INSURED; AND

20 (V) BE ADMISSIBLE IN ANY COURT PROCEEDING.

21 S 16. The public health law is amended by adding a new section 23 to
22 read as follows:

23 S 23. CLAIM FORMS. A NON-PARTICIPATING PHYSICIAN SHALL INCLUDE A
24 CLAIM FORM FOR A THIRD-PARTY PAYOR WITH A PATIENT BILL FOR HEALTH CARE
25 SERVICES, OTHER THAN A BILL FOR THE PATIENT'S CO-PAYMENT, COINSURANCE OR
26 DEDUCTIBLE.

27 S 17. The public health law is amended by adding a new section 24 to
28 read as follows:

29 S 24. DISCLOSURE. 1. A HEALTH CARE PROFESSIONAL, OR A GROUP PRACTICE
30 OF HEALTH CARE PROFESSIONALS, A DIAGNOSTIC AND TREATMENT CENTER OR A
31 HEALTH CENTER DEFINED UNDER 42 U.S.C. S 254B ON BEHALF OF HEALTH CARE
32 PROFESSIONALS RENDERING SERVICES AT THE GROUP PRACTICE, DIAGNOSTIC AND
33 TREATMENT CENTER OR HEALTH CENTER, SHALL DISCLOSE TO PATIENTS OR
34 PROSPECTIVE PATIENTS IN WRITING OR THROUGH AN INTERNET WEBSITE THE
35 HEALTH CARE PLANS IN WHICH THE HEALTH CARE PROFESSIONAL, GROUP PRACTICE,
36 DIAGNOSTIC AND TREATMENT CENTER OR HEALTH CENTER, IS A PARTICIPATING
37 PROVIDER AND THE HOSPITALS WITH WHICH THE HEALTH CARE PROFESSIONAL IS
38 AFFILIATED PRIOR TO THE PROVISION OF NON-EMERGENCY SERVICES AND VERBALLY
39 AT THE TIME AN APPOINTMENT IS SCHEDULED.

40 2. IF A HEALTH CARE PROFESSIONAL, OR A GROUP PRACTICE OF HEALTH CARE
41 PROFESSIONALS, A DIAGNOSTIC AND TREATMENT CENTER OR A HEALTH CENTER
42 DEFINED UNDER 42 U.S.C. S 254B ON BEHALF OF HEALTH CARE PROFESSIONALS
43 RENDERING SERVICES AT THE GROUP PRACTICE, DIAGNOSTIC AND TREATMENT
44 CENTER OR HEALTH CENTER, DOES NOT PARTICIPATE IN THE NETWORK OF A
45 PATIENT'S OR PROSPECTIVE PATIENT'S HEALTH CARE PLAN, THE HEALTH CARE
46 PROFESSIONAL, GROUP PRACTICE, DIAGNOSTIC AND TREATMENT CENTER OR HEALTH
47 CENTER, SHALL: (A) PRIOR TO THE PROVISION OF NON-EMERGENCY SERVICES,
48 INFORM A PATIENT OR PROSPECTIVE PATIENT THAT THE AMOUNT OR ESTIMATED
49 AMOUNT THE HEALTH CARE PROFESSIONAL WILL BILL THE PATIENT FOR HEALTH
50 CARE SERVICES IS AVAILABLE UPON REQUEST; AND (B) UPON RECEIPT OF A
51 REQUEST FROM A PATIENT OR PROSPECTIVE PATIENT, DISCLOSE TO THE PATIENT
52 OR PROSPECTIVE PATIENT IN WRITING THE AMOUNT OR ESTIMATED AMOUNT OR,
53 WITH RESPECT TO A HEALTH CENTER, A SCHEDULE OF FEES PROVIDED UNDER 42
54 U.S.C. S 254B(K)(3)(G)(I), THAT THE HEALTH CARE PROFESSIONAL, GROUP
55 PRACTICE, DIAGNOSTIC AND TREATMENT CENTER OR HEALTH CENTER, WILL BILL
56 THE PATIENT OR PROSPECTIVE PATIENT FOR HEALTH CARE SERVICES PROVIDED OR

1 ANTICIPATED TO BE PROVIDED TO THE PATIENT OR PROSPECTIVE PATIENT ABSENT
2 UNFORESEEN MEDICAL CIRCUMSTANCES THAT MAY ARISE WHEN THE HEALTH CARE
3 SERVICES ARE PROVIDED.

4 3. A HEALTH CARE PROFESSIONAL WHO IS A PHYSICIAN SHALL PROVIDE A
5 PATIENT OR PROSPECTIVE PATIENT WITH THE NAME, PRACTICE NAME, MAILING
6 ADDRESS, AND TELEPHONE NUMBER OF ANY HEALTH CARE PROVIDER SCHEDULED TO
7 PERFORM ANESTHESIOLOGY, LABORATORY, PATHOLOGY, RADIOLOGY OR ASSISTANT
8 SURGEON SERVICES IN CONNECTION WITH CARE TO BE PROVIDED IN THE PHYSI-
9 CIAN'S OFFICE FOR THE PATIENT OR COORDINATED OR REFERRED BY THE PHYSI-
10 CIAN FOR THE PATIENT AT THE TIME OF REFERRAL TO OR COORDINATION OF
11 SERVICES WITH SUCH PROVIDER.

12 4. A HEALTH CARE PROFESSIONAL WHO IS A PHYSICIAN SHALL, FOR A
13 PATIENT'S SCHEDULED HOSPITAL ADMISSION OR SCHEDULED OUTPATIENT HOSPITAL
14 SERVICES, PROVIDE A PATIENT AND THE HOSPITAL WITH THE NAME, PRACTICE
15 NAME, MAILING ADDRESS AND TELEPHONE NUMBER OF ANY OTHER PHYSICIAN WHOSE
16 SERVICES WILL BE ARRANGED BY THE PHYSICIAN AND ARE SCHEDULED AT THE TIME
17 OF THE PRE-ADMISSION TESTING, REGISTRATION OR ADMISSION AT THE TIME
18 NON-EMERGENCY SERVICES ARE SCHEDULED; AND INFORMATION AS TO HOW TO
19 DETERMINE THE HEALTHCARE PLANS IN WHICH THE PHYSICIAN PARTICIPATES.

20 5. A HOSPITAL SHALL ESTABLISH, UPDATE AND MAKE PUBLIC THROUGH POSTING
21 ON THE HOSPITAL'S WEBSITE, TO THE EXTENT REQUIRED BY FEDERAL GUIDELINES,
22 A LIST OF THE HOSPITAL'S STANDARD CHARGES FOR ITEMS AND SERVICES
23 PROVIDED BY THE HOSPITAL, INCLUDING FOR DIAGNOSIS-RELATED GROUPS ESTAB-
24 LISHED UNDER SECTION 1886(D)(4) OF THE FEDERAL SOCIAL SECURITY ACT.

25 6. A HOSPITAL SHALL POST ON THE HOSPITAL'S WEBSITE: (A) THE HEALTH
26 CARE PLANS IN WHICH THE HOSPITAL IS A PARTICIPATING PROVIDER; (B) A
27 STATEMENT THAT (I) PHYSICIAN SERVICES PROVIDED IN THE HOSPITAL ARE NOT
28 INCLUDED IN THE HOSPITAL'S CHARGES; (II) PHYSICIANS WHO PROVIDE SERVICES
29 IN THE HOSPITAL MAY OR MAY NOT PARTICIPATE WITH THE SAME HEALTH CARE
30 PLANS AS THE HOSPITAL, AND; (III) THE PROSPECTIVE PATIENT SHOULD CHECK
31 WITH THE PHYSICIAN ARRANGING FOR THE HOSPITAL SERVICES TO DETERMINE THE
32 HEALTH CARE PLANS IN WHICH THE PHYSICIAN PARTICIPATES; (C) AS APPLICA-
33 BLE, THE NAME, MAILING ADDRESS AND TELEPHONE NUMBER OF THE PHYSICIAN
34 GROUPS THAT THE HOSPITAL HAS CONTRACTED WITH TO PROVIDE SERVICES INCLUD-
35 ING ANESTHESIOLOGY, PATHOLOGY OR RADIOLOGY, AND INSTRUCTIONS HOW TO
36 CONTACT THESE GROUPS TO DETERMINE THE HEALTH CARE PLAN PARTICIPATION OF
37 THE PHYSICIANS IN THESE GROUPS; AND (D) AS APPLICABLE, THE NAME, MAILING
38 ADDRESS, AND TELEPHONE NUMBER OF PHYSICIANS EMPLOYED BY THE HOSPITAL AND
39 WHOSE SERVICES MAY BE PROVIDED AT THE HOSPITAL, AND THE HEALTH CARE
40 PLANS IN WHICH THEY PARTICIPATE.

