

S T A T E O F N E W Y O R K

S. 6358--B

A. 8558--B

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

January 21, 2014

IN SENATE -- A BUDGET BILL, submitted by the Governor pursuant to article seven of the Constitution -- read twice and ordered printed, and when printed to be committed to the Committee on Finance -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

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

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

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

LBD12671-03-4

law and the state finance law, in relation to the operation of the New York State donate life registry; to amend chapter 465 of the laws of 2012 amending the public health law and the vehicle and traffic law relating to establishing Lauren's law, in relation to the effectiveness thereof; to amend the social services law and the public health law, in relation to streamlining the application process for adult care facilities and assisted living residences; to amend the public health law, in relation to the long term home health care program; to amend the public health law, in relation to resident working audits; to amend chapter 58 of the laws of 2008 amending the elder law and other laws relating to reimbursement to particular provider pharmacies and prescription drug coverage, in relation to the effectiveness thereof; to repeal certain provisions of the public health law relating thereto; and to repeal subdivision 9 of section 2803 of the public health law, relating to reports to the commissioner by general hospitals regarding working conditions and limits on working hours for certain members of the hospital's staff (Part A); to amend the New York Health Care Reform Act of 1996, in relation to extending certain provisions relating thereto; to amend the New York Health Care Reform Act of 2000, in relation to extending the effectiveness of provisions thereof; to amend the public health law, in relation to the distribution of pool allocations and graduate medical education; to amend chapter 62 of the laws of 2003 amending the general business law and other laws relating to enacting major components necessary to implement the state fiscal plan for the 2003-04 state fiscal year, in relation to the deposit of certain funds; to amend the public health law, in relation to health care initiative pool distributions; to amend the social services law, in relation to extending payment provisions for general hospitals; to amend chapter 600 of the laws of 1986 amending the public health law relating to the development of pilot reimbursement programs for ambulatory care services, in relation to the effectiveness of such chapter; to amend chapter 520 of the laws of 1978 relating to providing for a comprehensive survey of health care financing, education and illness prevention and creating councils for the conduct thereof, in relation to extending the effectiveness of portions thereof; to amend the public health law, in relation to extending access to community health care services in rural areas; to amend the public health law, in relation to rates of payment for personal care service providers; to amend the public health law, in relation to the assessment on covered lives; to amend the public health law, in relation to the comprehensive diagnostic and treatment centers indigent care program; to amend the public health law, in relation to general hospital indigent pool and general hospital inpatient reimbursement rates; to amend chapter 266 of the laws of 1986 amending the civil practice law and rules and other laws relating to malpractice and professional medical conduct, in relation to extending the applicability of certain provisions thereof; and to amend chapter 63 of the laws of 2001 amending chapter 20 of the laws of 2001 amending the military law and other laws relating to making appropriations for the support of government, in relation to extending the applicability of certain provisions thereof (Part B); to amend the social services law, in relation to eliminating prescriber prevails for brand name drugs with generic equivalents; to amend the public health law, in relation to minimum supplemental rebates for pharmaceutical manufacturers; to amend the social services law, in relation to early refill of prescriptions; to amend the public health law, in relation

to eliminating the financial incentive for e-prescribing; to amend the public health law, in relation to expanding prior authorization under the clinic drug review program; to amend the public health law, in relation to the expansion of prior authorization under the clinical drug review program; to amend the social services law, in relation to requiring prior authorization for non-medically acceptable indicators for prescription drugs; to amend the social services law, in relation to the integration of behavioral and physical health clinic services; to amend part A of chapter 56 of the laws of 2013 amending chapter 59 of the laws of 2011 amending the public health law and other laws relating to general hospital reimbursement for annual rates relating to the cap on local Medicaid expenditures, in relation to establishing rate protections for behavioral health essential providers and the effectiveness thereof; to amend section 1 of part H of chapter 111 of the laws of 2010, relating to increasing Medicaid payments to providers through managed care organizations and providing equivalent fees through an ambulatory patient group methodology, in relation to transfer of funds and the effectiveness thereof; to amend the social services law, in relation to spousal support for the costs of community-based long term care; to amend the social services law, in relation to fair hearings within the Fully Integrated Duals Advantage program; to amend the public health law, in relation to the establishment of a default rate for nursing homes under managed care; to amend the public health law, in relation to rates of payment for certified home health agencies and long term home health care programs; to amend 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 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 part C of chapter 58 of the laws of 2009, amending the public health law relating to the ADIRONDACK MEDICAL HOME MULTIPAYOR DEMONSTRATION PROGRAM, in relation to extending the adirondack medical home demo through the year 2017; to amend chapter 779 of the laws of 1986, amending the social services law relating to authorizing services for non-residents in adult homes, residences for adults and enriched housing programs, in relation to extending the authorization of non-resident services within adult homes; to amend part C of chapter 58 of the laws of 2008, amending the social services law and the public health law relating to adjustments of rates, in relation to extending the utilization threshold exemption; to amend chapter 19 of the laws of 1998, amending the social services law relating to limiting the method of payment for prescription drugs under the medical assistance program, in relation to extending provisions related to dispensing fees; to amend the public health law, in relation to rates of payment to residential health care facilities; providing for the repeal of certain provisions relating to the availability of funds upon expiration thereof; and to repeal certain provisions of the social services law and the public health law relating thereto (Part C); to amend the education law, in relation to the exemption of the nurse practice act for direct care staff in non-certified settings funded, authorized or approved by the office for people with developmental disabilities (Part D); to amend part A of chapter 111 of the laws of 2010 amending the mental hygiene law relating to the receipt of federal and state benefits received by individuals receiving care in facilities operated by an office of the department of mental hygiene, in relation to the effectiveness thereof (Part E); to amend the mental hygiene law, in relation to the recovery of exempt income by the office of mental health for community residential programs (Part F); to amend chapter 57 of the laws of 2006, relating to establishing a cost of living adjustment for designated human services programs, in relation to foregoing such adjustment during the 2014-2015 state fiscal year (Part G); and to establish an alternative financing and construction method between the DOH and DASNY for the state's consolidated laboratory project (Part H)

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 H. 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

1 "of this act", when used in connection with that particular component,
2 shall be deemed to mean and refer to the corresponding section of the
3 Part in which it is found. Section three of this act sets forth the
4 general effective date of this act.

5 PART A

6 Section 1. Paragraph (a) of subdivision 1 of section 602 of the public
7 health law, as added by section 16 of part E of chapter 56 of the laws
8 of 2013, is amended to read as follows:

9 (a) Family health, which shall include activities designed to reduce
10 perinatal, infant and maternal mortality and morbidity and to promote
11 the health of infants, children, adolescents, and people of childbearing
12 age. Such activities shall include family centered perinatal services
13 and other services appropriate to promote the birth of a healthy baby to
14 a healthy mother, and services to assure that infants, young children,
15 and school age children are enrolled in appropriate health insurance
16 programs and other health benefit programs for which they are eligible,
17 and that the parents or guardians of such children are provided with
18 information concerning health care providers in their area that are
19 willing and able to provide health services to such children. Provision
20 of primary and preventive clinical health care services shall be eligi-
21 ble for state aid for uninsured persons under the age of twenty-one,
22 provided that the municipality makes good faith efforts to assist such
23 persons with insurance enrollment and only until such time as enrollment
24 becomes effective. PROVISION OF PRENATAL CLINICAL HEALTH CARE SERVICES
25 SHALL BE ELIGIBLE FOR STATE AID FOR UNINSURED WOMEN OF ANY AGE, PROVIDED
26 THAT THE MUNICIPALITY MAKES GOOD FAITH EFFORTS TO ASSIST SUCH WOMEN WITH
27 INSURANCE ENROLLMENT AND ONLY UNTIL SUCH TIME AS ENROLLMENT BECOMES
28 EFFECTIVE.

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

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

47 2. [Except where subdivision one of this section permits informed
48 consent to be obtained orally, informed consent to HIV related testing
49 shall consist of a statement consenting to HIV related testing signed by
50 the subject of the test who has capacity to consent or, when the subject
51 lacks capacity to consent, by a person authorized pursuant to law to
52 consent to health care for the subject after the subject or such other
53 person has received the information described in subdivision three of
54 this section.

1 2-a. Where a written consent to HIV related testing is included in a
2 signed general consent to medical care for the subject of the test or in
3 a signed consent to any health care service for the subject of the test,
4 the consent form shall have a clearly marked place adjacent to the
5 signature where the subject of the test, or, when the subject lacks
6 capacity to consent, a person authorized pursuant to law to consent to
7 health care for such individual, shall be given an opportunity to
8 specifically decline in writing HIV related testing on such general
9 consent.

10 2-b. A written or oral informed] INFORMED consent for HIV related
11 testing pursuant to this section shall be valid for such testing until
12 such consent is revoked [or expires by its terms]. Each time that an HIV
13 related test is ordered pursuant to informed consent in accordance with
14 this section, the physician or other person authorized pursuant to law
15 to order the performance of the HIV related test, or such person's
16 representative, shall orally notify the subject of the test or, when the
17 subject lacks capacity to consent, a person authorized pursuant to law
18 to consent to health care for such individual, that an HIV related test
19 will be conducted at such time, and shall note the notification in the
20 patient's record.

21 [2-c.] 2-A. The provisions of this section regarding [oral] informed
22 consent [for a rapid HIV test] shall not apply to tests performed in a
23 facility operated under the correction law. FOR TESTS CONDUCTED IN A
24 FACILITY UNDER THE CORRECTION LAW, INDIVIDUAL CONSENT FOR HIV RELATED
25 TESTING MUST BE IN WRITING.

26 3. [Prior to the execution of written, or obtaining and documenting
27 oral, informed consent, a] A person ordering the performance of an HIV
28 related test shall provide either directly or through a representative
29 to the subject of an HIV related test or, if the subject lacks capacity
30 to consent, to a person authorized pursuant to law to consent to health
31 care for the subject, an explanation that:

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

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

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

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

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

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

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

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

49 4. A person authorized pursuant to law to order the performance of an
50 HIV related test shall provide directly or through a representative to
51 the person seeking such test, an opportunity to remain anonymous [and to
52 provide written, informed consent or authorize documentation of oral
53 informed consent,] through use of a coded system with no linking of
54 individual identity to the test request or results. A health care
55 provider who is not authorized by the commissioner to provide HIV
56 related tests on an anonymous basis shall refer a person who requests an

1 anonymous test to a test site which does provide anonymous testing. The
2 provisions of this subdivision shall not apply to a health care provider
3 ordering the performance of an HIV related test on an individual
4 proposed for insurance coverage.

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

7 S 2135. Confidentiality. All reports or information secured by the
8 department, municipal health commissioner or district health officer
9 under the provisions of this title shall be confidential except: (a) in
10 so far as is necessary to carry out the provisions of this title; (b)
11 when used in the aggregate, without patient specific identifying infor-
12 mation, in programs approved by the commissioner for the improvement of
13 the quality of medical care provided to persons with HIV/AIDS; [or] (c)
14 when used within the state or local health department by public health
15 disease programs to assess co-morbidity or completeness of reporting and
16 to direct program needs, in which case patient specific identifying
17 information shall not be disclosed outside the state or local health
18 department; OR (D) WHEN USED FOR PURPOSES OF PATIENT LINKAGE AND
19 RETENTION IN CARE, PATIENT SPECIFIC IDENTIFIED INFORMATION MAY BE SHARED
20 BETWEEN LOCAL AND STATE HEALTH DEPARTMENTS AND HEALTH CARE PROVIDERS AS
21 APPROVED BY THE COMMISSIONER.

22 S 4. Section 2410 of the public health law, as added by chapter 279 of
23 the laws of 1996, subdivisions 1 and 2 as amended by chapter 32 of the
24 laws of 2008, and subdivision 7 as added by chapter 621 of the laws of
25 2007, is amended to read as follows:

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

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

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

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

1 (A) Long Island, which member shall have voting rights,
2 (B) Central New York, which member shall not have voting rights,
3 (C) Hudson Valley, which member shall have voting rights,
4 (D) Northern New York, which member shall not have voting rights,
5 (E) Western New York, which member shall have voting rights, and
6 (F) New York City, which member shall not have voting rights;
7 (ii) The governor, upon the recommendation of the temporary president
8 of the senate, shall appoint regional members for three year terms in
9 the following order:

10 (A) Hudson Valley, which member shall not have voting rights,
11 (B) Northern New York, which member shall have voting rights,
12 (C) Western New York, which member shall not have voting rights,
13 (D) New York City, which member shall have voting rights,
14 (E) Long Island, which member shall have voting rights, and
15 (F) Central New York, which member shall not have voting rights; and
16 (iii) The governor, upon the recommendation of the speaker of the
17 assembly, shall appoint regional members for three year terms in the
18 following order:

19 (A) Western New York, which member shall have voting rights,
20 (B) New York City, which member shall not have voting rights,
21 (C) Long Island, which member shall not have voting rights,
22 (D) Central New York, which member shall have voting rights,
23 (E) Hudson Valley, which member shall not have voting rights, and
24 (F) Northern New York, which member shall have voting rights]; AND

25 (c) the governor shall appoint [three] ONE non-voting ex officio
26 members to the board, [one of whom] WHO shall be the commissioner, or
27 his or her designee[, one of whom shall be the commissioner of environ-
28 mental conservation, or his or her designee, and one of whom shall be
29 the director of the Cornell University Institute for Comparative and
30 Environmental Toxicology, or his or her designee; and

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

34 The governor shall designate the chair of the board. The governor,
35 temporary president of the senate, minority leader of the senate, speak-
36 er of the assembly, and minority leader of the assembly may solicit
37 recommendations from the Centers for Disease Control and Prevention, the
38 National Institutes of Health, the Federal Agency For Health Care Policy
39 and Research, and the National Academy of Sciences for appointments or
40 recommendations for appointments to the board.

41 2. All members shall serve for terms of three years and may be reap-
42 pointed, such terms to commence July first and expire June thirtieth;
43 provided, however, that of the scientific members first appointed, three
44 such members, one appointed by the governor, one appointed by the tempo-
45 rary president of the senate and one appointed by the speaker of the
46 assembly, shall be appointed for terms of one year, and three such
47 members, one appointed by the governor, one appointed by the temporary
48 president of the senate, and one appointed by the speaker of the assem-
49 bly shall be appointed for a term of two years.

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

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

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

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

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

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

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

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

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

16 (d) Northern New York: the counties of Albany, Clinton, Essex, Frank-
17 lin, Fulton, Herkimer, Hamilton, Montgomery, Otsego, Rensselaer, Sarato-
18 ga, Schenectady, Schoharie, Warren and Washington.

19 (e) Central New York: the counties of Broome, Cayuga, Chemung, Chenan-
20 go, Cortland, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, Sene-
21 ca, Schuyler, St. Lawrence, Tioga, Tompkins and Wayne.

22 (f) Western New York: the counties of Allegany, Cattaraugus, Chautau-
23 qua, Erie, Genesee, Niagara, Orleans, Wyoming, Livingston, Monroe,
24 Ontario, Steuben and Yates.]

25 S 5. Subdivision 1 of section 2411 of the public health law, as
26 amended by chapter 219 of the laws of 1997, paragraph (e) as amended by
27 chapter 106 of the laws of 2013, and paragraph (h) as amended by chapter
28 638 of the laws of 2008, is amended to read as follows:

29 1. The board shall:

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

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

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

46 (d)[Review requests made to the commissioner for access to information
47 pursuant to paragraph b of subdivision one of section 33-1203 and para-
48 graph c of subdivision two of section 33-1205 of the environmental
49 conservation law for use in human health related research projects. Such
50 data shall only be provided to researchers engaged in human health
51 related research. The request made by such researchers shall include a
52 copy of the research proposal or the research protocol approved by their
53 institution and copies of their institution's Institutional Review Board
54 (IRB) or equivalent review board approval of such proposal or protocol.
55 In the case of research conducted outside the auspices of an institution
56 by a researcher previously published in a peer-reviewed scientific jour-

nal, the board shall request copies of the research proposal and shall deny access to the site-specific and nine-digit zip code pesticide data if the board determines that such proposal does not follow accepted scientific practice for the design of a research project. The board shall establish guidelines to restrict the dissemination by researchers of the name, address or other information that would otherwise identify a commercial applicator or private applicator or any person who receives the services of a commercial applicator;

(e)] Solicit, receive, and review applications from public and private agencies and organizations and qualified research institutions for grants from the breast cancer research and education fund, created pursuant to section ninety-seven-yy of the state finance law, to conduct research or educational programs which focus on the causes, prevention, screening, treatment and cure of breast cancer and may include, but are not limited to mapping of breast cancer, and basic, behavioral, clinical, demographic, environmental, epidemiologic and psychosocial research. The board shall make recommendations to the commissioner, and the commissioner shall, in his or her discretion, grant approval of applications for grants from those applications recommended by the board. The board shall 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, breast cancer advocacy groups, and other organizations or entities which may be involved in breast cancer research to solicit both information regarding breast cancer research projects that are currently being conducted and recommendations for future research projects. As used in this section, "qualified research institution" may include academic medical institutions, state or local government agencies, public or private organizations within this state, and any other institution approved by the department, which is conducting a breast cancer research project or educational program. If a board member submits an application for a grant from the breast cancer research and education fund, he or she shall be prohibited from reviewing and making a recommendation on the application;

[(f) Consider, based on evolving scientific evidence, whether a correlation exists between pesticide use and pesticide exposure. As part of such consideration the board shall make recommendations as to methodologies which may be utilized to establish such correlation;

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

(h)] (E) Meet at least six times in the first year, at the request of the chair and at any other time as the chair deems necessary. The board shall meet [at least four times a year] AS NEEDED thereafter. Provided, however, that at least one such meeting a year shall be a public hearing, at which the general public may question and present information and comments to the board with respect to the operation of the health research science board, AND the breast cancer research and education fund[, the prostate and testicular cancer research and education fund and pesticide reporting established pursuant to sections 33-1205 and 33-1207 of the environmental conservation law. At such hearing, the commissioner of the department of environmental conservation or his or

her designee shall make a report to the board with respect to the efficiency and utility of pesticide reporting established pursuant to sections 33-1205 and 33-1207 of the environmental conservation law]. SHOULD THE EXISTING BYLAWS BE AMENDED BY THE BOARD, ANY SUCH AMENDMENTS SHALL BE CONSISTENT WITH THE REVISIONS OF THIS PARAGRAPH;

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

S 2409-a. Advisory council. 1. There is hereby established in the department the [breast, cervical and ovarian] cancer detection and education program advisory council, for the purpose of advising the commissioner with regards to providing information to consumers, patients, and health care providers relating, but not limited to, breast, cervical, PROSTATE, TESTICULAR and ovarian cancer, including signs and symptoms, risk factors, the benefits of prevention and early detection, guideline concordant cancer screening and disease management, options for diagnostic testing and treatment, new technologies, and survivorship.

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

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

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

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

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

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

2. Such fund shall consist of all revenues received pursuant to the provisions of sections two hundred nine-E and six hundred thirty of the tax law, all revenues received pursuant to appropriations by the legislature, and all moneys appropriated, credited, or transferred thereto from any other fund or source pursuant to law. For each state fiscal year, there shall be appropriated to the fund by the state, in addition to all other moneys required to be deposited into such fund, an amount equal to the amounts of monies collected and deposited into the fund pursuant to sections two hundred [nine-e] NINE-E and six hundred thirty of the tax law during the preceding calendar year, as certified by the comptroller. Nothing contained herein shall prevent the state from receiving grants, gifts or bequests for the purposes of the fund as defined in this section and depositing them into the fund according to

1 law. Any interest received by the comptroller on moneys on deposit in
2 such fund shall be retained in and become part of such fund.

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

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

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

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

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

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

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

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

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

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

43 5. [As a condition of receiving grants from the fund, the New York
44 State Coalition To Cure Prostate Cancer shall agree to issue and shall
45 issue, on or before the first day of February each year, a report
46 including, but not limited to, financial statements, financial reports
47 and reports on the issuance of grants. Such reports shall be delivered
48 to the governor and the chairs of the senate finance committee and the
49 assembly ways and means committee and shall also be made available to
50 the public. Such financial statements and reports shall be audited by a
51 nationally recognized accounting firm.

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

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

1 S 2825. CAPITAL RESTRUCTURING FINANCING PROGRAM. 1. A CAPITAL RESTRUC-
2 TURING FINANCING PROGRAM IS HEREBY ESTABLISHED UNDER THE JOINT ADMINIS-
3 TRATION OF THE COMMISSIONER AND THE PRESIDENT OF THE DORMITORY AUTHORITY
4 OF THE STATE OF NEW YORK FOR THE PURPOSE OF ENHANCING THE QUALITY,
5 FINANCIAL VIABILITY AND EFFICIENCY OF NEW YORK'S HEALTH CARE DELIVERY
6 SYSTEM BY TRANSFORMING THE SYSTEM INTO A MORE RATIONAL PATIENT-CENTERED
7 CARE SYSTEM THAT PROMOTES POPULATION HEALTH AND IMPROVED WELL-BEING FOR
8 ALL NEW YORKERS.

9 2. FOR THE PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN THROUGH MARCH
10 THIRTY-FIRST, TWO THOUSAND TWENTY-ONE, FUNDS MADE AVAILABLE FOR EXPENDI-
11 TURE PURSUANT TO THIS SECTION MAY BE DISTRIBUTED BY THE COMMISSIONER AND
12 THE PRESIDENT OF THE AUTHORITY, WITHOUT A COMPETITIVE BID OR REQUEST FOR
13 PROPOSAL PROCESS, FOR CAPITAL GRANTS TO GENERAL HOSPITALS, RESIDENTIAL
14 HEALTH CARE FACILITIES, DIAGNOSTIC AND TREATMENT CENTERS, AND CLINICS
15 LICENSED PURSUANT TO THE PUBLIC HEALTH LAW OR THE MENTAL HYGIENE LAW
16 (COLLECTIVELY, "GRANTEES"), FOR CAPITAL WORKS OR PURPOSES THAT SUPPORT
17 THE PURPOSES SET FORTH IN THIS SECTION. SUCH CAPITAL WORKS OR PURPOSES
18 MAY INCLUDE BUT ARE NOT LIMITED TO CLOSURES, MERGERS, RESTRUCTURING,
19 IMPROVEMENTS TO INFRASTRUCTURE, DEVELOPMENT OF PRIMARY CARE SERVICE
20 CAPACITY, AND PROMOTION OF INTEGRATED DELIVERY SYSTEMS THAT STRENGTHEN
21 AND PROTECT CONTINUED ACCESS TO ESSENTIAL HEALTH CARE SERVICES.

22 3. THE COMMISSIONER AND THE PRESIDENT OF THE AUTHORITY SHALL ENTER
23 INTO AN AGREEMENT, SUBJECT TO APPROVAL BY THE DIRECTOR OF THE BUDGET,
24 FOR THE PURPOSES OF AWARDING, DISTRIBUTING, AND ADMINISTERING THE FUNDS
25 MADE AVAILABLE PURSUANT TO THIS SECTION. SUCH AGREEMENT SHALL INCLUDE
26 CRITERIA PERTAINING TO THE EVALUATION OF APPLICATIONS AND DETERMINATION
27 OF AWARDS FOR FUNDS MADE AVAILABLE FOR THE PURPOSES OF THIS SECTION,
28 INCLUDING, BUT NOT LIMITED TO:

- 29 (A) ELIGIBILITY REQUIREMENTS FOR APPLICANTS;
- 30 (B) STATEWIDE GEOGRAPHIC DISTRIBUTION OF FUNDS;
- 31 (C) MINIMUM AND MAXIMUM AMOUNTS OF FUNDING TO BE AWARDED UNDER THE
32 PROGRAM;
- 33 (D) THE RELATIONSHIP BETWEEN THE PROJECT PROPOSED BY AN APPLICANT AND
34 IDENTIFIED COMMUNITY NEED;
- 35 (E) THE EXTENT TO WHICH THE APPLICANT HAS ACCESS TO ALTERNATIVE
36 FINANCING; AND
- 37 (F) THE EXTENT TO WHICH THE PROPOSED PROJECT FURTHERS THE PURPOSES SET
38 FORTH IN THIS SECTION.

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

45 S 9. Intentionally omitted.

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

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

1 S 11. Paragraphs (b), (c), and (d) of subdivision 3 and subdivisions
2 3-a, 4, 5, and 6 of section 2815 of the public health law, as added by
3 chapter 639 of the laws of 1996, subdivision 3-a as added by chapter 1
4 of the laws of 1999, are amended to read as follows:

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

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

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

26 3-a. Any participating [general hospital] BORROWER may apply for
27 restructuring pool funds to the extent such funds are derived from
28 deposits made pursuant to paragraph (d) of subdivision one of section
29 twenty-eight hundred seven-1 of this article, provided, however, that,
30 in reviewing such applications, the commissioner and the authority shall
31 consider the extent to which the applicant hospital has alternative
32 available sources of funds, including, but not limited to, funds avail-
33 able through affiliation agreements with other hospitals OR ENTITIES.

34 4. To the extent funds are available from a participating [general
35 hospital] BORROWER therefor, expenditures from the restructuring pool
36 shall be repaid to the restructuring pool from repayments received by
37 the authority, or the agency where applicable, from a participating
38 [general hospital] BORROWER pursuant to the terms of any financing
39 agreement, mortgage or loan document permitting the recovery from the
40 participating [general hospital] BORROWER of such expenditures. The
41 authority shall record and account for all such payments, which shall be
42 deposited in the restructuring pool.

43 5. Loans from the restructuring pool shall be made pursuant to an
44 agreement with the participating [general hospital] BORROWER specifying
45 the terms thereof, including repayment terms. The authority shall record
46 and account for all such repayments, which shall be deposited in the
47 restructuring pool. The authority shall notify the chair of the senate
48 finance committee, the director of the division of budget, the chair of
49 the assembly ways and means committee, five days prior to the making of
50 a loan from the restructuring pool. The authority shall also report
51 quarterly to such chairpersons on the transactions in the pool, includ-
52 ing but not limited to deposits to the pool, loans made from the pool,
53 investment income, and the balance on hand as of the end of the month
54 for each such quarter.

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

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

6 17. (A) THE COMMISSIONER IS AUTHORIZED TO ESTABLISH A PILOT PROGRAM TO
7 ASSIST IN RESTRUCTURING HEALTH CARE DELIVERY SYSTEMS BY ALLOWING FOR
8 INCREASED CAPITAL INVESTMENT IN HEALTH CARE FACILITIES. PURSUANT TO THE
9 PILOT PROGRAM, THE PUBLIC HEALTH AND HEALTH PLANNING COUNCIL SHALL
10 APPROVE THE ESTABLISHMENT, IN ACCORDANCE WITH THE PROVISIONS OF SUBDIVI-
11 SION THREE OF THIS SECTION, OF NO MORE THAN FIVE BUSINESS CORPORATIONS
12 FORMED UNDER THE BUSINESS CORPORATION LAW. SUCH BUSINESS CORPORATIONS
13 SHALL AFFILIATE, THE EXTENT OF THE AFFILIATION TO BE DETERMINED BY THE
14 COMMISSIONER, WITH AT LEAST ONE ACADEMIC MEDICAL INSTITUTION OR TEACHING
15 HOSPITAL APPROVED BY THE COMMISSIONER. A BUSINESS CORPORATION SHALL NOT
16 BE ELIGIBLE TO PARTICIPATE IN THIS PROGRAM IF THE NUMBER OF ITS STOCK
17 HOLDERS EXCEEDS THIRTY-FIVE, OR IF ANY OF ITS STOCK, OR THAT OF ANY OF
18 ITS DIRECT OR INDIRECT OWNERS, IS OR WILL BE TRADED ON A PUBLIC STOCK
19 EXCHANGE OR ON AN OVER-THE-COUNTER MARKET.

20 (B) NOTWITHSTANDING ANY PROVISION OF LAW TO THE CONTRARY, BUSINESS
21 CORPORATIONS ESTABLISHED PURSUANT TO THIS SUBDIVISION SHALL BE DEEMED
22 ELIGIBLE TO PARTICIPATE IN DEBT FINANCING PROVIDED BY THE DORMITORY
23 AUTHORITY OF THE STATE OF NEW YORK, LOCAL DEVELOPMENT CORPORATIONS AND
24 ECONOMIC DEVELOPMENT CORPORATIONS.

25 (C) THE FOLLOWING PROVISIONS OF THIS CHAPTER SHALL NOT APPLY TO BUSI-
26 NESS CORPORATIONS ESTABLISHED PURSUANT TO THIS SUBDIVISION: (I) PARA-
27 GRAPH (B) OF SUBDIVISION THREE OF THIS SECTION, RELATING TO STOCKHOLD-
28 ERS, OTHER THAN PRINCIPAL STOCKHOLDERS; (II) PARAGRAPH (C) OF
29 SUBDIVISION FOUR OF THIS SECTION, RELATING TO THE DISPOSITION OF STOCK
30 OR VOTING RIGHTS; (III) PARAGRAPHS (D) AND (E) OF SUBDIVISION FOUR OF
31 THIS SECTION, RELATING TO THE OWNERSHIP OF STOCK; AND (IV) PARAGRAPH (A)
32 OF SUBDIVISION THREE OF SECTION FOUR THOUSAND FOUR OF THIS CHAPTER,
33 RELATING TO THE OWNERSHIP OF STOCK. NOTWITHSTANDING THE FOREGOING, THE
34 PUBLIC HEALTH AND HEALTH PLANNING COUNCIL MAY REQUIRE THE DISCLOSURE OF
35 THE IDENTITY OF STOCKHOLDERS.

36 (D) THE CORPORATE POWERS AND PURPOSES OF A BUSINESS CORPORATION ESTAB-
37 LISHED AS AN OPERATOR PURSUANT TO THIS SUBDIVISION SHALL BE LIMITED TO
38 THE OWNERSHIP AND OPERATION, OR OPERATION, OF A HOSPITAL OR HOSPITALS
39 SPECIFICALLY NAMED AND THE LOCATION OR LOCATIONS OF WHICH ARE SPECIF-
40 ICALLY DESIGNATED BY STREET ADDRESS, CITY, TOWN, VILLAGE OR LOCALITY AND
41 COUNTY; PROVIDED, HOWEVER, THAT THE CORPORATE POWERS AND PURPOSES MAY
42 ALSO INCLUDE THE OWNERSHIP AND OPERATION, OR OPERATION, OF A CERTIFIED
43 HOME HEALTH AGENCY OR LICENSED HOME CARE SERVICES AGENCY OR AGENCIES AS
44 DEFINED IN ARTICLE THIRTY-SIX OF THIS CHAPTER OR A HOSPICE OR HOSPICES
45 AS DEFINED IN ARTICLE FORTY OF THIS CHAPTER, IF THE CORPORATION HAS
46 RECEIVED ALL APPROVALS REQUIRED UNDER SUCH LAW TO OWN AND OPERATE, OR
47 OPERATE, SUCH HOME CARE SERVICES AGENCY OR AGENCIES OR HOSPICE OR
48 HOSPICES. SUCH CORPORATE POWERS AND PURPOSES SHALL NOT BE MODIFIED,
49 AMENDED OR DELETED WITHOUT THE PRIOR APPROVAL OF THE COMMISSIONER.