41 7. IN REGISTRATION OR ADMISSION MATERIALS PROVIDED IN ADVANCE OF NON-
42 EMERGENCY HOSPITAL SERVICES, A HOSPITAL SHALL: (A) ADVISE THE PATIENT OR
43 PROSPECTIVE PATIENT TO CHECK WITH THE PHYSICIAN ARRANGING THE HOSPITAL
44 SERVICES TO DETERMINE: (I) THE NAME, PRACTICE NAME, MAILING ADDRESS AND
45 TELEPHONE NUMBER OF ANY OTHER PHYSICIAN WHOSE SERVICES WILL BE ARRANGED
46 BY THE PHYSICIAN; AND (II) WHETHER THE SERVICES OF PHYSICIANS WHO ARE
47 EMPLOYED OR CONTRACTED BY THE HOSPITAL TO PROVIDE SERVICES INCLUDING
48 ANESTHESIOLOGY, PATHOLOGY AND/OR RADIOLOGY ARE REASONABLY ANTICIPATED TO
49 BE PROVIDED TO THE PATIENT; AND (B) PROVIDE PATIENTS OR PROSPECTIVE
50 PATIENTS WITH INFORMATION AS TO HOW TO TIMELY DETERMINE THE HEALTH CARE
51 PLANS PARTICIPATED IN BY PHYSICIANS WHO ARE REASONABLY ANTICIPATED TO
52 PROVIDE SERVICES TO THE PATIENT AT THE HOSPITAL, AS DETERMINED BY THE
53 PHYSICIAN ARRANGING THE PATIENT'S HOSPITAL SERVICES, AND WHO ARE EMPLOY-
54 EES OF THE HOSPITAL OR CONTRACTED BY THE HOSPITAL TO PROVIDE SERVICES
55 INCLUDING ANESTHESIOLOGY, RADIOLOGY AND/OR PATHOLOGY.

56 8. FOR PURPOSES OF THIS SECTION:

1 (A) "HEALTH CARE PLAN" MEANS A HEALTH INSURER INCLUDING AN INSURER
2 LICENSED TO WRITE ACCIDENT AND HEALTH INSURANCE SUBJECT TO ARTICLE THIR-
3 TY-TWO OF THE INSURANCE LAW; A CORPORATION ORGANIZED PURSUANT TO ARTICLE
4 FORTY-THREE OF THE INSURANCE LAW; A MUNICIPAL COOPERATIVE HEALTH BENEFIT
5 PLAN CERTIFIED PURSUANT TO ARTICLE FORTY-SEVEN OF THE INSURANCE LAW; A
6 HEALTH MAINTENANCE ORGANIZATION CERTIFIED PURSUANT TO ARTICLE FORTY-FOUR
7 OF THIS CHAPTER; A STUDENT HEALTH PLAN ESTABLISHED OR MAINTAINED PURSU-
8 ANT TO SECTION ONE THOUSAND ONE HUNDRED TWENTY-FOUR OF THE INSURANCE LAW
9 OR A SELF-FUNDED EMPLOYEE WELFARE BENEFIT PLAN.

10 (B) "HEALTH CARE PROFESSIONAL" MEANS AN APPROPRIATELY LICENSED, REGIS-
11 TERED OR CERTIFIED HEALTH CARE PROFESSIONAL PURSUANT TO TITLE EIGHT OF
12 THE EDUCATION LAW.

13 (C) "HOSPITAL" MEANS A GENERAL HOSPITAL AS DEFINED IN SUBDIVISION TEN
14 OF SECTION TWO THOUSAND EIGHT HUNDRED ONE OF THIS CHAPTER.

15 S 18. Paragraphs (k), (p-1), (q) and (r) of subdivision 1 of section
16 4408 of the public health law, paragraphs (k), (q) and (r) as added by
17 chapter 705 of the laws of 1996, and paragraph (p-1) as added by chapter
18 554 of the laws of 2002, are amended and three new paragraphs (s), (t)
19 and (u) are added to read as follows:

20 (k) notice that an enrollee may obtain a referral to a health care
21 provider outside of the health maintenance organization's network or
22 panel when the health maintenance organization does not have a health
23 care provider [with] WHO IS GEOGRAPHICALLY ACCESSIBLE TO THE ENROLLEE
24 AND WHO HAS appropriate training and experience in the network or panel
25 to meet the particular health care needs of the enrollee and the proce-
26 dure by which the enrollee can obtain such referral;

27 (p-1) notice that an enrollee shall have direct access to primary and
28 preventive obstetric and gynecologic services, INCLUDING ANNUAL EXAMINA-
29 TIONS, CARE RESULTING FROM SUCH ANNUAL EXAMINATIONS, AND TREATMENT OF
30 ACUTE GYNECOLOGIC CONDITIONS, from a qualified provider of such services
31 of her choice from within the plan [for no fewer than two examinations
32 annually for such services] or [to] FOR any care related to A pregnancy
33 [and that additionally, the enrollee shall have direct access to primary
34 and preventive obstetric and gynecologic services required as a result
35 of such annual examinations or as a result of an acute gynecologic
36 condition];

37 (q) notice of all appropriate mailing addresses and telephone numbers
38 to be utilized by enrollees seeking information or authorization; [and]

39 (r) a listing by specialty, which may be in a separate document that
40 is updated annually, of the name, address and telephone number of all
41 participating providers, including facilities, and, in addition, in the
42 case of physicians, board certification[.], LANGUAGES SPOKEN AND ANY
43 AFFILIATIONS WITH PARTICIPATING HOSPITALS. THE LISTING SHALL ALSO BE
44 POSTED ON THE HEALTH MAINTENANCE ORGANIZATION'S WEBSITE AND THE HEALTH
45 MAINTENANCE ORGANIZATION SHALL UPDATE THE WEBSITE WITHIN FIFTEEN DAYS OF
46 THE ADDITION OR TERMINATION OF A PROVIDER FROM THE HEALTH MAINTENANCE
47 ORGANIZATION'S NETWORK OR A CHANGE IN A PHYSICIAN'S HOSPITAL AFFIL-
48 IATION;

49 (S) WHERE APPLICABLE, A DESCRIPTION OF THE METHOD BY WHICH AN ENROLLEE
50 MAY SUBMIT A CLAIM FOR HEALTH CARE SERVICES;

51 (T) WITH RESPECT TO OUT-OF-NETWORK COVERAGE:

52 (I) A CLEAR DESCRIPTION OF THE METHODOLOGY USED BY THE HEALTH MAINTE-
53 NANCE ORGANIZATION TO DETERMINE REIMBURSEMENT FOR OUT-OF-NETWORK HEALTH
54 CARE SERVICES;

55 (II) THE AMOUNT THAT THE HEALTH MAINTENANCE ORGANIZATION WILL REIM-
56 BURSE UNDER THE METHODOLOGY FOR OUT-OF-NETWORK HEALTH CARE SERVICES SET

FORTH AS A PERCENTAGE OF THE USUAL AND CUSTOMARY COST FOR OUT-OF-NETWORK HEALTH CARE SERVICES;

(III) EXAMPLES OF ANTICIPATED OUT-OF-POCKET COSTS FOR FREQUENTLY BILLED OUT-OF-NETWORK HEALTH CARE SERVICES; AND

(U) INFORMATION IN WRITING AND THROUGH AN INTERNET WEBSITE THAT REASONABLY PERMITS AN ENROLLEE OR PROSPECTIVE ENROLLEE TO ESTIMATE THE ANTICIPATED OUT-OF-POCKET COST FOR OUT-OF-NETWORK HEALTH CARE SERVICES IN A GEOGRAPHICAL AREA OR ZIP CODE BASED UPON THE DIFFERENCE BETWEEN WHAT THE HEALTH MAINTENANCE ORGANIZATION WILL REIMBURSE FOR OUT-OF-NETWORK HEALTH CARE SERVICES AND THE USUAL AND CUSTOMARY COST FOR OUT-OF-NETWORK HEALTH CARE SERVICES.

S 19. Paragraphs (k) and (l) of subdivision 2 of section 4408 of the public health law, as added by chapter 705 of the laws of 1996, are amended and two new paragraphs (m) and (n) are added to read as follows:

(k) provide the written application procedures and minimum qualification requirements for health care providers to be considered by the health maintenance organization; [and]

(l) disclose other information as required by the commissioner, provided that such requirements are promulgated pursuant to the state administrative procedure act[.];

(M) DISCLOSE WHETHER A HEALTH CARE PROVIDER SCHEDULED TO PROVIDE A HEALTH CARE SERVICE IS AN IN-NETWORK PROVIDER; AND

(N) WITH RESPECT TO OUT-OF-NETWORK COVERAGE, DISCLOSE THE APPROXIMATE DOLLAR AMOUNT THAT THE HEALTH MAINTENANCE ORGANIZATION WILL PAY FOR A SPECIFIC OUT-OF-NETWORK HEALTH CARE SERVICE. THE HEALTH MAINTENANCE ORGANIZATION SHALL ALSO INFORM AN ENROLLEE THROUGH SUCH DISCLOSURE THAT SUCH APPROXIMATION IS NOT BINDING ON THE HEALTH MAINTENANCE ORGANIZATION AND THAT THE APPROXIMATE DOLLAR AMOUNT THAT THE HEALTH MAINTENANCE ORGANIZATION WILL PAY FOR A SPECIFIC OUT-OF-NETWORK HEALTH CARE SERVICE MAY CHANGE.

S 20. Section 4408 of the public health law is amended by adding a new subdivision 7 to read as follows:

7. FOR PURPOSES OF THIS SECTION, "USUAL AND CUSTOMARY COST" SHALL MEAN THE EIGHTIETH PERCENTILE OF ALL CHARGES FOR THE PARTICULAR HEALTH CARE SERVICE PERFORMED BY A PROVIDER IN THE SAME OR SIMILAR SPECIALTY AND PROVIDED IN THE SAME GEOGRAPHICAL AREA AS REPORTED IN A BENCHMARKING DATABASE MAINTAINED BY A NONPROFIT ORGANIZATION SPECIFIED BY THE SUPERINTENDENT OF FINANCIAL SERVICES. THE NONPROFIT ORGANIZATION SHALL NOT BE AFFILIATED WITH AN INSURER, A CORPORATION SUBJECT TO ARTICLE FORTY-THREE OF THE INSURANCE LAW, A MUNICIPAL COOPERATIVE HEALTH BENEFIT PLAN CERTIFIED PURSUANT TO ARTICLE FORTY-SEVEN OF THE INSURANCE LAW, OR A HEALTH MAINTENANCE ORGANIZATION CERTIFIED PURSUANT TO THIS ARTICLE.

S 21. Section 4900 of the public health law is amended by adding a new subdivision 7-f-1 to read as follows:

7-F-1. "OUT-OF-NETWORK REFERRAL DENIAL" MEANS A DENIAL OF A REQUEST FOR AN AUTHORIZATION OR REFERRAL TO AN OUT-OF-NETWORK PROVIDER ON THE BASIS THAT THE HEALTH CARE PLAN HAS A HEALTH CARE PROVIDER IN THE IN-NETWORK BENEFITS PORTION OF ITS NETWORK WITH APPROPRIATE TRAINING AND EXPERIENCE TO MEET THE PARTICULAR HEALTH CARE NEEDS OF AN ENROLLEE, AND WHO IS ABLE TO PROVIDE THE REQUESTED HEALTH SERVICE. THE NOTICE OF AN OUT-OF-NETWORK REFERRAL DENIAL PROVIDED TO AN ENROLLEE SHALL INCLUDE INFORMATION EXPLAINING WHAT INFORMATION THE ENROLLEE MUST SUBMIT IN ORDER TO APPEAL THE OUT-OF-NETWORK REFERRAL DENIAL PURSUANT TO SUBDIVISION ONE-B OF SECTION FOUR THOUSAND NINE HUNDRED FOUR OF THIS ARTICLE. AN OUT-OF-NETWORK REFERRAL DENIAL UNDER THIS SUBDIVISION DOES NOT CONSTITUTE AN ADVERSE DETERMINATION AS DEFINED IN THIS ARTICLE. AN OUT-

1 OF-NETWORK REFERRAL DENIAL SHALL NOT BE CONSTRUED TO INCLUDE AN OUT-OF-
2 NETWORK DENIAL AS DEFINED IN SUBDIVISION SEVEN-F OF THIS SECTION.

3 S 22. Subdivision 2 of section 4903 of the public health law, as
4 amended by chapter 514 of the laws of 2013, is amended to read as
5 follows:

6 2. A utilization review agent shall make a utilization review determi-
7 nation involving health care services which require pre-authorization
8 and provide notice of a determination to the enrollee or enrollee's
9 designee and the enrollee's health care provider by telephone and in
10 writing within three business days of receipt of the necessary informa-
11 tion. To the extent practicable, such written notification to the
12 enrollee's health care provider shall be transmitted electronically, in
13 a manner and in a form agreed upon by the parties. THE NOTIFICATION
14 SHALL IDENTIFY; (A) WHETHER THE SERVICES ARE CONSIDERED IN-NETWORK OR
15 OUT-OF-NETWORK; (B) AND WHETHER THE ENROLLEE WILL BE HELD HARMLESS FOR
16 THE SERVICES AND NOT BE RESPONSIBLE FOR ANY PAYMENT, OTHER THAN ANY
17 APPLICABLE CO-PAYMENT OR CO-INSURANCE; (C) AS APPLICABLE, THE DOLLAR
18 AMOUNT THE HEALTH CARE PLAN WILL PAY IF THE SERVICE IS OUT-OF-NETWORK;
19 AND (D) AS APPLICABLE, INFORMATION EXPLAINING HOW AN ENROLLEE MAY DETER-
20 MINE THE ANTICIPATED OUT-OF-POCKET COST FOR OUT-OF-NETWORK HEALTH CARE
21 SERVICES IN A GEOGRAPHICAL AREA OR ZIP CODE BASED UPON THE DIFFERENCE
22 BETWEEN WHAT THE HEALTH CARE PLAN WILL REIMBURSE FOR OUT-OF-NETWORK
23 HEALTH CARE SERVICES AND THE USUAL AND CUSTOMARY COST FOR OUT-OF-NETWORK
24 HEALTH CARE SERVICES.

25 S 23. Section 4904 of the public health law is amended by adding a new
26 subdivision 1-b to read as follows:

27 1-B. AN ENROLLEE OR THE ENROLLEE'S DESIGNEE MAY APPEAL A DENIAL OF AN
28 OUT-OF-NETWORK REFERRAL BY A HEALTH CARE PLAN BY SUBMITTING A WRITTEN
29 STATEMENT FROM THE ENROLLEE'S ATTENDING PHYSICIAN, WHO MUST BE A
30 LICENSED, BOARD CERTIFIED OR BOARD ELIGIBLE PHYSICIAN QUALIFIED TO PRAC-
31 TICE IN THE SPECIALTY AREA OF PRACTICE APPROPRIATE TO TREAT THE ENROLLEE
32 FOR THE HEALTH SERVICE SOUGHT, PROVIDED THAT: (A) THE IN-NETWORK HEALTH
33 CARE PROVIDER OR PROVIDERS RECOMMENDED BY THE HEALTH CARE PLAN DO NOT
34 HAVE THE APPROPRIATE TRAINING AND EXPERIENCE TO MEET THE PARTICULAR
35 HEALTH CARE NEEDS OF THE ENROLLEE FOR THE HEALTH SERVICE; AND (B) RECOM-
36 MENDS AN OUT-OF-NETWORK PROVIDER WITH THE APPROPRIATE TRAINING AND EXPE-
37 RIENCE TO MEET THE PARTICULAR HEALTH CARE NEEDS OF THE ENROLLEE, AND WHO
38 IS ABLE TO PROVIDE THE REQUESTED HEALTH SERVICE.

39 S 24. Subdivision 2 of section 4910 of the public health law is
40 amended by adding a new paragraph (d) to read as follows:

41 (D)(I) THE ENROLLEE HAS HAD AN OUT-OF-NETWORK REFERRAL DENIED ON THE
42 GROUNDS THAT THE HEALTH CARE PLAN HAS A HEALTH CARE PROVIDER IN THE
43 IN-NETWORK BENEFITS PORTION OF ITS NETWORK WITH APPROPRIATE TRAINING AND
44 EXPERIENCE TO MEET THE PARTICULAR HEALTH CARE NEEDS OF AN ENROLLEE, AND
45 WHO IS ABLE TO PROVIDE THE REQUESTED HEALTH SERVICE.

46 (II) THE ENROLLEE'S ATTENDING PHYSICIAN, WHO SHALL BE A LICENSED,
47 BOARD CERTIFIED OR BOARD ELIGIBLE PHYSICIAN QUALIFIED TO PRACTICE IN THE
48 SPECIALTY AREA OF PRACTICE APPROPRIATE TO TREAT THE ENROLLEE FOR THE
49 HEALTH SERVICE SOUGHT, CERTIFIES THAT THE IN-NETWORK HEALTH CARE PROVID-
50 ER OR PROVIDERS RECOMMENDED BY THE HEALTH CARE PLAN DO NOT HAVE THE
51 APPROPRIATE TRAINING AND EXPERIENCE TO MEET THE PARTICULAR HEALTH CARE
52 NEEDS OF AN ENROLLEE, AND RECOMMENDS AN OUT-OF-NETWORK PROVIDER WITH THE
53 APPROPRIATE TRAINING AND EXPERIENCE TO MEET THE PARTICULAR HEALTH CARE
54 NEEDS OF AN ENROLLEE, AND WHO IS ABLE TO PROVIDE THE REQUESTED HEALTH
55 SERVICE.