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

54 (A) THE ABILITY OF THE BUSINESS CORPORATION TO ACCOMPLISH ITS PURPOSE;

55 (B) THE SHAREHOLDERS OF THE BUSINESS CORPORATION;

56 (C) THE EMPLOYEES AND WORKFORCE OF THE BUSINESS;

(D) THE INTERESTS OF PATIENTS OF THE HOSPITAL OR HOSPITALS;

(E) COMMUNITY AND SOCIETAL CONSIDERATIONS, INCLUDING THOSE OF ANY COMMUNITY IN WHICH FACILITIES OF THE CORPORATION ARE LOCATED;

(F) THE LOCAL AND GLOBAL ENVIRONMENT; AND

(G) THE SHORT-TERM AND LONG-TERM INTERESTS OF THE CORPORATION, INCLUDING BENEFITS THAT MAY ACCRUE TO THE CORPORATION FROM ITS LONG-TERM PLANS.

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

(A) SHALL NOT CONSTITUTE A VIOLATION OF THE PROVISIONS OF SECTION SEVEN HUNDRED FIFTEEN OR SEVEN HUNDRED SEVENTEEN OF THE BUSINESS CORPORATION LAW; AND

(B) IS IN ADDITION TO THE ABILITY OF DIRECTORS TO CONSIDER INTERESTS AND FACTORS AS PROVIDED IN SECTION SEVEN HUNDRED SEVENTEEN OF THE BUSINESS CORPORATION LAW.

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

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

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

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

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

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

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

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

2. The commissioner shall not act upon an application for construction of a hospital until the public health and health planning council and the health systems agency have had a reasonable time to submit their

1 recommendations, and unless (a) the applicant has obtained all approvals
2 and consents required by law for its incorporation or establishment
3 (including the approval of the public health and health planning council
4 pursuant to the provisions of this article) provided, however, that the
5 commissioner may act upon an application for construction by an appli-
6 cant possessing a valid operating certificate when the application qual-
7 ifies for review without the recommendation of the council pursuant to
8 regulations adopted by the council and approved by the commissioner; and
9 (b) the commissioner is satisfied as to the public need for the
10 construction, at the time and place and under the circumstances
11 proposed, provided however that[,] in the case of an application by a
12 hospital established or operated by an organization defined in subdivi-
13 sion one of section four hundred eighty-two-b of the social services
14 law, the needs of the members of the religious denomination concerned,
15 for care or treatment in accordance with their religious or ethical
16 convictions, shall be deemed to be public need[.]; AND FURTHER PROVIDED
17 THAT: (I) AN APPLICATION BY A GENERAL HOSPITAL OR DIAGNOSTIC AND TREAT-
18 MENT CENTER, ESTABLISHED UNDER THIS ARTICLE, TO CONSTRUCT A FACILITY TO
19 PROVIDE PRIMARY CARE SERVICES, AS DEFINED IN REGULATION, MAY BE APPROVED
20 WITHOUT REGARD FOR PUBLIC NEED; OR (II) AN APPLICATION BY A GENERAL
21 HOSPITAL OR A DIAGNOSTIC AND TREATMENT CENTER, ESTABLISHED UNDER THIS
22 ARTICLE, TO UNDERTAKE CONSTRUCTION THAT DOES NOT INVOLVE A CHANGE IN
23 CAPACITY, THE TYPES OF SERVICES PROVIDED, MAJOR MEDICAL EQUIPMENT,
24 FACILITY REPLACEMENT, OR THE GEOGRAPHIC LOCATION OF SERVICES, MAY BE
25 APPROVED WITHOUT REGARD FOR PUBLIC NEED.

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

33 (b) the need for special equipment in view of existing utilization of
34 comparable equipment at the time and place and under the circumstances
35 proposed;

36 (c) the possible economies and improvements in service to be antic-
37 ipated from the operation of joint central services including, but not
38 limited to laboratory, research, radiology, pharmacy, laundry and
39 purchasing;

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

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

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

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

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

56 (iv) for decertification of beds and services.

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

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

16 2. For an eligible capital project requiring a limited or administra-
17 tive review, within ninety days of the department deeming the applica-
18 tion complete, the department shall make a decision to approve or disap-
19 prove the certificate of need OR CONSTRUCTION application for such
20 project. If the department determines to disapprove the project, the
21 basis for such disapproval shall be provided in writing; however, disap-
22 proval shall not be based on the incompleteness of the application. If
23 the department fails to take action to approve or disapprove the appli-
24 cation within ninety days of the certificate of need application being
25 deemed complete, the application will be deemed approved.

26 3. For an eligible capital project requiring full review by the coun-
27 cil, the certificate of need OR CONSTRUCTION application shall be placed
28 on the next council agenda following the department deeming the applica-
29 tion complete.

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

32 3-B. NOTWITHSTANDING ANY OTHER PROVISIONS OF THIS CHAPTER TO THE
33 CONTRARY, THE PUBLIC HEALTH AND HEALTH PLANNING COUNCIL MAY APPROVE THE
34 ESTABLISHMENT OF DIAGNOSTIC OR TREATMENT CENTERS TO BE ISSUED OPERATING
35 CERTIFICATES FOR THE PURPOSE OF PROVIDING PRIMARY CARE, AS DEFINED BY
36 THE COMMISSIONER IN REGULATIONS, WITHOUT REGARD TO THE REQUIREMENTS OF
37 PUBLIC NEED AND FINANCIAL RESOURCES AS SET FORTH IN SUBDIVISION THREE OF
38 THIS SECTION.

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

42 3. The public health and health planning council shall not approve a
43 certificate of incorporation, articles of organization or application
44 for establishment unless it is satisfied, insofar as applicable, as to
45 (a) the public need for the existence of the institution at the time and
46 place and under the circumstances proposed, provided, however, that in
47 the case of an institution proposed to be established or operated by an
48 organization defined in subdivision one of section one hundred seventy-
49 two-a of the executive law, the needs of the members of the religious
50 denomination concerned, for care or treatment in accordance with their
51 religious or ethical convictions, shall be deemed to be public need; (b)
52 the character, competence, and standing in the community, of the
53 proposed incorporators, directors, sponsors, MEMBERS, PRINCIPAL MEMBERS,
54 stockholders, [members] PRINCIPAL STOCKHOLDERS or operators; with
55 respect to any proposed incorporator, director, sponsor, MEMBER, PRINCI-
56 PAL MEMBER, stockholder, [member] PRINCIPAL STOCKHOLDER or operator who

1 is already or within the past [ten] SEVEN years has been an incorpora-
2 tor, director, sponsor, member, principal stockholder, principal member,
3 or operator of any hospital, private proprietary home for adults, resi-
4 dence for adults, or non-profit home for the aged or blind which has
5 been issued an operating certificate by the state department of social
6 services, or a halfway house, hostel or other residential facility or
7 institution for the care, custody or treatment of the mentally disabled
8 which is subject to approval by the department of mental hygiene, no
9 approval shall be granted unless the public health and health planning
10 council, having afforded an adequate opportunity to members of health
11 systems agencies, if any, having geographical jurisdiction of the area
12 where the institution is to be located to be heard, shall affirmatively
13 find by substantial evidence as to each such incorporator, director,
14 sponsor, MEMBER, PRINCIPAL MEMBER, principal stockholder or operator
15 that a substantially consistent high level of care is being or was being
16 rendered in each such hospital, home, residence, halfway house, hostel,
17 or other residential facility or institution with which such person is
18 or was affiliated; for the purposes of this paragraph, the public health
19 and health planning council shall adopt rules and regulations, subject
20 to the approval of the commissioner, to establish the criteria to be
21 used to determine whether a substantially consistent high level of care
22 has been rendered, provided, however, that there shall not be a finding
23 that a substantially consistent high level of care has been rendered
24 where there have been violations of the state hospital code, or other
25 applicable rules and regulations, that (i) threatened to directly affect
26 the health, safety or welfare of any patient or resident, and (ii) were
27 recurrent or were not promptly corrected, UNLESS THE PROPOSED INCORPORA-
28 TOR, DIRECTOR, SPONSOR, MEMBER, PRINCIPAL MEMBER, STOCKHOLDER, PRINCIPAL
29 STOCKHOLDER, OR OPERATOR DEMONSTRATES, AND THE PUBLIC HEALTH AND HEALTH
30 PLANNING COUNCIL FINDS, THAT THE VIOLATIONS CANNOT BE ATTRIBUTED TO THE
31 ACTION OR INACTION OF SUCH PROPOSED INCORPORATOR, DIRECTOR, SPONSOR,
32 MEMBER, PRINCIPAL MEMBER, STOCKHOLDER, PRINCIPAL STOCKHOLDER, OR OPERA-
33 TOR DUE TO THE TIMING, EXTENT OR MANNER OF THE AFFILIATION; (c) the
34 financial resources of the proposed institution and its sources of
35 future revenues; and (d) such other matters as it shall deem pertinent.

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

39 (b) [(i)] Any transfer, assignment or other disposition of ten percent
40 or more of [an] DIRECT OR INDIRECT interest or voting rights in [a part-
41 nership or limited liability company, which is the] AN operator of a
42 hospital to a new STOCKHOLDER, partner or member, OR ANY TRANSFER,
43 ASSIGNMENT OR OTHER DISPOSITION OF A DIRECT OR INDIRECT INTEREST OR
44 VOTING RIGHTS OF SUCH AN OPERATOR WHICH RESULTS IN THE OWNERSHIP OR
45 CONTROL OF MORE THAN TEN PERCENT OF THE INTEREST OR VOTING RIGHTS OF
46 SUCH OPERATOR BY ANY PERSON NOT PREVIOUSLY APPROVED BY THE PUBLIC HEALTH
47 AND HEALTH PLANNING COUNCIL, OR ITS PREDECESSOR, FOR THAT OPERATOR shall
48 be approved by the public health and health planning council, in accord-
49 ance with the provisions of subdivisions two and three of this section,
50 except that: (A) any such change shall be subject to the approval by the
51 public health and health planning council in accordance with paragraph
52 (b) of subdivision three of this section only with respect to the new
53 STOCKHOLDER, partner or member, and any remaining STOCKHOLDERS, partners
54 or members who have not been previously approved for that facility in
55 accordance with such paragraph, and (B) such change shall not be subject
56 to paragraph (a) of subdivision three of this section. IN THE ABSENCE OF

1 SUCH APPROVAL, THE OPERATING CERTIFICATE OF SUCH HOSPITAL SHALL BE
2 SUBJECT TO REVOCATION OR SUSPENSION.

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

36 [(iii)] With respect to a transfer, assignment or disposition of an
37 interest or voting rights in such partnership or limited liability
38 company to any remaining partner or member, which transaction involves
39 the withdrawal of the transferor from the partnership or limited liabil-
40 ity company, no prior approval of the public health and health planning
41 council shall be required. However, no such transaction shall be effec-
42 tive unless at least ninety days prior to the intended effective date
43 thereof, the partnership or limited liability company fully completes
44 and files with the public health and health planning council notice on a
45 form, to be developed by the public health and health planning council,
46 which shall disclose such information as may reasonably be necessary for
47 the public health and health planning council to determine whether it
48 should bar the transaction for the reason set forth below. Within ninety
49 days from the date of receipt of such notice, the public health and
50 health planning council may bar any transaction under this subparagraph
51 if the equity position of the partnership or limited liability company,
52 determined in accordance with generally accepted accounting principles,
53 would be reduced as a result of the transfer, assignment or disposition.
54 The public health and health planning council shall state specific
55 reasons for barring any transaction under this subparagraph and shall so
56 notify each party to the proposed transaction.

1 (c) Any transfer, assignment or other disposition of ten percent or
2 more of the stock or voting rights thereunder of a corporation which is
3 the operator of a hospital or which is a member of a limited liability
4 company which is the operator of a hospital to a new stockholder, or any
5 transfer, assignment or other disposition of the stock or voting rights
6 thereunder of such a corporation which results in the ownership or
7 control of more than ten percent of the stock or voting rights there-
8 under of such corporation by any person not previously approved by the
9 public health and health planning council, or its predecessor, for that
10 corporation shall be subject to approval by the public health and health
11 planning council, in accordance with the provisions of subdivisions two
12 and three of this section and rules and regulations pursuant thereto;
13 except that: any such transaction shall be subject to the approval by
14 the public health and health planning council in accordance with para-
15 graph (b) of subdivision three of this section only with respect to a
16 new stockholder or a new principal stockholder; and shall not be subject
17 to paragraph (a) of subdivision three of this section. In the absence of
18 such approval, the operating certificate of such hospital shall be
19 subject to revocation or suspension.] (II) No prior approval of the
20 public health and health planning council shall be required with respect
21 to a transfer, assignment or disposition of ten percent or more of [the
22 stock] A DIRECT OR INDIRECT INTEREST or voting rights [thereunder of a
23 corporation which is the] IN AN operator of a hospital [or which is a
24 member of a limited liability company which is the owner of a hospital]
25 to any person previously approved by the public health and health plan-
26 ning council, or its predecessor, for that [corporation] OPERATOR.
27 However, no such transaction shall be effective unless at least ninety
28 days prior to the intended effective date thereof, the [stockholder]
29 OPERATOR FULLY completes and files with the public health and health
30 planning council notice on forms to be developed by the public health
31 and health planning council, which shall disclose such information as
32 may reasonably be necessary for the public health and health planning
33 council to determine whether it should bar the transaction. Such trans-
34 action will be final as of the intended effective date unless, prior
35 thereto, the public health and health planning council shall state
36 specific reasons for barring such transactions under this paragraph and
37 shall notify each party to the proposed transaction. Nothing in this
38 paragraph shall be construed as permitting a person not previously
39 approved by the public health and health planning council for that
40 [corporation] OPERATOR to become the owner of ten percent or more of the
41 [stock of a corporation which is] INTEREST OR VOTING RIGHTS, DIRECTLY OR
42 INDIRECTLY, IN the operator of a hospital [or which is a member of a
43 limited liability company which is the owner of a hospital] without
44 first obtaining the approval of the public health and health planning
45 council.

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

49 1. Any change in the person who, or any transfer, assignment, or other
50 disposition of an interest or voting rights of ten percent or more, or
51 any transfer, assignment or other disposition which results in the
52 ownership or control of an interest or voting rights of ten percent or
53 more, in a limited liability company or a partnership which is the oper-
54 ator of a licensed home care services agency or a certified home health
55 agency shall be approved by the public health and health planning coun-
56 cil, in accordance with the provisions of subdivision four of section

thirty-six hundred five of this article relative to licensure or subdivision two of section thirty-six hundred six of this article relative to certificate of approval, except that:

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

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

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

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

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

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

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

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

17. (A) DIAGNOSTIC OR TREATMENT CENTERS ESTABLISHED TO PROVIDE HEALTH CARE SERVICES WITHIN THE SPACE OF A RETAIL BUSINESS OPERATION, SUCH AS A PHARMACY, A STORE OPEN TO THE GENERAL PUBLIC OR A SHOPPING MALL, OR WITHIN SPACE USED BY AN EMPLOYER FOR PROVIDING HEALTH CARE SERVICES TO ITS EMPLOYEES, MAY BE OPERATED BY LEGAL ENTITIES FORMED UNDER THE LAWS OF NEW YORK WHOSE STOCKHOLDERS OR MEMBERS, AS APPLICABLE, ARE NOT NATURAL PERSONS AND WHOSE PRINCIPAL STOCKHOLDERS AND MEMBERS, AS APPLICABLE, AND CONTROLLING PERSONS COMPLY WITH ALL APPLICABLE REQUIREMENTS OF THIS SECTION AND DEMONSTRATE, TO THE SATISFACTION OF THE PUBLIC HEALTH AND HEALTH PLANNING COUNCIL, SUFFICIENT EXPERIENCE AND EXPERTISE IN DELIVERING HIGH QUALITY HEALTH CARE SERVICES. SUCH DIAGNOSTIC AND TREATMENT CENTERS SHALL BE REFERRED TO IN THIS SECTION AS "LIMITED SERVICES CLINICS". FOR PURPOSES OF THIS SUBDIVISION, THE PUBLIC HEALTH AND HEALTH PLANNING COUNCIL SHALL ADOPT AND AMEND RULES AND REGULATIONS, NOTWITHSTANDING ANY INCONSISTENT PROVISION OF THIS SECTION, TO ADDRESS ANY MATTER IT DEEMS PERTINENT TO THE ESTABLISHMENT OF LIMITED SERVICES CLINICS; PROVIDED THAT SUCH RULES AND REGULATIONS SHALL INCLUDE, BUT NOT BE LIMITED TO, PROVISIONS GOVERNING OR RELATING TO: (I) ANY DIRECT OR INDIRECT CHANGES OR TRANSFERS OF OWNERSHIP INTERESTS OR VOTING RIGHTS IN SUCH ENTITIES OR THEIR STOCKHOLDERS OR MEMBERS, AS APPLICABLE, AND PROVIDE FOR PUBLIC HEALTH AND HEALTH PLANNING COUNCIL APPROVAL OF ANY CHANGE IN CONTROLLING INTERESTS, PRINCIPAL STOCKHOLDERS, CONTROLLING PERSONS, PARENT COMPANY OR SPONSORS; (II) OVERSIGHT OF THE OPERATOR AND ITS SHAREHOLDERS OR MEMBERS, AS APPLICABLE, INCLUDING LOCAL GOVERNANCE

1 OF THE LIMITED SERVICES CLINICS; AND (III) RELATING TO THE CHARACTER AND
2 COMPETENCE AND QUALIFICATIONS OF, AND CHANGES RELATING TO, THE DIRECTORS
3 AND OFFICERS OF THE OPERATOR AND ITS PRINCIPAL STOCKHOLDERS, CONTROLLING
4 PERSONS, PARENT COMPANY OR SPONSORS.

5 (B) THE FOLLOWING PROVISIONS OF THIS SECTION SHALL NOT APPLY TO LIMIT-
6 ED SERVICES CLINICS OPERATED PURSUANT TO THIS SUBDIVISION: (I) PARAGRAPH
7 (A) OF SUBDIVISION THREE OF THIS SECTION; (II) PARAGRAPH (B) OF SUBDIVI-
8 SION THREE OF THIS SECTION, RELATING TO STOCKHOLDERS AND MEMBERS OTHER
9 THAN PRINCIPAL STOCKHOLDERS AND PRINCIPAL MEMBERS; (III) PARAGRAPH (C)
10 OF SUBDIVISION FOUR OF THIS SECTION, RELATING TO THE DISPOSITION OF
11 STOCK OR VOTING RIGHTS; AND (IV) PARAGRAPH (E) OF SUBDIVISION FOUR OF
12 THIS SECTION, RELATING TO THE OWNERSHIP OF STOCK OR MEMBERSHIP.

13 (C) A LIMITED SERVICES CLINIC SHALL BE DEEMED TO BE A "HEALTH CARE
14 PROVIDER" FOR THE PURPOSES OF TITLE TWO-D OF ARTICLE TWO OF THIS CHAP-
15 TER. A PRESCRIBER PRACTICING IN A LIMITED SERVICES CLINIC SHALL NOT BE
16 DEEMED TO BE IN THE EMPLOY OF A PHARMACY OR PRACTICING IN A HOSPITAL FOR
17 PURPOSES OF SUBDIVISION TWO OF SECTION SIXTY-EIGHT HUNDRED SEVEN OF THE
18 EDUCATION LAW.

19 (D) THE COMMISSIONER SHALL PROMULGATE REGULATIONS SETTING FORTH OPERA-
20 TIONAL AND PHYSICAL PLANT STANDARDS FOR LIMITED SERVICES CLINICS, WHICH
21 MAY BE DIFFERENT FROM THE REGULATIONS OTHERWISE APPLICABLE TO DIAGNOSTIC
22 OR TREATMENT CENTERS, INCLUDING, BUT NOT LIMITED TO: REQUIRING ACCREDI-
23 TATION; DESIGNATING OR LIMITING THE TREATMENTS AND SERVICES THAT MAY BE
24 PROVIDED; PROHIBITING THE PROVISION OF SERVICES TO PATIENTS TWENTY-FOUR
25 MONTHS OF AGE OR YOUNGER; THE PROVISION OF SPECIFIC IMMUNIZATIONS TO
26 PATIENTS YOUNGER THAN EIGHTEEN YEARS OF AGE; AND REQUIREMENTS OR GUIDE-
27 LINES FOR ADVERTISING AND SIGNAGE, DISCLOSURE OF OWNERSHIP INTERESTS,
28 INFORMED CONSENT, RECORD KEEPING, REFERRAL FOR TREATMENT AND CONTINUITY
29 OF CARE, CASE REPORTING TO THE PATIENT'S PRIMARY CARE OR OTHER HEALTH
30 CARE PROVIDERS, DESIGN, CONSTRUCTION, FIXTURES, AND EQUIPMENT. SUCH
31 REGULATIONS ALSO SHALL PROMOTE AND STRENGTHEN PRIMARY CARE THROUGH: (I)
32 THE INTEGRATION OF SERVICES PROVIDED BY LIMITED SERVICES CLINICS WITH
33 THE SERVICES PROVIDED BY THE PATIENT'S OTHER HEALTH CARE PROVIDERS; AND
34 (II) THE REFERRAL OF PATIENTS TO APPROPRIATE HEALTH CARE PROVIDERS,
35 INCLUDING APPROPRIATE TRANSMISSION OF PATIENT HEALTH RECORDS.

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

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

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

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

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

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

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

53 2. NO LICENSEE PRACTICE SHALL, WITHIN THIS STATE, DISPLAY SIGNAGE,
54 ADVERTISE OR HOLD ITSELF OUT AS A PROVIDER OF URGENT CARE THROUGH THE
55 USE OF THE TERM URGENT CARE, OR THROUGH ANY OTHER TERM OR SYMBOL THAT
56 IMPLIES THAT IT IS A PROVIDER OF URGENT CARE, UNLESS IT OBTAINS AND

1 MAINTAINS FULL ACCREDITED STATUS AND OTHERWISE COMPLIES WITH THE
2 PROVISIONS OF THIS SECTION AND REGULATIONS PROMULGATED HEREUNDER.

3 3. NO LICENSEE PRACTICE SHALL, WITHIN THIS STATE, DISPLAY SIGNAGE,
4 ADVERTISE OR HOLD ITSELF OUT AS A PROVIDER OF EMERGENCY MEDICAL CARE
5 THROUGH THE USE OF THE TERM EMERGENCY, OR THROUGH ANY OTHER TERM OR
6 SYMBOL THAT IMPLIES THAT IT IS A PROVIDER OF EMERGENCY MEDICAL CARE,
7 REGARDLESS OF WHETHER IT IS AN URGENT CARE PROVIDER ACCREDITED UNDER
8 THIS SECTION.

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

14 5. THE PUBLIC HEALTH AND HEALTH PLANNING COUNCIL, BY A MAJORITY VOTE
15 OF ITS MEMBERS, SHALL ADOPT AND AMEND RULES AND REGULATIONS, SUBJECT TO
16 THE APPROVAL OF THE COMMISSIONER, TO EFFECTUATE THE PURPOSES AND
17 PROVISIONS OF THIS SECTION, INCLUDING, BUT NOT LIMITED TO DEFINING THE
18 SCOPE OF SERVICES TO BE PROVIDED BY URGENT CARE PROVIDERS; REQUIRING
19 URGENT CARE PROVIDERS TO DISCLOSE TO PATIENTS THE SCOPE OF SERVICES
20 PROVIDED; AND ESTABLISHING STANDARDS FOR APPROPRIATE REFERRAL AND CONTI-
21 NUITY OF CARE, STAFFING, EQUIPMENT, AND MAINTENANCE AND TRANSMISSION OF
22 PATIENT RECORDS. SUCH REGULATIONS ALSO SHALL PROMOTE AND STRENGTHEN
23 PRIMARY CARE THROUGH: (I) THE INTEGRATION OF SERVICES PROVIDED BY URGENT
24 CARE PROVIDERS WITH THE SERVICES PROVIDED BY THE PATIENT'S OTHER HEALTH
25 CARE PROVIDERS; AND (II) THE REFERRAL OF PATIENTS TO APPROPRIATE HEALTH
26 CARE PROVIDERS, INCLUDING APPROPRIATE TRANSMISSION OF PATIENT HEALTH
27 RECORDS. THE COMMISSIONER SHALL ENFORCE SUCH RULES AND REGULATIONS AS
28 HE OR SHE MAY DEEM APPROPRIATE, TO EFFECTUATE THE PURPOSES OF THIS
29 SECTION.

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

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

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

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

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

52 (d) "General anesthesia" means a drug-induced depression of conscious-
53 ness during which (i) the patient is not arousable, even by painful
54 stimulation; (ii) the patient's ability to maintain independent ventila-
55 tory function is often impaired; (iii) the patient, in many cases, often
56 requires assistance in maintaining a patent airway and positive pressure

1 ventilation may be required because of depressed spontaneous ventilation
2 or drug-induced depression of neuromuscular function; and (iv) the
3 patient's cardiovascular function may be impaired.

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

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

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

19 (h) "Office-based surgery" means any surgical or other invasive proce-
20 dure, requiring general anesthesia, NEURAXIAL ANESTHESIA, MAJOR UPPER OR
21 LOWER EXTREMITY REGIONAL NERVE BLOCKS, moderate sedation, or deep
22 sedation, and any liposuction procedure, where such surgical or other
23 invasive procedure or liposuction is performed by a licensee in a
24 location other than a hospital, as such term is defined in article twen-
25 ty-eight of this chapter, excluding minor procedures and procedures
26 requiring minimal sedation.

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

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

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

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

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

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

51 4. Licensees shall report adverse events to the department's patient
52 safety center within [one] THREE business [day] DAYS of the occurrence
53 of such adverse event. Licensees shall also report any suspected health
54 care disease transmission originating in their practices to the patient
55 safety center within [one] THREE business [day] DAYS of becoming aware
56 of such suspected transmission. For purposes of this section, health

1 care disease transmission shall mean the transmission of a reportable
2 communicable disease that is blood borne from a health care professional
3 to a patient or between patients as a result of improper infection
4 control practices by the health care professional. LICENSEES SHALL
5 REPORT TO THE DEPARTMENT DATA AS DEFINED BY THE DEPARTMENT. The reported
6 data shall be subject to all confidentiality provisions provided by
7 section twenty-nine hundred ninety-eight-e of this chapter.

8 4-A. OFFICE-BASED SURGERY OR OFFICE-BASED ANESTHESIA SHALL BE LIMITED
9 TO OPERATIONS AND PROCEDURES WITH AN EXPECTED DURATION OF NO MORE THAN
10 SIX HOURS AND EXPECTED APPROPRIATE AND SAFE DISCHARGE WITHIN SIX HOURS.

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

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

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

32 S 25. Subdivision 4 of section 2951 of the public health law is
33 REPEALED.

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

35 S 27. Section 4310 of the public health law, as amended by chapter 639
36 of the laws of 2006, the section heading as separately amended by chap-
37 ter 640 of the laws of 2006, subdivisions 1 and 3 as amended by chapter
38 158 of the laws of 2012, subdivision 2 as separately amended by chapters
39 158 and 465 of the laws of 2012, is amended to read as follows:

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

49 2. THE COMMISSIONER MAY ENTER INTO A CONTRACT FOR THE OPERATION AND
50 PROMOTION OF THE DONATE LIFE REGISTRY SUBJECT TO SUCH TERMS AND CONDI-
51 TIONS AS MAY BE CONTAINED WITHIN SUCH CONTRACT WITH A NOT-FOR-PROFIT
52 ORGANIZATION THAT HAS EXPERIENCE WORKING WITH ORGAN, EYE AND TISSUE
53 PROCUREMENT ORGANIZATIONS, HAS EXPERTISE IN CONDUCTING ORGAN, EYE AND
54 TISSUE DONOR PROMOTIONAL CAMPAIGNS, AND IS AFFILIATED WITH THE ORGAN,
55 EYE AND TISSUE DONATION COMMUNITY THROUGHOUT THE STATE. THE CONTRACTOR
56 MAY SUBCONTRACT AS NEEDED FOR THE EFFECTIVE PERFORMANCE OF THE CONTRACT.

1 ALL SUCH SUBCONTRACTORS AND THE TERMS OF SUCH SUBCONTRACTS SHALL BE
2 SUBJECT TO APPROVAL BY THE COMMISSIONER. ANY APPLICABLE STATE AGENCY
3 SHALL COOPERATE IN THE COLLECTION AND TRANSFER OF REGISTRANT DATA TO THE
4 DONATE LIFE REGISTRY.

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

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

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

14 (C) PROVISION OF WRITTEN OR ELECTRONIC NOTIFICATION OF REGISTRATION IN
15 THE DONATE LIFE REGISTRY TO AN INDIVIDUAL ENROLLING IN THE DONATE LIFE
16 REGISTRY; AND

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

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

23 (II) THE CHARACTERISTICS OF REGISTRANTS AS DETERMINED FROM THE DONATE
24 LIFE REGISTRY INFORMATION;

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

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

30 (V) ACCOUNTING STATEMENTS OF EXPENDITURES FOR THE PURPOSES OF MAIN-
31 TAINING THE DONATE LIFE REGISTRY AND PROMOTIONAL CAMPAIGNS AND INITI-
32 ATIVES.

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

41 5. (A) Such ORGAN, EYE AND TISSUE registration [of consent to make an
42 anatomical gift] can be made through [(a)]: (I) indication made on the
43 application or renewal form of a DRIVER'S license, [(b)] (II) indication
44 made on a non-driver identification card application or renewal form,
45 [(c) enrolling in the registry website maintained by the department,
46 which may include using an electronic signature subject to article three
47 of the state technology law, (d)] (III) indication made on a voter
48 registration form pursuant to subdivision five of section 5-210 of the
49 election law, (IV) ENROLLMENT THROUGH THE DONATE LIFE REGISTRY WEBSITE,
50 (V) PAPER ENROLLMENT SUBMITTED TO THE DONATE LIFE REGISTRY, or [(e)]
51 (VI) through any other method identified by the commissioner. Where
52 required by law for consent forms described in [paragraphs (a) and (b)]
53 SUBPARAGRAPHS (I) AND (II) of this [subdivision] PARAGRAPH, the commis-
54 sioner shall ensure that space is provided on any consent form so that
55 the applicant shall register or decline registration in the donate life

1 registry for organ, EYE and tissue donations under this section and that
2 the following is stated on the form in clear and conspicuous type:

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

6 The commissioner shall not maintain records of any person who checks
7 "skip this question". Failure to check a box shall not impair the valid-
8 ity of an application, and failure to check "yes" or checking "skip this
9 question" shall not be construed to imply a wish not to donate. In the
10 case of an applicant under eighteen years of age, checking "yes" shall
11 not constitute consent to make an anatomical gift or registration in the
12 donate life registry. Where an applicant has previously consented to
13 make an anatomical gift or registered in the donate life registry,
14 checking "skip this question" or failing to check a box shall not impair
15 that consent or registration. ENROLLMENT THROUGH THE DONATE LIFE REGIS-
16 TRY WEBSITE THROUGH ANY OF THE MEANS LISTED ABOVE MAY BE SIGNED BY ELEC-
17 TRONIC SIGNATURE, IN ACCORDANCE WITH THE PROVISIONS OF ARTICLE THREE OF
18 THE STATE TECHNOLOGY LAW, SUPPORTED BY THE USE OF SUITABLE MECHANISMS TO
19 PROVIDE CONFIDENCE IN THE IDENTITY OF THE PERSON PROVIDING THE ELECTRON-
20 IC SIGNATURE. The registration shall take effect upon the provision of
21 written or electronic notice of the registration to the [person] INDI-
22 VIDUAL enrolling in the DONATE LIFE registry.