1 S 25. Paragraph (d) of subdivision 2 of section 4914 of the public
2 health law is amended by adding a new subparagraph (D) to read as
3 follows:

4 (D) FOR EXTERNAL APPEALS REQUESTED PURSUANT TO PARAGRAPH (D) OF SUBDI-
5 VISION TWO OF SECTION FOUR THOUSAND NINE HUNDRED TEN OF THIS TITLE
6 RELATING TO AN OUT-OF-NETWORK REFERRAL DENIAL, THE EXTERNAL APPEAL AGENT
7 SHALL REVIEW THE UTILIZATION REVIEW AGENT'S FINAL ADVERSE DETERMINATION
8 AND, IN ACCORDANCE WITH THE PROVISIONS OF THIS TITLE, SHALL MAKE A
9 DETERMINATION AS TO WHETHER THE OUT-OF-NETWORK REFERRAL SHALL BE COVERED
10 BY THE HEALTH PLAN; PROVIDED THAT SUCH DETERMINATION SHALL:

11 (I) BE CONDUCTED ONLY BY ONE OR A GREATER ODD NUMBER OF CLINICAL PEER
12 REVIEWERS;

13 (II) BE ACCOMPANIED BY A WRITTEN STATEMENT:

14 (1) THAT THE OUT-OF-NETWORK REFERRAL SHALL BE COVERED BY THE HEALTH
15 CARE PLAN EITHER WHEN THE REVIEWER OR A MAJORITY OF THE PANEL OF REVIEW-
16 ERS DETERMINES, UPON REVIEW OF THE TRAINING AND EXPERIENCE OF THE
17 IN-NETWORK HEALTH CARE PROVIDER OR PROVIDERS PROPOSED BY THE PLAN, THE
18 TRAINING AND EXPERIENCE OF THE REQUESTED OUT-OF-NETWORK PROVIDER, THE
19 CLINICAL STANDARDS OF THE PLAN, THE INFORMATION PROVIDED CONCERNING THE
20 ENROLLEE, THE ATTENDING PHYSICIAN'S RECOMMENDATION, THE ENROLLEE'S
21 MEDICAL RECORD, AND ANY OTHER PERTINENT INFORMATION, THAT THE HEALTH
22 PLAN DOES NOT HAVE A PROVIDER WITH THE APPROPRIATE TRAINING AND EXPERI-
23 ENCE TO MEET THE PARTICULAR HEALTH CARE NEEDS OF AN ENROLLEE WHO IS ABLE
24 TO PROVIDE THE REQUESTED HEALTH SERVICE, AND THAT THE OUT-OF-NETWORK
25 PROVIDER HAS THE APPROPRIATE TRAINING AND EXPERIENCE TO MEET THE PARTIC-
26 ULAR HEALTH CARE NEEDS OF AN ENROLLEE, IS ABLE TO PROVIDE THE REQUESTED
27 HEALTH SERVICE, AND IS LIKELY TO PRODUCE A MORE CLINICALLY BENEFICIAL
28 OUTCOME; OR

29 (2) UPHOLDING THE HEALTH PLAN'S DENIAL OF COVERAGE;

30 (III) BE SUBJECT TO THE TERMS AND CONDITIONS GENERALLY APPLICABLE TO
31 BENEFITS UNDER THE EVIDENCE OF COVERAGE UNDER THE HEALTH CARE PLAN;

32 (IV) BE BINDING ON THE PLAN AND THE ENROLLEE; AND

33 (V) BE ADMISSIBLE IN ANY COURT PROCEEDING.

34 S 26. The financial services law is amended by adding a new article 6
35 to read as follows:

36 ARTICLE 6

37 EMERGENCY MEDICAL SERVICES AND SURPRISE BILLS

38 SECTION 601. DISPUTE RESOLUTION PROCESS ESTABLISHED.

39 602. APPLICABILITY.

40 603. DEFINITIONS.

41 604. CRITERIA FOR DETERMINING A REASONABLE FEE.

42 605. DISPUTE RESOLUTION FOR EMERGENCY SERVICES.

43 606. HOLD HARMLESS AND ASSIGNMENT OF BENEFITS FOR SURPRISE BILLS
44 FOR INSUREDS.

45 607. DISPUTE RESOLUTION FOR SURPRISE BILLS.

46 608. PAYMENT FOR INDEPENDENT DISPUTE RESOLUTION ENTITY.

47 S 601. DISPUTE RESOLUTION PROCESS ESTABLISHED. THE SUPERINTENDENT
48 SHALL ESTABLISH A DISPUTE RESOLUTION PROCESS BY WHICH A DISPUTE FOR A
49 BILL FOR EMERGENCY SERVICES OR A SURPRISE BILL MAY BE RESOLVED. THE
50 SUPERINTENDENT SHALL HAVE THE POWER TO GRANT AND REVOKE CERTIFICATIONS
51 OF INDEPENDENT DISPUTE RESOLUTION ENTITIES TO CONDUCT THE DISPUTE RESOL-
52 UTION PROCESS. THE SUPERINTENDENT SHALL PROMULGATE REGULATIONS ESTAB-
53 LISHING STANDARDS FOR THE DISPUTE RESOLUTION PROCESS, INCLUDING A PROC-
54 ESS FOR CERTIFYING AND SELECTING INDEPENDENT DISPUTE RESOLUTION
55 ENTITIES. AN INDEPENDENT DISPUTE RESOLUTION ENTITY SHALL USE LICENSED
56 PHYSICIANS IN ACTIVE PRACTICE IN THE SAME OR SIMILAR SPECIALTY AS THE

1 PHYSICIAN PROVIDING THE SERVICE THAT IS SUBJECT TO THE DISPUTE RESOL-
2 UTION PROCESS OF THIS ARTICLE. TO THE EXTENT PRACTICABLE, THE PHYSICIAN
3 SHALL BE LICENSED IN THIS STATE.

4 S 602. APPLICABILITY. (A) THIS ARTICLE SHALL NOT APPLY TO HEALTH CARE
5 SERVICES, INCLUDING EMERGENCY SERVICES, WHERE PHYSICIAN FEES ARE SUBJECT
6 TO SCHEDULES OR OTHER MONETARY LIMITATIONS UNDER ANY OTHER LAW, INCLUD-
7 ING THE WORKERS' COMPENSATION LAW AND ARTICLE FIFTY-ONE OF THE INSURANCE
8 LAW, AND SHALL NOT PREEMPT ANY SUCH LAW.

9 (B)(1) WITH REGARD TO EMERGENCY SERVICES BILLED UNDER AMERICAN MEDICAL
10 ASSOCIATION CURRENT PROCEDURAL TERMINOLOGY (CPT) CODES 99281 THROUGH
11 99285, 99288, 99291 THROUGH 99292, 99217 THROUGH 99220, 99224 THROUGH
12 99226, AND 99234 THROUGH 99236, THE DISPUTE RESOLUTION PROCESS ESTAB-
13 LISHED IN THIS ARTICLE SHALL NOT APPLY WHEN:

14 (A) THE AMOUNT BILLED FOR ANY SUCH CPT CODE MEETS THE REQUIREMENTS SET
15 FORTH IN PARAGRAPH THREE OF THIS SUBSECTION, AFTER ANY APPLICABLE CO-IN-
16 SURANCE, CO-PAYMENT AND DEDUCTIBLE; AND

17 (B) THE AMOUNT BILLED FOR ANY SUCH CPT CODE DOES NOT EXCEED ONE
18 HUNDRED TWENTY PERCENT OF THE USUAL AND CUSTOMARY COST FOR SUCH CPT
19 CODE.

20 (2) THE HEALTH CARE PLAN SHALL ENSURE THAT AN INSURED SHALL NOT INCUR
21 ANY GREATER OUT-OF-POCKET COSTS FOR EMERGENCY SERVICES BILLED UNDER A
22 CPT CODE AS SET FORTH IN THIS SUBSECTION THAN THE INSURED WOULD HAVE
23 INCURRED IF SUCH EMERGENCY SERVICES WERE PROVIDED BY A PARTICIPATING
24 PHYSICIAN.

25 (3) BEGINNING JANUARY FIRST, TWO THOUSAND FIFTEEN AND EACH JANUARY
26 FIRST THEREAFTER, THE SUPERINTENDENT SHALL PUBLISH ON A WEBSITE MAIN-
27 TAINED BY THE DEPARTMENT OF FINANCIAL SERVICES, AND PROVIDE IN WRITING
28 TO EACH HEALTH CARE PLAN, A DOLLAR AMOUNT FOR WHICH BILLS FOR THE PROCE-
29 DURE CODES IDENTIFIED IN THIS SUBSECTION SHALL BE EXEMPT FROM THE
30 DISPUTE RESOLUTION PROCESS ESTABLISHED IN THIS ARTICLE. SUCH AMOUNT
31 SHALL EQUAL THE AMOUNT FROM THE PRIOR YEAR, BEGINNING WITH SIX HUNDRED
32 DOLLARS IN TWO THOUSAND FOURTEEN, ADJUSTED BY THE AVERAGE OF THE ANNUAL
33 AVERAGE INFLATION RATES FOR THE MEDICAL CARE COMMODITIES AND MEDICAL
34 CARE SERVICES COMPONENTS OF THE CONSUMER PRICE INDEX. IN NO EVENT SHALL
35 AN AMOUNT EXCEEDING ONE THOUSAND TWO HUNDRED DOLLARS FOR A SPECIFIC CPT
36 CODE BILLED BE EXEMPT FROM THE DISPUTE RESOLUTION PROCESS ESTABLISHED IN
37 THIS ARTICLE.

38 S 603. DEFINITIONS. FOR THE PURPOSES OF THIS ARTICLE:

39 (A) "EMERGENCY CONDITION" MEANS A MEDICAL OR BEHAVIORAL CONDITION THAT
40 MANIFESTS ITSELF BY ACUTE SYMPTOMS OF SUFFICIENT SEVERITY, INCLUDING
41 SEVERE PAIN, SUCH THAT A PRUDENT LAYPERSON, POSSESSING AN AVERAGE KNOW-
42 LEDGE OF MEDICINE AND HEALTH, COULD REASONABLY EXPECT THE ABSENCE OF
43 IMMEDIATE MEDICAL ATTENTION TO RESULT IN : (1) PLACING THE HEALTH OF THE
44 PERSON AFFLICTED WITH SUCH CONDITION IN SERIOUS JEOPARDY, OR IN THE CASE
45 OF A BEHAVIORAL CONDITION PLACING THE HEALTH OF SUCH PERSON OR OTHERS IN
46 SERIOUS JEOPARDY; (2) SERIOUS IMPAIRMENT TO SUCH PERSON'S BODILY FUNC-
47 TIONS; (3) SERIOUS DYSFUNCTION OF ANY BODILY ORGAN OR PART OF SUCH
48 PERSON; (4) SERIOUS DISFIGUREMENT OF SUCH PERSON; OR (5) A CONDITION
49 DESCRIBED IN CLAUSE (I), (II) OR (III) OF SECTION 1867(E)(1)(A) OF THE
50 SOCIAL SECURITY ACT 42 U.S.C. S 1395DD.

51 (B) "EMERGENCY SERVICES" MEANS, WITH RESPECT TO AN EMERGENCY CONDI-
52 TION: (1) A MEDICAL SCREENING EXAMINATION AS REQUIRED UNDER SECTION 1867
53 OF THE SOCIAL SECURITY ACT, 42 U.S.C. S 1395DD, WHICH IS WITHIN THE
54 CAPABILITY OF THE EMERGENCY DEPARTMENT OF A HOSPITAL, INCLUDING ANCIL-
55 LARY SERVICES ROUTINELY AVAILABLE TO THE EMERGENCY DEPARTMENT TO EVALU-
56 ATE SUCH EMERGENCY MEDICAL CONDITION; AND (2) WITHIN THE CAPABILITIES OF

1 THE STAFF AND FACILITIES AVAILABLE AT THE HOSPITAL, SUCH FURTHER MEDICAL
2 EXAMINATION AND TREATMENT AS ARE REQUIRED UNDER SECTION 1867 OF THE
3 SOCIAL SECURITY ACT, 42 U.S.C. S 1395DD, TO STABILIZE THE PATIENT.

4 (C) "HEALTH CARE PLAN" MEANS AN INSURER LICENSED TO WRITE ACCIDENT AND
5 HEALTH INSURANCE PURSUANT TO ARTICLE THIRTY-TWO OF THE INSURANCE LAW; A
6 CORPORATION ORGANIZED PURSUANT TO ARTICLE FORTY-THREE OF THE INSURANCE
7 LAW; A MUNICIPAL COOPERATIVE HEALTH BENEFIT PLAN CERTIFIED PURSUANT TO
8 ARTICLE FORTY-SEVEN OF THE INSURANCE LAW; A HEALTH MAINTENANCE ORGANIZA-
9 TION CERTIFIED PURSUANT TO ARTICLE FORTY-FOUR OF THE PUBLIC HEALTH LAW;
10 OR A STUDENT HEALTH PLAN ESTABLISHED OR MAINTAINED PURSUANT TO SECTION
11 ONE THOUSAND ONE HUNDRED TWENTY-FOUR OF THE INSURANCE LAW.

12 (D) "INSURED" MEANS A PATIENT COVERED UNDER A HEALTH CARE PLAN'S POLI-
13 CY OR CONTRACT.

14 (E) "NON-PARTICIPATING" MEANS NOT HAVING A CONTRACT WITH A HEALTH CARE
15 PLAN TO PROVIDE HEALTH CARE SERVICES TO AN INSURED.

16 (F) "PARTICIPATING" MEANS HAVING A CONTRACT WITH A HEALTH CARE PLAN TO
17 PROVIDE HEALTH CARE SERVICES TO AN INSURED.

18 (G) "PATIENT" MEANS A PERSON WHO RECEIVES HEALTH CARE SERVICES,
19 INCLUDING EMERGENCY SERVICES, IN THIS STATE.

20 (H) "SURPRISE BILL" MEANS A BILL FOR HEALTH CARE SERVICES, OTHER THAN
21 EMERGENCY SERVICES, RECEIVED BY:

22 (1) AN INSURED FOR SERVICES RENDERED BY A NON-PARTICIPATING PHYSICIAN
23 AT A PARTICIPATING HOSPITAL OR AMBULATORY SURGICAL CENTER, WHERE A
24 PARTICIPATING PHYSICIAN IS UNAVAILABLE OR A NON-PARTICIPATING PHYSICIAN
25 RENDERS SERVICES WITHOUT THE INSURED'S KNOWLEDGE, OR UNFORESEEN MEDICAL
26 SERVICES ARISE AT THE TIME THE HEALTH CARE SERVICES ARE RENDERED;
27 PROVIDED, HOWEVER, THAT A SURPRISE BILL SHALL NOT MEAN A BILL RECEIVED
28 FOR HEALTH CARE SERVICES WHEN A PARTICIPATING PHYSICIAN IS AVAILABLE AND
29 THE INSURED HAS ELECTED TO OBTAIN SERVICES FROM A NON-PARTICIPATING
30 PHYSICIAN;

31 (2) AN INSURED FOR SERVICES RENDERED BY A NON-PARTICIPATING PROVIDER,
32 WHERE THE SERVICES WERE REFERRED BY A PARTICIPATING PHYSICIAN TO A NON-
33 PARTICIPATING PROVIDER WITHOUT EXPLICIT WRITTEN CONSENT OF THE INSURED
34 ACKNOWLEDGING THAT THE PARTICIPATING PHYSICIAN IS REFERRING THE INSURED
35 TO A NON-PARTICIPATING PROVIDER AND THAT THE REFERRAL MAY RESULT IN
36 COSTS NOT COVERED BY THE HEALTH CARE PLAN; OR

37 (3) A PATIENT WHO IS NOT AN INSURED FOR SERVICES RENDERED BY A PHYSI-
38 CIAN AT A HOSPITAL OR AMBULATORY SURGICAL CENTER, WHERE THE PATIENT HAS
39 NOT TIMELY RECEIVED ALL OF THE DISCLOSURES REQUIRED PURSUANT TO SECTION
40 TWENTY-FOUR OF THE PUBLIC HEALTH LAW.

41 (I) "USUAL AND CUSTOMARY COST" MEANS THE EIGHTIETH PERCENTILE OF ALL
42 CHARGES FOR THE PARTICULAR HEALTH CARE SERVICE PERFORMED BY A PROVIDER
43 IN THE SAME OR SIMILAR SPECIALTY AND PROVIDED IN THE SAME GEOGRAPHICAL
44 AREA AS REPORTED IN A BENCHMARKING DATABASE MAINTAINED BY A NONPROFIT
45 ORGANIZATION SPECIFIED BY THE SUPERINTENDENT. THE NONPROFIT ORGANIZATION
46 SHALL NOT BE AFFILIATED WITH AN INSURER, A CORPORATION SUBJECT TO ARTI-
47 CLE FORTY-THREE OF THE INSURANCE LAW, A MUNICIPAL COOPERATIVE HEALTH
48 BENEFIT PLAN CERTIFIED PURSUANT TO ARTICLE FORTY-SEVEN OF THE INSURANCE
49 LAW, OR A HEALTH MAINTENANCE ORGANIZATION CERTIFIED PURSUANT TO ARTICLE
50 FORTY-FOUR OF THE PUBLIC HEALTH LAW.

51 S 604. CRITERIA FOR DETERMINING A REASONABLE FEE. IN DETERMINING THE
52 APPROPRIATE AMOUNT TO PAY FOR A HEALTH CARE SERVICE, AN INDEPENDENT
53 DISPUTE RESOLUTION ENTITY SHALL CONSIDER ALL RELEVANT FACTORS, INCLUD-
54 ING:

55 (A) WHETHER THERE IS A GROSS DISPARITY BETWEEN THE FEE CHARGED BY THE
56 PHYSICIAN FOR SERVICES RENDERED AS COMPARED TO:

(1) FEES PAID TO THE INVOLVED PHYSICIAN FOR THE SAME SERVICES RENDERED BY THE PHYSICIAN TO OTHER PATIENTS IN HEALTH CARE PLANS IN WHICH THE PHYSICIAN IS NOT PARTICIPATING, AND

(2) IN THE CASE OF A DISPUTE INVOLVING A HEALTH CARE PLAN, FEES PAID BY THE HEALTH CARE PLAN TO REIMBURSE SIMILARLY QUALIFIED PHYSICIANS FOR THE SAME SERVICES IN THE SAME REGION WHO ARE NOT PARTICIPATING WITH THE HEALTH CARE PLAN;

(B) THE LEVEL OF TRAINING, EDUCATION AND EXPERIENCE OF THE PHYSICIAN;

(C) THE PHYSICIAN'S USUAL CHARGE FOR COMPARABLE SERVICES WITH REGARD TO PATIENTS IN HEALTH CARE PLANS IN WHICH THE PHYSICIAN IS NOT PARTICIPATING;

(D) THE CIRCUMSTANCES AND COMPLEXITY OF THE PARTICULAR CASE, INCLUDING TIME AND PLACE OF THE SERVICE;

(E) INDIVIDUAL PATIENT CHARACTERISTICS; AND

(F) THE USUAL AND CUSTOMARY COST OF THE SERVICE.