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

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

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

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

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

42 (II) REGISTRANTS SUBMITTING A REQUEST ELECTRONICALLY THROUGH THE
43 DONATE LIFE REGISTRY WEBSITE.

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

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

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

54 7. [The commissioner shall contact each person registered before the
55 effective date of this subdivision in the organ and tissue registry in
56 writing to inform him or her that at the time he or she registered, the

1 registry was that of intent and that the registry is now one of consent,
2 to explain in clear and understandable terms the difference between
3 intent and consent, and to provide opportunity for the person to change
4 his or her registration to provide consent by amending his or her
5 current registration or executing a new registration.] (A) THE DONATE
6 LIFE REGISTRY SHALL BE MAINTAINED IN A MANNER THAT ALLOWS IMMEDIATE
7 ACCESS TO ORGAN, EYE AND TISSUE DONATION RECORDS TWENTY-FOUR HOURS A
8 DAY, SEVEN DAYS A WEEK TO THE CONTRACTOR, THE DEPARTMENT, FEDERALLY
9 DESIGNATED ORGAN PROCUREMENT ORGANIZATIONS, LICENSED EYE AND TISSUE
10 BANKS, AND SUCH OTHER ENTITIES WHICH MAY BE APPROVED BY THE DEPARTMENT
11 FOR ACCESS. ACCESS SHALL BE AVAILABLE, TO THE EXTENT PRACTICABLE, TO
12 REGISTRANTS TO CONFIRM THE ACCURACY AND VALIDITY OF THEIR REGISTRATION
13 AND TO AMEND OR REVOKE THEIR REGISTRATION, SUBJECT TO REASONABLE PROCE-
14 DURES TO VERIFY IDENTITY.

15 (B) ACCESS TO THE DONATE LIFE REGISTRY SHALL HAVE SECURITY MEASURES
16 SET FORTH IN THE CONTRACT TO PROTECT THE INTEGRITY OF THE IDENTIFIABLE
17 DATA IN THE DONATE LIFE REGISTRY, WHICH MAY ONLY BE ACCESSED BY THE
18 PARTIES DESCRIBED IN PARAGRAPH (A) OF THIS SUBDIVISION AND ONLY FOR THE
19 PURPOSES OF DETERMINING DONOR STATUS AT OR NEAR THE TIME OF DEATH OF AN
20 INDIVIDUAL, BY THE DEPARTMENT FOR ANY PURPOSE, BY THE CONTRACTOR ONLY
21 FOR PURPOSES OF QUALITY ASSESSMENT AND IMPROVEMENT, TECHNICAL SUPPORT
22 AND DONOR SERVICES, OR BY INDIVIDUAL REGISTRANTS FOR THE PURPOSES OF
23 CONFIRMING THE ACCURACY AND VALIDITY OF THEIR REGISTRATION OR MAKING,
24 AMENDING OR REVOKING THEIR REGISTRATION.

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

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

31 9. NOTWITHSTANDING ANY OTHER PROVISION OF LAW, THE COMMISSIONER, THE
32 DEPARTMENT, AND ITS EMPLOYEES OR AGENTS, OTHER THAN THOSE OF THE
33 CONTRACTOR, SHALL NOT BE SUBJECT TO ANY LIABILITY WHATSOEVER FOR ANY
34 DAMAGES OR OTHER HARM ARISING FROM THE ACTIONS OR INACTION OF THE
35 CONTRACTOR.

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

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

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

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

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

1 9. (A) THE PRIOR WRITTEN APPROVAL OF THE DEPARTMENT IS REQUIRED FOR:
2 (I) ANY TRANSFER, ASSIGNMENT OR OTHER DISPOSITION OF TEN PERCENT OR MORE
3 OF AN INTEREST OR VOTING RIGHTS IN A PARTNERSHIP, BUSINESS CORPORATION
4 OR LIMITED LIABILITY COMPANY WHICH IS THE OPERATOR OF AN ADULT CARE
5 FACILITY TO A NEW PARTNER, SHAREHOLDER OR MEMBER; OR (II) ANY TRANSFER,
6 ASSIGNMENT OR OTHER DISPOSITION OF INTEREST OR VOTING RIGHTS IN A PART-
7 NERSHIP, BUSINESS CORPORATION OR LIMITED LIABILITY COMPANY WHICH IS THE
8 OPERATOR OF AN ADULT CARE FACILITY WHICH RESULTS IN THE OWNERSHIP OR
9 CONTROL OF MORE THAN TEN PERCENT OF THE INTEREST OR VOTING RIGHTS THERE-
10 UNDER BY ANY PERSON WHO HAS NOT BEEN PREVIOUSLY APPROVED BY THE DEPART-
11 MENT FOR THAT OPERATOR.

12 (B) WITH RESPECT TO A TRANSFER, ASSIGNMENT OR DISPOSITION INVOLVING
13 LESS THAN TEN PERCENT OF AN INTEREST OR VOTING RIGHTS IN SUCH PARTNER-
14 SHIP, BUSINESS CORPORATION OR LIMITED LIABILITY COMPANY TO A NEW PART-
15 NER, SHAREHOLDER OR MEMBER, NO PRIOR APPROVAL OF THE DEPARTMENT SHALL BE
16 REQUIRED. HOWEVER, NO SUCH TRANSACTION SHALL BE EFFECTIVE UNLESS AT
17 LEAST NINETY DAYS PRIOR TO THE INTENDED EFFECTIVE DATE THEREOF, THE
18 PARTNERSHIP, BUSINESS CORPORATION OR LIMITED LIABILITY COMPANY FULLY
19 COMPLETES AND FILES WITH THE DEPARTMENT NOTICE ON A FORM, TO BE DEVEL-
20 OPED BY THE DEPARTMENT, WHICH SHALL DISCLOSE SUCH INFORMATION AS MAY
21 REASONABLY BE NECESSARY FOR THE DEPARTMENT TO DETERMINE WHETHER IT
22 SHOULD PROHIBIT THE TRANSACTION. WITHIN NINETY DAYS FROM THE DATE OF
23 RECEIPT OF SUCH NOTICE, THE DEPARTMENT MAY PROHIBIT ANY SUCH TRANSACTION
24 UNDER THIS SUBPARAGRAPH IF IT FINDS: (I) THERE ARE REASONABLE GROUNDS
25 TO BELIEVE THE PROPOSED TRANSACTION DOES NOT SATISFY THE CHARACTER AND
26 COMPETENCE REVIEW, AS MAY BE APPROPRIATE; OR (II) IF THE TRANSACTION,
27 TOGETHER WITH ALL OTHER SUCH TRANSACTIONS DURING ANY FIVE YEAR PERIOD,
28 WOULD IN THE AGGREGATE, INVOLVE TWENTY-FIVE PERCENT OR MORE OF THE
29 INTEREST IN THE ENTITY THAT CONSTITUTES THE OPERATOR. THE DEPARTMENT
30 SHALL STATE THE SPECIFIC REASONS FOR PROHIBITING ANY TRANSACTION UNDER
31 THIS SUBPARAGRAPH AND SHALL SO NOTIFY EACH PARTY TO THE PROPOSED TRANS-
32 ACTION.

33 (C) WITH RESPECT TO A TRANSFER, ASSIGNMENT OR DISPOSITION OF AN INTER-
34 EST OR VOTING RIGHTS IN A PARTNERSHIP, BUSINESS CORPORATION OR LIMITED
35 LIABILITY COMPANY TO ANY EXISTING PARTNER, SHAREHOLDER OR MEMBER, NO
36 PRIOR APPROVAL OF THE DEPARTMENT SHALL BE REQUIRED. HOWEVER, IF THE
37 TRANSACTION INVOLVES THE WITHDRAWAL OF THE TRANSFEROR FROM THE PARTNER-
38 SHIP, BUSINESS CORPORATION OR LIMITED LIABILITY COMPANY, NO SUCH TRANS-
39 ACTION SHALL BE EFFECTIVE UNLESS AT LEAST NINETY DAYS PRIOR TO THE
40 INTENDED EFFECTIVE DATE THEREOF, THE PARTNERSHIP, BUSINESS CORPORATION
41 OR LIMITED LIABILITY COMPANY FULLY COMPLETES AND FILES WITH THE DEPART-
42 MENT NOTICE OF SUCH TRANSACTION. WITHIN NINETY DAYS FROM THE DATE OF
43 RECEIPT OF SUCH NOTICE, THE DEPARTMENT MAY PROHIBIT ANY SUCH TRANSACTION
44 UNDER THIS PARAGRAPH IF THE EQUITY POSITION OF THE PARTNERSHIP, BUSINESS
45 CORPORATION OR LIMITED LIABILITY COMPANY, DETERMINED IN ACCORDANCE WITH
46 GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, WOULD BE REDUCED AS A RESULT
47 OF THE TRANSFER, ASSIGNMENT OR DISPOSITION. THE DEPARTMENT SHALL STATE
48 THE SPECIFIC REASON FOR PROHIBITING ANY TRANSACTION UNDER THIS PARAGRAPH
49 AND SHALL SO NOTIFY EACH PARTY TO THE PROPOSED TRANSACTION.

50 10. NOTWITHSTANDING ANY PROVISION OF LAW TO THE CONTRARY, THE DEPART-
51 MENT IS AUTHORIZED TO APPROVE A CERTIFICATE OF INCORPORATION OR ARTICLES
52 OF ORGANIZATION FOR ESTABLISHMENT OF AN ADULT CARE FACILITY ON AN EXPE-
53 DITED BASIS WHERE: (A) THE CERTIFICATE OF INCORPORATION OR ARTICLES OF
54 ORGANIZATION REFLECTS SOLELY A CHANGE IN THE FORM OF THE BUSINESS ORGAN-
55 IZATION OF AN EXISTING ENTITY WHICH HAD BEEN APPROVED BY THE DEPARTMENT
56 TO OPERATE AN ADULT CARE FACILITY; (B) EVERY INCORPORATOR, STOCKHOLDER,

1 MEMBER AND DIRECTOR OF THE NEW ENTITY SHALL HAVE BEEN AN OWNER, PARTNER,
2 INCORPORATOR, STOCKHOLDER, MEMBER OR DIRECTOR OF THE EXISTING ENTITY;
3 (C) THE DISTRIBUTION OF OWNERSHIP INTERESTS AND VOTING RIGHTS IN THE NEW
4 ENTITY SHALL BE THE SAME AS IN THE EXISTING ENTITY; AND (D) THERE SHALL
5 BE NO CHANGE IN THE OPERATOR OF THE ADULT CARE FACILITY OTHER THAN THE
6 FORM OF ITS BUSINESS ORGANIZATION, AS A RESULT OF THE APPROVAL OF SUCH
7 CERTIFICATE OF INCORPORATION OR ARTICLES OF ORGANIZATION. UPON
8 SUBMISSION, IF THE DEPARTMENT DOES NOT OBJECT TO THE PROPOSAL WITHIN
9 NINETY DAYS OF THE RECEIPT OF A COMPLETE APPLICATION, THE PROPOSAL WILL
10 BE DEEMED ACCEPTABLE TO THE DEPARTMENT AND AN AMENDED OPERATING CERTIF-
11 ICATE SHALL BE ISSUED.

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

15 1. (a) "Services for non-residents in adult homes, residences for
16 adults and enriched housing programs" shall mean an organized program of
17 services which the facility is authorized to provide to residents of
18 such facility but which are provided to non-residents for the purpose of
19 restoring, maintaining or developing the capacity of aged or disabled
20 persons to remain in or return to the community. Such services may
21 include but shall not be limited to day programs and temporary residen-
22 tial care as defined herein. A person participating in a program of
23 services for non-residents in an adult care facility shall be considered
24 a resident of the facility and shall be afforded all the rights and
25 protections afforded residents of the facility under this chapter except
26 that the provisions of sections four hundred sixty-one-g and four
27 hundred sixty-one-h of this title relating to termination of admission
28 agreements shall not apply and that persons receiving services pursuant
29 to this section shall not be considered to be receiving residential care
30 as defined in section two hundred nine of this chapter for purposes of
31 determining eligibility for and the amount of supplemental security
32 income benefits and additional state payments.

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

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

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

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

4 (a) The department shall not approve an application for establishment
5 of an adult care facility unless it is satisfied insofar as applicable,
6 as to (i) the character, competence and standing in the community, of
7 the applicant; provided, however, with respect to any such applicant who
8 is already or within the past [ten] SEVEN years has been an incorpora-
9 tor, director, sponsor, stockholder, operator, administrator, member or
10 owner of any adult care facility which has been issued an operating
11 certificate by the board or the department, or of a halfway house,
12 hostel or other residential facility or of a program or facility
13 licensed or operated by a health, mental hygiene, social services or
14 education agency or department of this or any state, or a program serv-
15 ing persons with mental disabilities, or other persons with disabilities
16 as defined in subdivision twenty-one of section two hundred ninety-two
17 of the executive law, the aged, children or other persons receiving
18 health, mental hygiene, residential, social or educational services, no
19 approval of such application shall be granted unless the department
20 shall affirmatively find by substantial evidence as to each such appli-
21 cant that a substantially consistent high level of care is being or was
22 being rendered in each such facility or institution with which such
23 person is or was affiliated; for the purposes of this paragraph, there
24 may be a finding that a substantially consistent high level of care has
25 been rendered where there have been violations of applicable rules and
26 regulations, that (1) did not threaten to directly affect the health,
27 safety or welfare of any patient or resident, and (2) were promptly
28 corrected and not recurrent; (ii) the financial resources of the
29 proposed facility and its sources of future revenue; and (iii) such
30 other matters as it shall deem pertinent.

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

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

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

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

41 2. A hospital, residential health care facility, or certified home
42 health agency seeking authorization to provide a long term home health
43 care program shall transmit to the commissioner an application setting
44 forth the scope of the proposed program. Such application shall be in a
45 format and shall be submitted in a quantity determined by the commis-
46 sioner. The commissioner shall transmit the application to the public
47 health and health planning council and to the health systems agency, if
48 any, having geographic jurisdiction of the area where the proposed
49 program is to be located. The application shall include a detailed
50 description of the proposed program including, but not limited to, the
51 following:

- 52 (a) an outline of the institution's or agency's plans for the program;
- 53 (b) the need for the proposed program;
- 54 (c) the number and types of personnel to be employed;
- 55 (d) the ability of the agency, hospital, or facility to provide the
- 56 program;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

S 37. Section 32 of part A of chapter 58 of the laws of 2008, amending the elder law and other laws relating to reimbursement to particular

1 provider pharmacies and prescription drug coverage, as amended by
2 section 26 of part A of chapter 59 of the laws of 2011, is amended to
3 read as follows:

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

23 S 38. This act shall take effect immediately and shall be deemed to
24 have been in full force and effect on and after April 1, 2014; provided,
25 however, that:

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

27 (b) the amendments to paragraph (d) of subdivision 1 of section 2411
28 of the public health law made by section five of this act shall take
29 effect on January 1, 2015;

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

34 (d) sections twenty-three and twenty-four of this act shall take
35 effect one year after it shall have become a law; provided, however,
36 that if chapter 438 of the laws of 2012 shall not have taken effect on
37 or before such date then the amendments to paragraph (i) of subdivision
38 1 of section 230-d of the public health law made by section twenty-three
39 of this act shall take effect on the same date and in the same manner as
40 such chapter of the laws of 2012 takes effect; and

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

45 PART B

46 Section 1. Subdivision 5 of section 168 of chapter 639 of the laws of
47 1996, constituting the New York Health Care Reform Act of 1996, as
48 amended by section 1 of part C of chapter 59 of the laws of 2011, is
49 amended to read as follows:

50 5. sections 2807-c, 2807-j, 2807-s and 2807-t of the public health
51 law, as amended or as added by this act, shall expire on December 31,
52 [2014] 2017, and shall be thereafter effective only in respect to any
53 act done on or before such date or action or proceeding arising out of
54 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.