S 605. DISPUTE RESOLUTION FOR EMERGENCY SERVICES. (A) EMERGENCY SERVICES FOR AN INSURED. (1) WHEN A HEALTH CARE PLAN RECEIVES A BILL FOR EMERGENCY SERVICES FROM A NON-PARTICIPATING PHYSICIAN, THE HEALTH CARE PLAN SHALL PAY AN AMOUNT THAT IT DETERMINES IS REASONABLE FOR THE EMERGENCY SERVICES RENDERED BY THE NON-PARTICIPATING PHYSICIAN, IN ACCORDANCE WITH SECTION THREE THOUSAND TWO HUNDRED TWENTY-FOUR-A OF THE INSURANCE LAW, EXCEPT FOR THE INSURED'S CO-PAYMENT, COINSURANCE OR DEDUCTIBLE, IF ANY, AND SHALL ENSURE THAT THE INSURED SHALL INCUR NO GREATER OUT-OF-POCKET COSTS FOR THE EMERGENCY SERVICES THAN THE INSURED WOULD HAVE INCURRED WITH A PARTICIPATING PHYSICIAN PURSUANT TO SUBSECTION (C) OF SECTION THREE THOUSAND TWO HUNDRED FORTY-ONE OF THE INSURANCE LAW.

(2) A NON-PARTICIPATING PHYSICIAN OR A HEALTH CARE PLAN MAY SUBMIT A DISPUTE REGARDING A FEE OR PAYMENT FOR EMERGENCY SERVICES FOR REVIEW TO AN INDEPENDENT DISPUTE RESOLUTION ENTITY.

(3) THE INDEPENDENT DISPUTE RESOLUTION ENTITY SHALL MAKE A DETERMINATION WITHIN THIRTY DAYS OF RECEIPT OF THE DISPUTE FOR REVIEW.

(4) IN DETERMINING A REASONABLE FEE FOR THE SERVICES RENDERED, AN INDEPENDENT DISPUTE RESOLUTION ENTITY SHALL SELECT EITHER THE HEALTH CARE PLAN'S PAYMENT OR THE NON-PARTICIPATING PHYSICIAN'S FEE. THE INDEPENDENT DISPUTE RESOLUTION ENTITY SHALL DETERMINE WHICH AMOUNT TO SELECT BASED UPON THE CONDITIONS AND FACTORS SET FORTH IN SECTION SIX HUNDRED FOUR OF THIS ARTICLE. IF AN INDEPENDENT DISPUTE RESOLUTION ENTITY DETERMINES, BASED ON THE HEALTH CARE PLAN'S PAYMENT AND THE NON-PARTICIPATING PHYSICIAN'S FEE, THAT A SETTLEMENT BETWEEN THE HEALTH CARE PLAN AND NON-PARTICIPATING PHYSICIAN IS REASONABLY LIKELY, OR THAT BOTH THE HEALTH CARE PLAN'S PAYMENT AND THE NON-PARTICIPATING PHYSICIAN'S FEE REPRESENT UNREASONABLE EXTREMES, THEN THE INDEPENDENT DISPUTE RESOLUTION ENTITY MAY DIRECT BOTH PARTIES TO ATTEMPT A GOOD FAITH NEGOTIATION FOR SETTLEMENT. THE HEALTH CARE PLAN AND NON-PARTICIPATING PHYSICIAN MAY BE GRANTED UP TO TEN BUSINESS DAYS FOR THIS NEGOTIATION, WHICH SHALL RUN CONCURRENTLY WITH THE THIRTY DAY PERIOD FOR DISPUTE RESOLUTION.

(B) EMERGENCY SERVICES FOR A PATIENT THAT IS NOT AN INSURED. (1) A PATIENT THAT IS NOT AN INSURED OR THE PATIENT'S PHYSICIAN MAY SUBMIT A DISPUTE REGARDING A FEE FOR EMERGENCY SERVICES FOR REVIEW TO AN INDEPENDENT DISPUTE RESOLUTION ENTITY UPON APPROVAL OF THE SUPERINTENDENT.

(2) AN INDEPENDENT DISPUTE RESOLUTION ENTITY SHALL DETERMINE A REASONABLE FEE FOR THE SERVICES BASED UPON THE SAME CONDITIONS AND FACTORS SET FORTH IN SECTION SIX HUNDRED FOUR OF THIS ARTICLE.

1 (3) A PATIENT THAT IS NOT AN INSURED SHALL NOT BE REQUIRED TO PAY THE
2 PHYSICIAN'S FEE IN ORDER TO BE ELIGIBLE TO SUBMIT THE DISPUTE FOR REVIEW
3 TO AN INDEPENDENT DISPUTE RESOLUTION ENTITY.

4 (C) THE DETERMINATION OF AN INDEPENDENT DISPUTE RESOLUTION ENTITY
5 SHALL BE BINDING ON THE HEALTH CARE PLAN, PHYSICIAN AND PATIENT, AND
6 SHALL BE ADMISSIBLE IN ANY COURT PROCEEDING BETWEEN THE HEALTH CARE
7 PLAN, PHYSICIAN OR PATIENT, OR IN ANY ADMINISTRATIVE PROCEEDING BETWEEN
8 THIS STATE AND THE PHYSICIAN.

9 S 606. HOLD HARMLESS AND ASSIGNMENT OF BENEFITS FOR SURPRISE BILLS FOR
10 INSUREDS. WHEN AN INSURED ASSIGNS BENEFITS FOR A SURPRISE BILL IN WRIT-
11 ING TO A NON-PARTICIPATING PHYSICIAN THAT KNOWS THE INSURED IS INSURED
12 UNDER A HEALTH CARE PLAN, THE NON-PARTICIPATING PHYSICIAN SHALL NOT BILL
13 THE INSURED EXCEPT FOR ANY APPLICABLE COPAYMENT, COINSURANCE OR DEDUCT-
14 ILE THAT WOULD BE OWED IF THE INSURED UTILIZED A PARTICIPATING PHYSI-
15 CIAN.

16 S 607. DISPUTE RESOLUTION FOR SURPRISE BILLS. (A) SURPRISE BILL
17 RECEIVED BY AN INSURED WHO ASSIGNS BENEFITS. (1) IF AN INSURED ASSIGNS
18 BENEFITS TO A NON-PARTICIPATING PHYSICIAN, THE HEALTH CARE PLAN SHALL
19 PAY THE NON-PARTICIPATING PHYSICIAN IN ACCORDANCE WITH PARAGRAPHS TWO
20 AND THREE OF THIS SUBSECTION.

21 (2) THE NON-PARTICIPATING PHYSICIAN MAY BILL THE HEALTH CARE PLAN FOR
22 THE HEALTH CARE SERVICES RENDERED, AND THE HEALTH CARE PLAN SHALL PAY
23 THE NON-PARTICIPATING PHYSICIAN THE BILLED AMOUNT OR ATTEMPT TO NEGOTI-
24 ATE REIMBURSEMENT WITH THE NON-PARTICIPATING PHYSICIAN.

25 (3) IF THE HEALTH CARE PLAN'S ATTEMPTS TO NEGOTIATE REIMBURSEMENT FOR
26 HEALTH CARE SERVICES PROVIDED BY A NON-PARTICIPATING PHYSICIAN DOES NOT
27 RESULT IN A RESOLUTION OF THE PAYMENT DISPUTE BETWEEN THE NON-PARTICI-
28 PATING PHYSICIAN AND THE HEALTH CARE PLAN, THE HEALTH CARE PLAN SHALL
29 PAY THE NON-PARTICIPATING PHYSICIAN AN AMOUNT THE HEALTH CARE PLAN
30 DETERMINES IS REASONABLE FOR THE HEALTH CARE SERVICES RENDERED, EXCEPT
31 FOR THE INSURED'S COPAYMENT, COINSURANCE OR DEDUCTIBLE, IN ACCORDANCE
32 WITH SECTION THREE THOUSAND TWO HUNDRED TWENTY-FOUR-A OF THE INSURANCE
33 LAW.

34 (4) EITHER THE HEALTH CARE PLAN OR THE NON-PARTICIPATING PHYSICIAN MAY
35 SUBMIT THE DISPUTE REGARDING THE SURPRISE BILL FOR REVIEW TO AN INDE-
36 PENDENT DISPUTE RESOLUTION ENTITY, PROVIDED HOWEVER, THE HEALTH CARE
37 PLAN MAY NOT SUBMIT THE DISPUTE UNLESS IT HAS COMPLIED WITH THE REQUIRE-
38 MENTS OF PARAGRAPHS ONE, TWO AND THREE OF THIS SUBSECTION.

39 (5) THE INDEPENDENT DISPUTE RESOLUTION ENTITY SHALL MAKE A DETERMI-
40 NATION WITHIN THIRTY DAYS OF RECEIPT OF THE DISPUTE FOR REVIEW.

41 (6) WHEN DETERMINING A REASONABLE FEE FOR THE SERVICES RENDERED, THE
42 INDEPENDENT DISPUTE RESOLUTION ENTITY SHALL SELECT EITHER THE HEALTH
43 CARE PLAN'S PAYMENT OR THE NON-PARTICIPATING PHYSICIAN'S FEE. AN INDE-
44 PENDENT DISPUTE RESOLUTION ENTITY SHALL DETERMINE WHICH AMOUNT TO SELECT
45 BASED UPON THE CONDITIONS AND FACTORS SET FORTH IN SECTION SIX HUNDRED
46 FOUR OF THIS ARTICLE. IF AN INDEPENDENT DISPUTE RESOLUTION ENTITY
47 DETERMINES, BASED ON THE HEALTH CARE PLAN'S PAYMENT AND THE NON-PARTICI-
48 PATING PHYSICIAN'S FEE, THAT A SETTLEMENT BETWEEN THE HEALTH CARE PLAN
49 AND NON-PARTICIPATING PHYSICIAN IS REASONABLY LIKELY, OR THAT BOTH THE
50 HEALTH CARE PLAN'S PAYMENT AND THE NON-PARTICIPATING PHYSICIAN'S FEE
51 REPRESENT UNREASONABLE EXTREMES, THEN THE INDEPENDENT DISPUTE RESOLUTION
52 ENTITY MAY DIRECT BOTH PARTIES TO ATTEMPT A GOOD FAITH NEGOTIATION FOR
53 SETTLEMENT. THE HEALTH CARE PLAN AND NON-PARTICIPATING PHYSICIAN MAY BE
54 GRANTED UP TO TEN BUSINESS DAYS FOR THIS NEGOTIATION, WHICH SHALL RUN
55 CONCURRENTLY WITH THE THIRTY DAY PERIOD FOR DISPUTE RESOLUTION.

(B) SURPRISE BILL RECEIVED BY AN INSURED WHO DOES NOT ASSIGN BENEFITS OR BY A PATIENT WHO IS NOT AN INSURED. (1) AN INSURED WHO DOES NOT ASSIGN BENEFITS IN ACCORDANCE WITH SUBSECTION (A) OF THIS SECTION OR A PATIENT WHO IS NOT AN INSURED AND WHO RECEIVES A SURPRISE BILL MAY SUBMIT A DISPUTE REGARDING THE SURPRISE BILL FOR REVIEW TO AN INDEPENDENT DISPUTE RESOLUTION ENTITY.

(2) THE INDEPENDENT DISPUTE RESOLUTION ENTITY SHALL DETERMINE A REASONABLE FEE FOR THE SERVICES RENDERED BASED UPON THE CONDITIONS AND FACTORS SET FORTH IN SECTION SIX HUNDRED FOUR OF THIS ARTICLE.

(3) A PATIENT OR INSURED WHO DOES NOT ASSIGN BENEFITS IN ACCORDANCE WITH SUBSECTION (A) OF THIS SECTION SHALL NOT BE REQUIRED TO PAY THE PHYSICIAN'S FEE TO BE ELIGIBLE TO SUBMIT THE DISPUTE FOR REVIEW TO THE INDEPENDENT DISPUTE ENTITY.

(C) THE DETERMINATION OF AN INDEPENDENT DISPUTE RESOLUTION ENTITY SHALL BE BINDING ON THE PATIENT, PHYSICIAN AND HEALTH CARE PLAN, AND SHALL BE ADMISSIBLE IN ANY COURT PROCEEDING BETWEEN THE PATIENT OR INSURED, PHYSICIAN OR HEALTH CARE PLAN, OR IN ANY ADMINISTRATIVE PROCEEDING BETWEEN THIS STATE AND THE PHYSICIAN.

S 608. PAYMENT FOR INDEPENDENT DISPUTE RESOLUTION ENTITY. (A) FOR DISPUTES INVOLVING AN INSURED, WHEN THE INDEPENDENT DISPUTE RESOLUTION ENTITY DETERMINES THE HEALTH CARE PLAN'S PAYMENT IS REASONABLE, PAYMENT FOR THE DISPUTE RESOLUTION PROCESS SHALL BE THE RESPONSIBILITY OF THE NON-PARTICIPATING PHYSICIAN. WHEN THE INDEPENDENT DISPUTE RESOLUTION ENTITY DETERMINES THE NON-PARTICIPATING PHYSICIAN'S FEE IS REASONABLE, PAYMENT FOR THE DISPUTE RESOLUTION PROCESS SHALL BE THE RESPONSIBILITY OF THE HEALTH CARE PLAN. WHEN A GOOD FAITH NEGOTIATION DIRECTED BY THE INDEPENDENT DISPUTE RESOLUTION ENTITY PURSUANT TO PARAGRAPH FOUR OF SUBSECTION (A) OF SECTION SIX HUNDRED FIVE OF THIS ARTICLE, OR PARAGRAPH SIX OF SUBSECTION (A) OF SECTION SIX HUNDRED SEVEN OF THIS ARTICLE RESULTS IN A SETTLEMENT BETWEEN THE HEALTH CARE PLAN AND NON-PARTICIPATING PHYSICIAN, THE HEALTH CARE PLAN AND THE NON-PARTICIPATING PHYSICIAN SHALL EVENLY DIVIDE AND SHARE THE PRORATED COST FOR DISPUTE RESOLUTION.

(B) FOR DISPUTES INVOLVING A PATIENT THAT IS NOT AN INSURED, WHEN THE INDEPENDENT DISPUTE RESOLUTION ENTITY DETERMINES THE PHYSICIAN'S FEE IS REASONABLE, PAYMENT FOR THE DISPUTE RESOLUTION PROCESS SHALL BE THE RESPONSIBILITY OF THE PATIENT UNLESS PAYMENT FOR THE DISPUTE RESOLUTION PROCESS WOULD POSE A HARDSHIP TO THE PATIENT. THE SUPERINTENDENT SHALL PROMULGATE A REGULATION TO DETERMINE PAYMENT FOR THE DISPUTE RESOLUTION PROCESS IN CASES OF HARDSHIP. WHEN THE INDEPENDENT DISPUTE RESOLUTION ENTITY DETERMINES THE PHYSICIAN'S FEE IS UNREASONABLE, PAYMENT FOR THE DISPUTE RESOLUTION PROCESS SHALL BE THE RESPONSIBILITY OF THE PHYSICIAN.

S 27. Paragraphs 5 and 6 of subsection (a) of section 2601 of the insurance law, paragraph 5 as amended by chapter 547 of the laws of 1997 and paragraph 6 as amended by chapter 388 of the laws of 2008, are amended and a new paragraph 7 is added to read as follows:

(5) compelling policyholders to institute suits to recover amounts due under its policies by offering substantially less than the amounts ultimately recovered in suits brought by them; [or]

(6) failing to promptly disclose coverage pursuant to subsection (d) or subparagraph (A) of paragraph two of subsection (f) of section three thousand four hundred twenty of this chapter[.]; OR

(7) SUBMITTING REASONABLY RENDERED CLAIMS TO THE INDEPENDENT DISPUTE RESOLUTION PROCESS ESTABLISHED UNDER ARTICLE SIX OF THE FINANCIAL SERVICES LAW.

S 28. 1. An out-of-network reimbursement rate workgroup shall be convened and shall consist of 9 members appointed by the governor. Two

1 members shall be appointed on the recommendation of the speaker of the
2 assembly and two members shall be appointed on the recommendation of the
3 temporary president of the senate and shall consist of two physicians,
4 two representatives of health plans, and three consumers and shall be
5 co-chaired by the superintendent of the department of financial services
6 and the commissioner of the department of health. Such representatives
7 of the workgroup must represent different regions of the state. The
8 members shall receive no compensation for their services, but shall be
9 allowed their actual and necessary expenses incurred in the performance
10 of their duties.

11 2. The workgroup shall review the current out-of-network reimbursement
12 rates used by health insurers licensed under the insurance law and
13 health maintenance organizations certified under the public health law
14 and the rate methodology as required under the laws of 2014 and make
15 recommendations regarding an alternative rate methodology taking into
16 consideration the following factors:

- 17 a. current physician charges for out-of-network services;
- 18 b. trends in medical care and the actual costs of medical care;
- 19 c. regional differences regarding medical costs and trends;
- 20 d. the current methodologies and levels of reimbursement for out-of-
21 network services currently paid by health plans, including insurers,
22 HMOs, Medicare, and Medicaid;
- 23 e. the current in-network rates paid by health plans, including insur-
24 ers, HMOs, Medicare and Medicaid for the same service and by the same
25 provider;
- 26 f. the impact different rate methodologies would have on out-of-pocket
27 costs for consumers who access out-of-network services;
- 28 g. the impact different rate methodologies would have on premium costs
29 in different regions of the state;
- 30 h. reimbursement data from all health plans both public and private as
31 well as charge data from medical professionals and hospitals available
32 through the All Payer Database as developed and maintained by the
33 department of health including data provided in the annual report
34 published pursuant to section 2816 of the public health law; and
- 35 i. other issues deemed appropriate by either the superintendent of the
36 department of financial services or the commissioner of the department
37 of health.

38 3. The workgroup shall review out-of-network coverage in the individ-
39 ual and small group markets and make recommendations regarding the
40 availability and adequacy of the coverage, taking into consideration the
41 following factors:

- 42 a. the extent to which out-of-network coverage is available in each
43 rating region in this state;
- 44 b. the extent to which a significant level of out-of-network benefits
45 is available in every rating region in this state, including the preva-
46 lence of coverage based on the usual and customary cost as well as
47 coverage based on other set reimbursement methodologies, such as Medi-
48 care; and
- 49 c. other issues deemed appropriate by either the superintendent of the
50 department of financial services or the commissioner of the department
51 of health.

52 4. The workgroup shall report its findings and make recommendations
53 for legislation and regulations to the governor, the speaker of the
54 assembly, the senate majority leader, the chairs of the insurance and
55 health committees in both the assembly and the senate, and the super-

intendent of the department of financial services no later than January 1, 2016.