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

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

7 S 4. Subparagraph (xiii) of paragraph (a) of subdivision 7 of section
8 2807-s of the public health law, as added by section 30 of part H of
9 chapter 59 of the laws of 2011, is amended to read as follows:

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

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

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

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

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

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

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

54 (3) Notwithstanding any inconsistent provision of law, rule or regu-
55 lation and effective April 1, 2008 through March 31, [2014] 2017, the
56 commissioner of health is authorized to transfer and the comptroller is

1 authorized to deposit, within amounts appropriated each year, those
2 funds authorized for distribution in accordance with the provisions of
3 paragraph (a) of subdivision 1 of section 2807-1 of the public health
4 law for the purposes of payment for administrative costs of the depart-
5 ment of health related to the child health insurance plan program
6 authorized pursuant to title 1-A of article 25 of the public health law
7 into the special revenue funds - other, health care reform act (HCRA)
8 resources fund - 061, child health insurance account, established within
9 the department of health.

10 (4) Notwithstanding any inconsistent provision of law, rule or regu-
11 lation and effective April 1, 2008 through March 31, [2014] 2017, the
12 commissioner of health is authorized to transfer and the comptroller is
13 authorized to deposit, within amounts appropriated each year, those
14 funds authorized for distribution in accordance with the provisions of
15 paragraph (e) of subdivision 1 of section 2807-1 of the public health
16 law for the purpose of payment for administrative costs of the depart-
17 ment of health related to the health occupation development and work-
18 place demonstration program established pursuant to section 2807-h and
19 the health workforce retraining program established pursuant to section
20 2807-g of the public health law into the special revenue funds - other,
21 health care reform act (HCRA) resources fund - 061, health occupation
22 development and workplace demonstration program account, established
23 within the department of health.

24 (5) Notwithstanding any inconsistent provision of law, rule or regu-
25 lation and effective April 1, 2008 through March 31, [2014] 2017, the
26 commissioner of health is authorized to transfer and the comptroller is
27 authorized to deposit, within amounts appropriated each year, those
28 funds allocated pursuant to paragraph (j) of subdivision 1 of section
29 2807-v of the public health law for the purpose of payment for adminis-
30 trative costs of the department of health related to administration of
31 the state's tobacco control programs and cancer services provided pursu-
32 ant to sections 2807-r and 1399-ii of the public health law into such
33 accounts established within the department of health for such purposes.

34 (6) Notwithstanding any inconsistent provision of law, rule or regu-
35 lation and effective April 1, 2008 through March 31, [2014] 2017, the
36 commissioner of health is authorized to transfer and the comptroller is
37 authorized to deposit, within amounts appropriated each year, the funds
38 authorized for distribution in accordance with the provisions of section
39 2807-1 of the public health law for the purposes of payment for adminis-
40 trative costs of the department of health related to the programs funded
41 pursuant to section 2807-1 of the public health law into the special
42 revenue funds - other, health care reform act (HCRA) resources fund -
43 061, pilot health insurance account, established within the department
44 of health.

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

1 administrative costs of the department of health related to programs
2 funded under section 2807-1 of the public health law into the special
3 revenue funds - other, health care reform act (HCRA) resources fund -
4 061, primary care initiatives account, established within the department
5 of health.

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

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

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

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

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

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

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

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

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

6 (v) from the pool for the period January first, two thousand one
7 through December thirty-first, two thousand one, two hundred thirty-five
8 million dollars;

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

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

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

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

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

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

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

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

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

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

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

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

53 (b) Funds shall be reserved and accumulated from year to year and
54 shall be available, including income from invested funds, for purposes
55 of distributions for health insurance programs under the individual
56 subsidy programs established pursuant to the expanded health care cover-

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

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

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

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

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

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

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

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

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

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 WITHIN AMOUNTS
6 APPROPRIATED EACH STATE FISCAL YEAR FOR PERIODS ON AND AFTER APRIL
7 FIRST, TWO THOUSAND FOURTEEN to be allocated (A) for the purposes estab-
8 lished pursuant to subparagraph (ii) of paragraph (f) of subdivision
9 nineteen of section twenty-eight hundred seven-c of this article as in
10 effect on December thirty-first, nineteen hundred ninety-six and as may
11 thereafter be amended, up to fifteen million dollars annually for the
12 periods January first, two thousand through December thirty-first, two
13 thousand four, up to twenty-one million dollars annually for the period
14 January first, two thousand five through December thirty-first, two
15 thousand six, and up to seven million five hundred thousand dollars for
16 the period January first, two thousand seven through March thirty-first,
17 two thousand seven;

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

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

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

1 hundred ninety-eight through December thirty-first, nineteen hundred
2 ninety-nine, up to five million dollars annually for the periods January
3 first, two thousand through December thirty-first, two thousand two, up
4 to four million six hundred thousand dollars annually for the periods
5 January first, two thousand three through December thirty-first, two
6 thousand four, up to five million one hundred thousand dollars for the
7 period January first, two thousand five through December thirty-first,
8 two thousand six annually, up to five million one hundred thousand
9 dollars annually for the period January first, two thousand seven
10 through December thirty-first, two thousand nine, up to three million
11 six hundred thousand dollars for the period January first, two thousand
12 ten through December thirty-first, two thousand ten, up to seven hundred
13 seventy-five thousand dollars for the period January first, two thousand
14 eleven through March thirty-first, two thousand eleven, [and] up to two
15 million five hundred thousand dollars each state fiscal year for the
16 period April first, two thousand eleven through March thirty-first, two
17 thousand fourteen, AND WITHIN AMOUNTS APPROPRIATED EACH STATE FISCAL
18 YEAR FOR PERIODS ON AND AFTER APRIL FIRST, TWO THOUSAND FOURTEEN; and

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

43 (d) (i) An amount of up to twenty million dollars annually for the
44 period January first, two thousand through December thirty-first, two
45 thousand six, up to ten million dollars for the period January first,
46 two thousand seven through June thirtieth, two thousand seven, up to
47 twenty million dollars annually for the period January first, two thou-
48 sand eight through December thirty-first, two thousand ten, up to five
49 million dollars for the period January first, two thousand eleven
50 through March thirty-first, two thousand eleven, [and] up to nineteen
51 million six hundred thousand dollars each state fiscal year for the
52 period April first, two thousand eleven through March thirty-first, two
53 thousand fourteen, AND WITHIN AMOUNTS APPROPRIATED EACH STATE FISCAL
54 YEAR FOR PERIODS ON AND AFTER APRIL FIRST, TWO THOUSAND FOURTEEN, shall
55 be transferred to the health facility restructuring pool established
56 pursuant to section twenty-eight hundred fifteen of this article;

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

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

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

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

52 (ii) from the pool for the period January first, nineteen hundred
53 ninety-eight through December thirty-first, nineteen hundred ninety-
54 eight, eighty-two million dollars shall be transferred and deposited and
55 credited to the credit of the state general fund medical assistance
56 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 four, eighty-two million dollars annually, and for the period January first, two thousand five through December thirty-first, two thousand six, eighty-two million dollars, and for the period January first, two thousand six through December thirty-first, two thousand seven, eighty-two million dollars, and for the period January first, two thousand seven 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 para-

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

(v) from the pool or the health care reform act (HCRA) resources fund, whichever is applicable, for the period January first, two thousand four through December thirty-first, two thousand four, up to fifteen million eight hundred fifty thousand dollars, [and] for the period January

1 first, two thousand five through December thirty-first, two thousand
2 five, up to nineteen million two hundred thousand dollars, [and] for the
3 period January first, two thousand six through December thirty-first,
4 two thousand six, up to nineteen million two hundred thousand dollars,
5 for the period January first, two thousand seven through December thir-
6 ty-first, two thousand ten, up to eighteen million one hundred fifty
7 thousand dollars annually, for the period January first, two thousand
8 eleven through March thirty-first, two thousand eleven, up to four
9 million five hundred thirty-eight thousand dollars, [and] for each state
10 fiscal year for the period April first, two thousand eleven through
11 March thirty-first, two thousand fourteen, up to sixteen million two
12 hundred thousand dollars, AND EACH STATE FISCAL YEAR FOR PERIODS ON AND
13 AFTER APRIL FIRST, TWO THOUSAND FOURTEEN, WITHIN AMOUNTS APPROPRIATED.

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

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

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

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

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

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

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

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

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

54 (v) (A) from the pool or the health care reform act (HCRA) resources
55 fund, whichever is applicable, for the period July first, two thousand
56 three through December thirty-first, two thousand three, up to six

1 million dollars, for the period January first, two thousand four through
2 December thirty-first, two thousand six, up to twelve million dollars
3 annually, for the period January first, two thousand seven through
4 December thirty-first, two thousand thirteen, up to forty-eight million
5 dollars annually, [and] for the period January first, two thousand four-
6 teen through March thirty-first, two thousand fourteen, up to twelve
7 million dollars AND FOR THE PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN
8 THROUGH MARCH THIRTY-FIRST, TWO THOUSAND SEVENTEEN, UP TO FORTY-EIGHT
9 MILLION DOLLARS ANNUALLY;

10 (B) from the health care reform act (HCRA) resources fund for the
11 period January first, two thousand six through December thirty-first,
12 two thousand six, an additional seven million five hundred thousand
13 dollars, for the period January first, two thousand seven through Decem-
14 ber thirty-first, two thousand thirteen, an additional seven million
15 five hundred thousand dollars annually, [and] for the period January
16 first, two thousand fourteen through March thirty-first, two thousand
17 fourteen, an additional one million eight hundred seventy-five thousand
18 dollars, AND FOR THE PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN THROUGH
19 MARCH THIRTY-FIRST, TWO THOUSAND SEVENTEEN, AN ADDITIONAL SEVEN MILLION
20 FIVE HUNDRED THOUSAND DOLLARS ANNUALLY for voluntary non-profit diagnos-
21 tic and treatment center uncompensated care in accordance with subdivi-
22 sion four-c of section twenty-eight hundred seven-p of this article; and

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

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

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

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

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

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

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

(m) Funds shall be reserved and accumulated from year to year and shall be available, including income from invested funds, for purposes of distributions pursuant to section twenty-eight hundred seven-r of this article for cancer related services 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:

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

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

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

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

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

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

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

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

34 3. Revenue from distributions pursuant to this section shall not be
35 included in gross revenue received for purposes of the assessments
36 pursuant to subdivision eighteen of section twenty-eight hundred seven-c
37 of this article, subject to the provisions of paragraph (e) of subdivi-
38 sion eighteen of section twenty-eight hundred seven-c of this article,
39 and shall not be included in gross revenue received for purposes of the
40 assessments pursuant to section twenty-eight hundred seven-d of this
41 article, subject to the provisions of subdivision twelve of section
42 twenty-eight hundred seven-d of this article.

43 S 8. Section 2807-v of the public health law, as amended by section 5
44 of part B of chapter 58 of the laws of 2008, subdivision 1 as amended by
45 section 8 of part C of chapter 59 of the laws of 2011, clause (K) of
46 subparagraph (i) of paragraph (bb) of subdivision 1 as amended by
47 section 35-a, subparagraph (xi) of paragraph (cc) of subdivision 1 as
48 amended by section 35-b and subparagraph (vii) of paragraph (ccc) of
49 subdivision 1 as amended by section 35-c of part D of chapter 56 of the
50 laws of 2012, paragraph (fff) of subdivision 1 as separately amended by
51 section 16 of part A of chapter 59 of the laws of 2011, and paragraph
52 (iii) of subdivision 1 as added by section 52-b of part H of chapter 59
53 of the laws of 2011, is amended to read as follows:

54 S 2807-v. Tobacco control and insurance initiatives pool distrib-
55 utions. 1. Funds accumulated in the tobacco control and insurance
56 initiatives pool or in the health care reform act (HCRA) resources fund

1 established pursuant to section ninety-two-dd of the state finance law,
2 whichever is applicable, including income from invested funds, shall be
3 distributed or retained by the commissioner or by the state comptroller,
4 as applicable, in accordance with the following:

5 (a) Funds shall be deposited by the commissioner, within amounts
6 appropriated, and the state comptroller is hereby authorized and
7 directed to receive for deposit to the credit of the state special
8 revenue funds - other, HCRA transfer fund, medicaid fraud hotline and
9 medicaid administration account, or any successor fund or account, for
10 purposes of services and expenses related to the toll-free medicaid
11 fraud hotline established pursuant to section one hundred eight of chap-
12 ter one of the laws of nineteen hundred ninety-nine from the tobacco
13 control and insurance initiatives pool established for the following
14 periods in the following amounts: four hundred thousand dollars annually
15 for the periods January first, two thousand through December thirty-
16 first, two thousand two, up to four hundred thousand dollars for the
17 period January first, two thousand three through December thirty-first,
18 two thousand three, up to four hundred thousand dollars for the period
19 January first, two thousand four through December thirty-first, two
20 thousand four, up to four hundred thousand dollars for the period Janu-
21 ary first, two thousand five through December thirty-first, two thousand
22 five, up to four hundred thousand dollars for the period January first,
23 two thousand six through December thirty-first, two thousand six, up to
24 four hundred thousand dollars for the period January first, two thousand
25 seven through December thirty-first, two thousand seven, up to four
26 hundred thousand dollars for the period January first, two thousand
27 eight through December thirty-first, two thousand eight, up to four
28 hundred thousand dollars for the period January first, two thousand nine
29 through December thirty-first, two thousand nine, up to four hundred
30 thousand dollars for the period January first, two thousand ten through
31 December thirty-first, two thousand ten, up to one hundred thousand
32 dollars for the period January first, two thousand eleven through March
33 thirty-first, two thousand eleven and within amounts appropriated on and
34 after April first, two thousand eleven.

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

1 thousand nine through December thirty-first, two thousand nine, up to
2 eight million five hundred thousand dollars for the period January
3 first, two thousand ten through December thirty-first, two thousand ten,
4 up to 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] up to fourteen million seven hundred thousand
7 dollars each state fiscal year for the period April first, two thousand
8 eleven through March thirty-first, two thousand fourteen, AND WITHIN
9 AMOUNTS APPROPRIATED EACH STATE FISCAL YEAR FOR PERIODS ON AND AFTER
10 APRIL FIRST, TWO THOUSAND FOURTEEN.