S 29. This act shall take effect one year after it shall have become a law, provided, however, that:

1. if the amendments by chapter 514 of the laws of 2013 made to subsection (b) of section 4903 of the insurance law and subdivision 2 of section 4903 of the public health law, as amended by sections twelve and twenty-two of this act, respectively, take effect after such date, then sections twelve and twenty-two of this act shall take effect on the same date as chapter 514 of the laws of 2013 takes effect;

2. for policies renewed on and after such date this act shall take effect on the renewal date;

3. sections twelve, sixteen, seventeen, twenty-two and twenty-six of this act shall apply to health care services provided on and after such date;

4. sections eleven, thirteen, fourteen, fifteen, twenty-one, twenty-three, twenty-four and twenty-five of this act shall apply to denials issued on and after such date; and

5. effective immediately, the superintendent of financial services may promulgate any regulations necessary for the implementation of the provisions of this act on its effective date, and may certify one or more independent dispute resolution entities.

PART I

Section 1. Subdivisions 3-b and 3-c of section 1 and section 4 of part C of chapter 57 of the laws of 2006, relating to establishing a cost of living adjustment for designated human services programs, as amended by section 1 of part N of chapter 56 of the laws of 2013, are amended to read as follows:

3-b. Notwithstanding any inconsistent provision of law, beginning April 1, 2009 and ending March 31, [2014] 2016, the commissioners shall not include a COLA for the purpose of establishing rates of payments, contracts or any other form of reimbursement.

3-c. Notwithstanding any inconsistent provision of law, beginning April 1, [2014] 2016 and ending March 31, [2017] 2019, the commissioners shall develop the COLA under this section using the actual U.S. consumer price index for all urban consumers (CPI-U) published by the United States department of labor, bureau of labor statistics for the twelve month period ending in July of the budget year prior to such state fiscal year, for the purpose of establishing rates of payments, contracts or any other form of reimbursement.

S 4. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2006; provided section one of this act shall expire and be deemed repealed April 1, [2017] 2019; provided, further, that sections two and three of this act shall expire and be deemed repealed December 31, 2009.

S 2. Section 1 of part C of chapter 57 of the laws of 2006, relating to establishing a cost of living adjustment for designated human services programs, is amended by adding a new subdivision 3-d to read as follows:

3-D. (I) NOTWITHSTANDING THE PROVISIONS OF SUBDIVISION 3-B OF THIS SECTION, AS AMENDED BY SECTION ONE OF A CHAPTER OF THE LAWS OF 2014 WHICH ADDED THIS SUBDIVISION, OR ANY OTHER INCONSISTENT PROVISION OF LAW, AND SUBJECT TO THE AVAILABILITY OF THE APPROPRIATION THEREFOR, FOR THE PROGRAMS LISTED IN PARAGRAPHS (I), (II), (III), (IV), (V) AND (VI)

1 OF SUBDIVISION 4 OF THIS SECTION, THE COMMISSIONERS SHALL PROVIDE FUND-
2 ING TO SUPPORT (1) A TWO PERCENT (2%) INCREASE IN ANNUAL SALARY AND
3 SALARY-RELATED FRINGE BENEFITS FOR DIRECT CARE STAFF AND DIRECT SUPPORT
4 PROFESSIONALS, AND IN PAYMENT TO FOSTER PARENTS AND ADOPTIVE PARENTS, AS
5 DEFINED BY THE COMMISSIONER OF THE APPLICABLE STATE AGENCY SUBJECT TO
6 THE APPROVAL OF THE DIRECTOR OF THE BUDGET BEGINNING JANUARY 1, 2015,
7 AND (2) A TWO PERCENT (2%) INCREASE IN ANNUAL SALARY AND SALARY-RELATED
8 FRINGE BENEFITS FOR DIRECT CARE STAFF, DIRECT SUPPORT PROFESSIONALS AND
9 CLINICAL STAFF, AND IN PAYMENT TO FOSTER PARENTS AND ADOPTIVE PARENTS,
10 AS DEFINED BY THE COMMISSIONER OF THE APPLICABLE STATE AGENCY SUBJECT TO
11 THE APPROVAL OF THE DIRECTOR OF THE BUDGET BEGINNING APRIL 1, 2015. SUCH
12 COMMISSIONERS SHALL USE THE CONSOLIDATED FISCAL REPORTING MANUAL AS A
13 REFERENCE, TO THE EXTENT THAT APPLICABLE JOB TITLES ARE LISTED THEREIN.
14 WHERE APPLICABLE, THE FUNDING PROVIDED UNDER THIS SUBDIVISION SHALL BE
15 APPLIED TO REIMBURSABLE COSTS OR CONTRACT AMOUNTS TO SUPPORT SALARY
16 INCREASES AND SALARY-RELATED FRINGE BENEFITS OF ELIGIBLE PERSONS, THAT
17 TOOK EFFECT ON OR AFTER JANUARY 1, 2014. THE COMMISSIONERS SHALL PROVIDE
18 FUNDING FOR SUCH SALARY AND ASSOCIATED FRINGE BENEFIT INCREASES IN A
19 MANNER WHICH WILL RESULT IN A CONSISTENT METHODOLOGY AMONG PROGRAMS AND
20 PROVIDER TYPES.

21 (II) THE COMMISSIONERS SHALL DEVELOP STANDARDS, INCLUDING BUT NOT
22 LIMITED TO, REQUIRING THAT A LOCAL GOVERNMENT UNIT OR PROVIDER AGENCY
23 DEVELOP A PLAN OF IMPLEMENTATION TO ENSURE THAT SUCH FUNDING INCREASES
24 SHALL BE DIRECTED TO DIRECT CARE STAFF, DIRECT SUPPORT PROFESSIONALS,
25 CLINICAL STAFF, FOSTER PARENTS AND ADOPTIVE PARENTS, AS APPROPRIATE,
26 PURSUANT TO PARAGRAPH (I) OF THIS SUBDIVISION. EACH LOCAL GOVERNMENT
27 UNIT OR DIRECT CONTRACT PROVIDER RECEIVING SUCH FUNDING SHALL SUBMIT A
28 WRITTEN CERTIFICATION, IN SUCH FORM AND AT SUCH TIME AS EACH COMMISSION-
29 ER SHALL PRESCRIBE, ATTESTING TO HOW SUCH FUNDING WILL BE OR WAS USED
30 FOR PURPOSES ELIGIBLE UNDER THIS SECTION. FURTHER, PROVIDERS SHALL
31 SUBMIT A RESOLUTION FROM THEIR GOVERNING BODY TO THE APPROPRIATE COMMIS-
32 SIONER, ATTESTING THAT THE FUNDING RECEIVED WILL BE USED SOLELY TO
33 SUPPORT SALARY AND SALARY-RELATED FRINGE BENEFIT INCREASES FOR DIRECT
34 CARE STAFF, DIRECT SUPPORT PROFESSIONALS, CLINICAL STAFF, FOSTER PARENTS
35 AND ADOPTIVE PARENTS, PURSUANT TO PARAGRAPH (I) OF THIS SUBDIVISION AND
36 THE APPLICABLE STANDARDS ISSUED BY THE APPROPRIATE COMMISSIONER PURSUANT
37 TO THIS PARAGRAPH. SUCH COMMISSIONERS SHALL BE AUTHORIZED TO RECOUP ANY
38 FUNDS AS APPROPRIATED HEREIN DETERMINED TO HAVE BEEN USED IN A MANNER
39 INCONSISTENT WITH SUCH STANDARDS OR INCONSISTENT WITH THE PROVISIONS OF
40 THIS SUBDIVISION, AND SUCH COMMISSIONERS SHALL BE AUTHORIZED TO EMPLOY
41 ANY LEGAL MECHANISM TO RECOUP SUCH FUNDS, INCLUDING AN OFFSET OF OTHER
42 FUNDS THAT ARE OWED TO SUCH LOCAL GOVERNMENTAL UNIT OR PROVIDER.

43 (III) WHERE APPROPRIATE, TRANSFERS TO THE DEPARTMENT OF HEALTH SHALL
44 BE MADE AS REIMBURSEMENT FOR THE STATE SHARE OF MEDICAL ASSISTANCE.

45 S 3. This act shall take effect immediately and shall be deemed to
46 have been in full force and effect on and after April 1, 2014; provided,
47 however, that the amendments to subdivisions 3-b and 3-c of section 1 of
48 part C of chapter 57 of the laws of 2006, relating to establishing a
49 cost of living adjustment for designated human services programs made by
50 section one of this act shall not affect the repeal of such subdivisions
51 and shall be deemed repealed therewith.

52 S 2. Severability clause. If any clause, sentence, paragraph, subdivi-
53 sion, section or part of this act shall be adjudged by any court of
54 competent jurisdiction to be invalid, such judgment shall not affect,
55 impair, or invalidate the remainder thereof, but shall be confined in
56 its operation to the clause, sentence, paragraph, subdivision, section

1 or part thereof directly involved in the controversy in which such judg-
2 ment shall have been rendered. It is hereby declared to be the intent of
3 the legislature that this act would have been enacted even if such
4 invalid provisions had not been included herein.

5 S 3. This act shall take effect immediately provided, however, that
6 the applicable effective date of Parts A through I of this act shall be
7 as specifically set forth in the last section of such Parts.