11 (c) 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, enhanced community services
15 account, or any successor fund or account, for mental health services
16 programs for case management services for adults and children; supported
17 housing; home and community based waiver services; family based treat-
18 ment; family support services; mobile mental health teams; transitional
19 housing; and community oversight, established pursuant to articles seven
20 and forty-one of the mental hygiene law and subdivision nine of section
21 three hundred sixty-six of the social services law; and for comprehen-
22 sive care centers for eating disorders pursuant to the former section
23 twenty-seven hundred ninety-nine-1 of this chapter, provided however
24 that, for such centers, funds in the amount of five hundred thousand
25 dollars on an annualized basis shall be transferred from the enhanced
26 community services account, or any successor fund or account, and depos-
27 ited into the fund established by section ninety-five-e of the state
28 finance law; from the tobacco control and insurance initiatives pool
29 established for the following periods in the following amounts:

30 (i) forty-eight million dollars to be reserved, to be retained or for
31 distribution pursuant to a chapter of the laws of two thousand, for the
32 period January first, two thousand through December thirty-first, two
33 thousand;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 (ii) thirty million five hundred thousand dollars for the period Janu-
2 ary first, two thousand one through December thirty-first, two thousand
3 one; and

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

6 (f) 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, medicaid fraud hotline and
10 medicaid administration account, or any successor fund or account, for
11 purposes of payment of administrative expenses of the department related
12 to the family health plus program established pursuant to section three
13 hundred sixty-nine-ee of the social services law from the tobacco
14 control and insurance initiatives pool established for the following
15 periods in the following amounts: five hundred thousand dollars on an
16 annual basis for the periods January first, two thousand through Decem-
17 ber thirty-first, two thousand six, five hundred thousand dollars for
18 the period January first, two thousand seven through December thirty-
19 first, two thousand seven, and five hundred thousand dollars for the
20 period January first, two thousand eight through December thirty-first,
21 two thousand eight, five hundred thousand dollars for the period January
22 first, two thousand nine through December thirty-first, two thousand
23 nine, five hundred thousand dollars for the period January first, two
24 thousand ten through December thirty-first, two thousand ten, one
25 hundred twenty-five thousand dollars for the period January first, two
26 thousand eleven through March thirty-first, two thousand eleven and
27 within amounts appropriated on and after April first, two thousand elev-
28 en.

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

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

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

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

54 (iv) up to forty million dollars for the period January first, two
55 thousand three through December thirty-first, two thousand three of
56 which fifty percentum shall be allocated to the program pursuant to

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

39 (i-1) Notwithstanding the provisions of paragraphs (h) and (i) of this
40 subdivision, the commissioner shall reserve and accumulate up to two
41 million five hundred thousand dollars annually for the periods January
42 first, two thousand four through December thirty-first, two thousand
43 six, one million four hundred thousand dollars for the period January
44 first, two thousand seven through December thirty-first, two thousand
45 seven, two million dollars for the period January first, two thousand
46 eight through December thirty-first, two thousand eight, from funds
47 otherwise available for distribution under such paragraphs for the
48 services and expenses related to the pilot program for entertainment
49 industry employees included in subsection (b) of section one thousand
50 one hundred twenty-two of the insurance law, and an additional seven
51 hundred thousand dollars annually for the periods January first, two
52 thousand four through December thirty-first, two thousand six, an addi-
53 tional three hundred thousand dollars for the period January first, two
54 thousand seven through June thirtieth, two thousand seven for services
55 and expenses related to the pilot program for displaced workers included

1 in subsection (c) of section one thousand one hundred twenty-two of the
2 insurance law.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

53 (k) Funds shall be deposited by the commissioner, within amounts
54 appropriated, and the state comptroller is hereby authorized and
55 directed to receive for deposit to the credit of the state special
56 revenue fund - other, HCRA transfer fund, health care services account,

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

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

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

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

18 (iv) one hundred twenty-two million five hundred thousand dollars for
19 the period January first, two thousand three through December thirty-
20 first, two thousand three;

21 (v) one hundred eight million five hundred seventy-five thousand
22 dollars, plus an additional five hundred thousand dollars, for the peri-
23 od January first, two thousand four through December thirty-first, two
24 thousand four;

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

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

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

35 (ix) one hundred sixteen million nine hundred forty-nine thousand
36 dollars, plus an additional five hundred thousand dollars, for the peri-
37 od January first, two thousand eight through December thirty-first, two
38 thousand eight;

39 (x) 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 nine through December thirty-first, two
42 thousand nine;

43 (xi) 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 ten through December thirty-first, two
46 thousand ten;

47 (xii) twenty-nine million two hundred thirty-seven thousand two
48 hundred fifty dollars, plus an additional one hundred twenty-five thou-
49 sand dollars, for the period January first, two thousand eleven through
50 March thirty-first, two thousand eleven;

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

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

1 (l) Funds shall be deposited by the commissioner, within amounts
2 appropriated, and the state comptroller is hereby authorized and
3 directed to receive for deposit to the credit of the state special
4 revenue funds - other, HCRA transfer fund, medical assistance account,
5 or any successor fund or account, for purposes of funding the state
6 share of the personal care and certified home health agency rate or fee
7 increases established pursuant to subdivision three of section three
8 hundred sixty-seven-o of the social services law from the tobacco
9 control and insurance initiatives pool established for the following
10 periods in the following amounts:

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

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

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

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

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

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

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

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

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

37 (m) Funds shall be deposited by the commissioner, within amounts
38 appropriated, and the state comptroller is hereby authorized and
39 directed to receive for 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 services and expenses related to home care workers insurance
43 pilot demonstration programs established pursuant to subdivision two of
44 section three hundred sixty-seven-o of the social services law from the
45 tobacco control and insurance initiatives pool established for the
46 following periods in the following amounts:

47 (i) three million eight hundred thousand dollars for the period Janu-
48 ary first, two thousand through December thirty-first, two thousand;

49 (ii) three million eight hundred thousand dollars for the period Janu-
50 ary first, two thousand one through December thirty-first, two thousand
51 one;

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

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

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

1 or any successor fund or account, for purposes of providing a medicaid
2 disproportionate share payment from the high need indigent care adjust-
3 ment pool established pursuant to section twenty-eight hundred seven-w
4 of this article, from the tobacco control and insurance initiatives pool
5 established for the following periods in the following amounts:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 (x) up to one million seven hundred fifty thousand dollars for the
2 period January first, two thousand eleven through March thirty-first,
3 two thousand eleven; [and]

4 (xi) up to five million six hundred thousand dollars each state fiscal
5 year for the period April first, two thousand eleven through March thir-
6 ty-first, two thousand fourteen[.]; AND

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

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

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

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

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

24 (iv) sixty-seven million five hundred thousand dollars for the period
25 January first, two thousand three through December thirty-first, two
26 thousand three;

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

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

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

33 (viii) seventeen million five hundred thousand dollars for the period
34 January first, two thousand seven through December thirty-first, two
35 thousand seven;

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

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

40 (xi) sixty-eight million dollars for the period January first, two
41 thousand ten through December thirty-first, two thousand ten;

42 (xii) seventeen million dollars for the period January first, two
43 thousand eleven through March thirty-first, two thousand eleven; and

44 (xiii) sixty-eight million dollars each state fiscal year for the
45 period April first, two thousand eleven through March thirty-first, two
46 thousand fourteen.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 beginning January first, two thousand three and ending December thirty-
2 first, two thousand four;
3 (ii) up to eighteen million seven hundred fifty thousand dollars for
4 the period January first, two thousand five through December thirty-
5 first, two thousand five; and
6 (iii) up to fifty-six million five hundred thousand dollars for the
7 period January first, two thousand six through December thirty-first,
8 two thousand six.
9 (v) Funds shall be transferred by the commissioner and shall be depos-
10 ited to the credit of the hospital excess liability pool created pursu-
11 ant to section eighteen of chapter two hundred sixty-six of the laws of
12 nineteen hundred eighty-six, or any successor fund or account, for
13 purposes of expenses related to the purchase of excess medical malprac-
14 tice insurance and the cost of administering the pool, including costs
15 associated with the risk management program established pursuant to
16 section forty-two of part A of chapter one of the laws of two thousand
17 two required by paragraph (a) of subdivision one of section eighteen of
18 chapter two hundred sixty-six of the laws of nineteen hundred eighty-six
19 as may be amended from time to time, from the tobacco control and insur-
20 ance initiatives pool established for the following periods in the
21 following amounts:
22 (i) up to fifty million dollars or so much as is needed for the period
23 January first, two thousand two through December thirty-first, two thou-
24 sand two;
25 (ii) up to seventy-six million seven hundred thousand dollars for the
26 period January first, two thousand three through December thirty-first,
27 two thousand three;
28 (iii) up to sixty-five million dollars for the period January first,
29 two thousand four through December thirty-first, two thousand four;
30 (iv) up to sixty-five million dollars for the period January first,
31 two thousand five through December thirty-first, two thousand five;
32 (v) up to one hundred thirteen million eight hundred thousand dollars
33 for the period January first, two thousand six through December thirty-
34 first, two thousand six;
35 (vi) up to one hundred thirty million dollars for the period January
36 first, two thousand seven through December thirty-first, two thousand
37 seven;
38 (vii) up to one hundred thirty million dollars for the period January
39 first, two thousand eight through December thirty-first, two thousand
40 eight;
41 (viii) up to one hundred thirty million dollars for the period January
42 first, two thousand nine through December thirty-first, two thousand
43 nine;
44 (ix) up to one hundred thirty million dollars for the period January
45 first, two thousand ten through December thirty-first, two thousand ten;
46 (x) up to thirty-two million five hundred thousand dollars for the
47 period January first, two thousand eleven through March thirty-first,
48 two thousand eleven; [and]
49 (xi) up to one hundred twenty-seven million four hundred thousand
50 dollars each state fiscal year for the period April first, two thousand
51 eleven through March thirty-first, two thousand fourteen[.]; AND
52 (XII) WITHIN AMOUNTS APPROPRIATED EACH STATE FISCAL YEAR FOR PERIODS
53 ON AND AFTER APRIL FIRST, TWO THOUSAND FOURTEEN.
54 (w) Funds shall be deposited by the commissioner, within amounts
55 appropriated, and the state comptroller is hereby authorized and
56 directed to receive for deposit to the credit of the state special

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

1 (iii) sixty-nine million three hundred 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) sixty-nine million three hundred thousand dollars for the period
5 January first, two thousand five through December thirty-first, two
6 thousand five;

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

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

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

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

19 (y) Funds shall be reserved and accumulated from year to year and
20 shall be available, including income from invested funds, for purposes
21 of grants to public general hospitals for recruitment and retention of
22 health care workers pursuant to paragraph (b) of subdivision thirty of
23 section twenty-eight hundred seven-c of this article from the tobacco
24 control and insurance initiatives pool established for the following
25 periods in the following amounts:

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

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

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

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

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

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

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

45 (viii) twelve million two hundred fifty thousand dollars for the peri-
46 od January first, two thousand nine through March thirty-first, two
47 thousand nine.

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

53 (z) Funds shall be deposited by the commissioner, within amounts
54 appropriated, and the state comptroller is hereby authorized and
55 directed to receive for deposit to the credit of the state special
56 revenue funds - other, HCRA transfer fund, medical assistance account,

1 or any successor fund or account, for purposes of funding the state
2 share of the non-public residential health care facility rate increases
3 for recruitment and retention of health care workers pursuant to para-
4 graph (a) of subdivision eighteen of section twenty-eight hundred eight
5 of this article from the tobacco control and insurance initiatives pool
6 established for the following periods in the following amounts:

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

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

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

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

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

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

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

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

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

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

37 (aa) Funds shall be reserved and accumulated from year to year and
38 shall be available, including income from invested funds, for purposes
39 of grants to public residential health care facilities for recruitment
40 and retention of health care workers pursuant to paragraph (b) of subdi-
41 vision eighteen of section twenty-eight hundred eight of this article
42 from the tobacco control and insurance initiatives pool established for
43 the following periods in the following amounts:

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

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

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

53 (iv) sixteen million two hundred thousand dollars for the period Janu-
54 ary first, two thousand five through December thirty-first, two thousand
55 five;

1 (v) sixteen million two hundred thousand dollars for the period Janu-
2 ary first, two thousand six through December thirty-first, two thousand
3 six;

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

7 (vii) six million seven hundred fifty thousand dollars for the period
8 January first, two thousand eight through December thirty-first, two
9 thousand eight; and

10 (viii) one million three hundred fifty thousand dollars for the period
11 January first, two thousand nine through December thirty-first, two
12 thousand nine.

13 (bb)(i) Funds shall be deposited by the commissioner, within amounts
14 appropriated, and subject to the availability of federal financial
15 participation, and the state comptroller is hereby authorized and
16 directed to receive for deposit to the credit of the state special
17 revenue funds - other, HCRA transfer fund, medical assistance account,
18 or any successor fund or account, for the purpose of supporting the
19 state share of adjustments to Medicaid rates of payment for personal
20 care services provided pursuant to paragraph (e) of subdivision two of
21 section three hundred sixty-five-a of the social services law, for local
22 social service districts which include a city with a population of over
23 one million persons and computed and distributed in accordance with
24 memorandums of understanding to be entered into between the state of New
25 York and such local social service districts for the purpose of support-
26 ing the recruitment and retention of personal care service workers or
27 any worker with direct patient care responsibility, from the tobacco
28 control and insurance initiatives pool established for the following
29 periods and the following amounts:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(K) for each state fiscal year within the period April first, two thousand eleven through March thirty-first, two thousand fourteen, three hundred forty million dollars[.]; AND

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

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

(cc) Funds shall be deposited by the commissioner, within amounts appropriated, and the state comptroller is hereby authorized and

1 directed to receive for deposit to the credit of the state special
2 revenue funds - other, HCRA transfer fund, medical assistance account,
3 or any successor fund or account, for the purpose of supporting the
4 state share of adjustments to Medicaid rates of payment for personal
5 care services provided pursuant to paragraph (e) of subdivision two of
6 section three hundred sixty-five-a of the social services law, for local
7 social service districts which shall not include a city with a popu-
8 lation of over one million persons for the purpose of supporting the
9 personal care services worker recruitment and retention program as
10 established pursuant to section three hundred sixty-seven-q of the
11 social services law, from the tobacco control and insurance initiatives
12 pool established for the following periods and the following amounts:

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

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

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

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

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

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

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

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

36 (ix) eleven million two hundred thousand dollars for the period Janu-
37 ary first, two thousand ten through December thirty-first, two thousand
38 ten;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 (xi) eight million five hundred thousand dollars each state fiscal
2 year for the period April first, two thousand eleven through March thir-
3 ty-first, two thousand fourteen[.]; AND

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

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

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

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

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

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

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

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

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

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

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

55 (ll) Funds shall be deposited by the commissioner, within amounts
56 appropriated, and the state comptroller is hereby authorized and

1 directed to receive for deposit to the credit of the state special
2 revenue funds -- other, HCRA transfer fund, medical assistance account,
3 or any successor fund or account, for purposes of funding the state
4 share of Medicaid expenditures related to the city of New York from the
5 tobacco control and insurance initiatives pool established for the
6 following periods in the following amounts:

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

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

13 (iii) one hundred twenty-four million seven hundred thousand dollars
14 for the period January first, two thousand four through December thir-
15 ty-first, two thousand four;

16 (iv) one hundred twenty-four million seven hundred thousand dollars
17 for the period January first, two thousand five through December thir-
18 ty-first, two thousand five;

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

22 (vi) one hundred twenty-four million seven hundred thousand dollars
23 for the period January first, two thousand seven through December thir-
24 ty-first, two thousand seven;

25 (vii) one hundred twenty-four million seven hundred thousand dollars
26 for the period January first, two thousand eight through December thir-
27 ty-first, two thousand eight;

28 (viii) one hundred twenty-four million seven hundred thousand dollars
29 for the period January first, two thousand nine through December thir-
30 ty-first, two thousand nine;

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

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

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

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

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

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

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

55 (ii) Funding for the family health plus program will include up to
56 five million dollars annually for the period January first, two thousand

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

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

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

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

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

36 (E) four hundred eighty-two million eight hundred thousand dollars for
37 the period January first, two thousand seven through December thirty-
38 first, two thousand seven;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

54 (oo) Funds shall be reserved and accumulated from year to year and
55 shall be available, including income from invested funds, for purposes
56 of grants to non-public general hospitals pursuant to paragraph (e) of

subdivision twenty-five of section twenty-eight hundred seven-c of this article from the tobacco control and insurance initiatives pool established for the following periods in the following amounts:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

53 (vii) up to four hundred eighty-eight thousand dollars for the period
54 January first, two thousand ten through March thirty-first, two thousand
55 ten; of such funds four hundred eighty-eight thousand dollars shall be
56 made available to the department for the purpose of developing, imple-

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

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

1 (i) up to five hundred thousand dollars for the period January first,
2 two thousand four through December thirty-first, two thousand four;
3 (ii) up to five hundred thousand dollars for the period January first,
4 two thousand five through December thirty-first, two thousand five;
5 (iii) up to five hundred thousand dollars for the period January
6 first, two thousand six through December thirty-first, two thousand six;
7 (iv) up to one million dollars for the period January first, two thou-
8 sand seven through December thirty-first, two thousand seven; and
9 (v) up to two hundred fifty thousand dollars for the period January
10 first, two thousand eight through March thirty-first, two thousand
11 eight.

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

17 (i) five million dollars for the period January first, two thousand
18 four through December thirty-first, two thousand four, of which three
19 million dollars shall be available for disease management demonstration
20 programs and two million dollars shall be available for telemedicine
21 demonstration programs;

22 (ii) five million dollars for the period January first, two thousand
23 five through December thirty-first, two thousand five, of which three
24 million dollars shall be available for disease management demonstration
25 programs and two million dollars shall be available for telemedicine
26 demonstration programs;

27 (iii) nine million five hundred thousand dollars for the period Janu-
28 ary first, two thousand six through December thirty-first, two thousand
29 six, of which seven million five hundred thousand dollars shall be
30 available for disease management demonstration programs and two million
31 dollars shall be available for telemedicine demonstration programs;

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

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

42 (vi) seven million eight hundred thirty-three thousand three hundred
43 thirty-three dollars for the period January first, two thousand nine
44 through December thirty-first, two thousand nine, of which seven million
45 five hundred thousand dollars shall be available for disease management
46 demonstration programs and three hundred thirty-three thousand three
47 hundred thirty-three dollars shall be available for telemedicine demon-
48 stration programs for the period January first, two thousand nine
49 through March first, two thousand nine;

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

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

revenue funds - other, HCRA transfer fund, medical assistance account, or any successor fund or account, for purposes of funding the state share of the general hospital rates increases for recruitment and retention of health care workers pursuant to paragraph (e) of subdivision thirty of section twenty-eight hundred seven-c of this article from the tobacco control and insurance initiatives pool established for the following periods in the following amounts:

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

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

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

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

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

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

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

(v) three million two hundred eight thousand dollars for the period January first, two thousand nine through November thirtieth, two thousand nine.

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

(zz) Funds shall be reserved and accumulated from year to year and shall be available, within amounts appropriated, for the purpose of supporting expenditures authorized pursuant to section twenty-eight hundred eighteen of this article from the tobacco control and insurance

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

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

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

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

18 (iv) one hundred seventy-one million five hundred thousand dollars for
19 the period January first, two thousand eight through December thirty-
20 first, two thousand eight;

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

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

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

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

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

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

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

41 (aaa) Funds shall be reserved and accumulated from year to year and
42 shall be available, including income from invested funds, for services
43 and expenses related to school based health centers, in an amount up to
44 three million five hundred thousand dollars for the period April first,
45 two thousand six through March thirty-first, two thousand seven, up to
46 three million five hundred thousand dollars for the period April first,
47 two thousand seven through March thirty-first, two thousand eight, up to
48 three million five hundred thousand dollars for the period April first,
49 two thousand eight through March thirty-first, two thousand nine, up to
50 three million five hundred thousand dollars for the period April first,
51 two thousand nine through March thirty-first, two thousand ten, up to
52 three million five hundred thousand dollars for the period April first,
53 two thousand ten through March thirty-first, two thousand eleven, [and]
54 up to two million eight hundred thousand dollars each state fiscal year
55 for the period April first, two thousand eleven through March thirty-
56 first, two thousand fourteen, AND WITHIN AMOUNTS APPROPRIATED EACH STATE

FISCAL YEAR FOR PERIODS ON AND AFTER APRIL FIRST, TWO THOUSAND FOURTEEN. The total amount of funds provided herein shall be distributed as grants based on the ratio of each provider's total enrollment for all sites to the total enrollment of all providers. This formula shall be applied to the total amount provided herein.

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

(ccc) 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 rates for certified home health agencies, long term home health care programs, AIDS home care programs, hospice programs and managed long term care plans and approved managed long term care operating demonstrations as defined in section forty-four hundred three-f of this chapter for recruitment and retention of health care workers pursuant to subdivisions nine and ten of section thirty-six hundred fourteen of this chapter from the tobacco control and insurance initiatives pool established for the following periods in the following amounts:

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

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

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

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

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

(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.

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

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

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

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

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

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

41 (hhh) Funds shall be deposited by the commissioner, within amounts
42 appropriated, and the state comptroller is hereby authorized and
43 directed to receive for deposit to the credit of the state special
44 revenue fund - other, HCRA transfer fund, medical assistance account, or
45 any successor fund or account, for the purpose of supporting the state
46 share of Medicaid expenditures for adjustments to inpatient rates of
47 payment for general hospitals located in the counties of Nassau and
48 Suffolk as authorized pursuant to paragraph (l) of subdivision one of
49 section twenty-eight hundred seven-c of this article from the tobacco
50 control and initiatives pool established for the following periods in
51 the following amounts:

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

1 (ii) two million two hundred ninety-two thousand dollars for the peri-
2 od January first, two thousand nine through November thirtieth, two
3 thousand nine.

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

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

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

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

38 S 9. Subdivisions 5-a and 7 of section 2807-m of the public health
39 law, as added by section 75-c of part C of chapter 58 of the laws of
40 2008, the paragraph heading of paragraph (b) and the second undesignated
41 paragraph of paragraph (b) of subdivision 5-a as amended by section 4 of
42 part B of chapter 109 of the laws of 2010, the opening paragraph of
43 paragraph (b), subparagraphs (C), (D) and (G) of paragraph (b), and
44 paragraphs (c), (f) and (g) of subdivision 5-a as amended by section 26
45 of part C of chapter 59 of the laws of 2011, subparagraph (H) of para-
46 graph (b) of subdivision 5-a as added by section 60 of part D of chapter
47 56 of the laws of 2012, paragraphs (d) and (e) of subdivision 5-a as
48 amended by section 53 of part D of chapter 56 of the laws of 2012 and
49 paragraph (e-1) of subdivision 5-a as added by section 54 of part D of
50 chapter 56 of the laws of 2012, and subdivision 7 as amended by section
51 26-a of part C of chapter 59 of the laws of 2011, are amended to read as
52 follows:

53 5-a. Graduate medical education innovations pool. (a) Supplemental
54 distributions. (i) Thirty-one million dollars for the period January
55 first, two thousand eight through December thirty-first, two thousand
56 eight, shall be set aside and reserved by the commissioner from the

1 regional pools established pursuant to subdivision two of this section
2 and shall be available for distributions pursuant to subdivision five of
3 this section and in accordance with section 86-1.89 of title 10 of the
4 codes, rules and regulations of the state of New York as in effect on
5 January first, two thousand eight; provided, however, for purposes of
6 funding the empire clinical research investigation program (ECRIP) in
7 accordance with paragraph eight of subdivision (e) and paragraph two of
8 subdivision (f) of section 86-1.89 of title 10 of the codes, rules and
9 regulations of the state of New York, distributions shall be made using
10 two regions defined as New York city and the rest of the state and the
11 dollar amount set forth in subparagraph (i) of paragraph two of subdivi-
12 sion (f) of section 86-1.89 of title 10 of the codes, rules and regu-
13 lations of the state of New York shall be increased from sixty thousand
14 dollars to seventy-five thousand dollars.

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

21 (b) Empire clinical research investigator program (ECRIP). Nine
22 million one hundred twenty thousand dollars annually for the period
23 January first, two thousand nine through December thirty-first, two
24 thousand ten, and two million two hundred eighty thousand dollars for
25 the period January first, two thousand eleven, [and] THROUGH MARCH THIR-
26 TY-FIRST, TWO THOUSAND ELEVEN, nine million one hundred twenty thousand
27 dollars each state fiscal year for the period April first, two thousand
28 eleven through March thirty-first, two thousand fourteen, [through March
29 thirty-first, two thousand eleven,] AND WITHIN AMOUNTS APPROPRIATED EACH
30 STATE FISCAL YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN
31 THROUGH MARCH THIRTY-FIRST, TWO THOUSAND SEVENTEEN, shall be set aside
32 and reserved by the commissioner from the regional pools established
33 pursuant to subdivision two of this section to be allocated regionally
34 with two-thirds of the available funding going to New York city and
35 one-third of the available funding going to the rest of the state and
36 shall be available for distribution as follows:

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

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

53 (B) Distributions made to a consortium or teaching general hospital
54 shall equal the product of the total number of clinical research posi-
55 tions submitted by a consortium or teaching general hospital and
56 accepted by the commissioner as meeting the criteria set forth in para-

graph (b) of subdivision one of this section, subject to the reduction calculation set forth in clause (C) of this subparagraph, times one hundred ten thousand dollars.

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

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

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

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

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

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

(G) In order to be eligible for distributions pursuant to this subparagraph, each consortium and teaching general hospital shall provide to the commissioner by July first of each distribution period, the following data and information on a hospital-specific basis. Such data and information shall be certified as to accuracy and completeness by the chief executive officer, chief financial officer or chair of the consortium governing body of each consortium or teaching general hospital and shall be maintained by each consortium and teaching general hospital for five years from the date of submission:

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

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

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

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

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

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

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

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

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

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

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

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

3 (c) Ambulatory care training. Four million nine hundred thousand
4 dollars for the period January first, two thousand eight through Decem-
5 ber thirty-first, two thousand eight, four million nine hundred thousand
6 dollars for the period January first, two thousand nine through December
7 thirty-first, two thousand nine, four million nine hundred thousand
8 dollars for the period January first, two thousand ten through December
9 thirty-first, two thousand ten, one million two hundred twenty-five
10 thousand dollars for the period January first, two thousand eleven
11 through March thirty-first, two thousand eleven, [and] four million
12 three hundred thousand dollars each state fiscal year for the period
13 April first, two thousand eleven through March thirty-first, two thou-
14 sand fourteen, AND WITHIN AMOUNTS APPROPRIATED EACH STATE FISCAL YEAR
15 FOR THE PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN THROUGH MARCH THIRTY-
16 FIRST, TWO THOUSAND SEVENTEEN, shall be set aside and reserved by the
17 commissioner from the regional pools established pursuant to subdivision
18 two of this section and shall be available for distributions to sponsor-
19 ing institutions to be directed to support clinical training of medical
20 students and residents in free-standing ambulatory care settings,
21 including community health centers and private practices. Such funding
22 shall be allocated regionally with two-thirds of the available funding
23 going to New York city and one-third of the available funding going to
24 the rest of the state and shall be distributed to sponsoring insti-
25 tutions in each region pursuant to a request for application or request
26 for proposal process with preference being given to sponsoring insti-
27 tutions which provide training in sites located in underserved rural or
28 inner-city areas and those that include medical students in such train-
29 ing.

30 (d) Physician loan repayment program. One million nine hundred sixty
31 thousand dollars for the period January first, two thousand eight
32 through December thirty-first, two thousand eight, one million nine
33 hundred sixty thousand dollars for the period January first, two thou-
34 sand nine through December thirty-first, two thousand nine, one million
35 nine hundred sixty thousand dollars for the period January first, two
36 thousand ten through December thirty-first, two thousand ten, four
37 hundred ninety thousand dollars for the period January first, two thou-
38 sand eleven through March thirty-first, two thousand eleven, [and] one
39 million seven hundred thousand dollars each state fiscal year for the
40 period April first, two thousand eleven through March thirty-first, two
41 thousand fourteen, AND WITHIN AMOUNTS APPROPRIATED EACH STATE FISCAL
42 YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN THROUGH MARCH
43 THIRTY-FIRST, TWO THOUSAND SEVENTEEN, shall be set aside and reserved by
44 the commissioner from the regional pools established pursuant to subdi-
45 vision two of this section and shall be available for purposes of physi-
46 cian loan repayment in accordance with subdivision ten of this section.
47 Notwithstanding any contrary provision of this section, sections one
48 hundred twelve and one hundred sixty-three of the state finance law, or
49 any other contrary provision of law, such funding shall be allocated
50 regionally with one-third of available funds going to New York city and
51 two-thirds of available funds going to the rest of the state and shall
52 be distributed in a manner to be determined by the commissioner without
53 a competitive bid or request for proposal process as follows:

54 (i) Funding shall first be awarded to repay loans of up to twenty-five
55 physicians who train in primary care or specialty tracks in teaching

1 general hospitals, and who enter and remain in primary care or specialty
2 practices in underserved communities, as determined by the commissioner.

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

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

13 (e) Physician practice support. Four million nine hundred thousand
14 dollars for the period January first, two thousand eight through Decem-
15 ber thirty-first, two thousand eight, four million nine hundred thousand
16 dollars annually for the period January first, two thousand nine through
17 December thirty-first, two thousand ten, one million two hundred twen-
18 ty-five thousand dollars for the period January first, two thousand
19 eleven through March thirty-first, two thousand eleven, [and] four
20 million three hundred thousand dollars each state fiscal year for the
21 period April first, two thousand eleven through March thirty-first, two
22 thousand fourteen, AND WITHIN AMOUNTS APPROPRIATED EACH STATE FISCAL
23 YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN THROUGH MARCH
24 THIRTY-FIRST, TWO THOUSAND SEVENTEEN, shall be set aside and reserved by
25 the commissioner from the regional pools established pursuant to subdi-
26 vision two of this section and shall be available for purposes of physi-
27 cian practice support. Notwithstanding any contrary provision of this
28 section, sections one hundred twelve and one hundred sixty-three of the
29 state finance law, or any other contrary provision of law, such funding
30 shall be allocated regionally with one-third of available funds going to
31 New York city and two-thirds of available funds going to the rest of the
32 state and shall be distributed in a manner to be determined by the
33 commissioner without a competitive bid or request for proposal process
34 as follows:

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

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

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

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

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

55 (ii) Subject to available funding, applications shall be accepted on a
56 continuous basis. The department shall provide technical assistance to

1 applicants to facilitate their completion of applications. An applicant
2 shall be notified in writing by the department within ten days of
3 receipt of an application as to whether the application is complete and
4 if the application is incomplete, what information is outstanding. The
5 department shall act on an application within thirty days of receipt of
6 a complete application.

7 (f) Study on physician workforce. Five hundred ninety thousand dollars
8 annually for the period January first, two thousand eight through Decem-
9 ber thirty-first, two thousand ten, one hundred forty-eight thousand
10 dollars for the period January first, two thousand eleven through March
11 thirty-first, two thousand eleven, [and] five hundred sixteen thousand
12 dollars each state fiscal year for the period April first, two thousand
13 eleven through March thirty-first, two thousand fourteen, AND WITHIN
14 AMOUNTS APPROPRIATED EACH STATE FISCAL YEAR FOR THE PERIOD APRIL FIRST,
15 TWO THOUSAND FOURTEEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND SEVEN-
16 TEEN, shall be set aside and reserved by the commissioner from the
17 regional pools established pursuant to subdivision two of this section
18 and shall be available to fund a study of physician workforce needs and
19 solutions including, but not limited to, an analysis of residency
20 programs and projected physician workforce and community needs. The
21 commissioner shall enter into agreements with one or more organizations
22 to conduct such study based on a request for proposal process.

23 (g) Diversity in medicine/post-baccalaureate program. Notwithstanding
24 any inconsistent provision of section one hundred twelve or one hundred
25 sixty-three of the state finance law or any other law, one million nine
26 hundred sixty thousand dollars annually for the period January first,
27 two thousand eight through December thirty-first, two thousand ten, four
28 hundred ninety thousand dollars for the period January first, two thou-
29 sand eleven through March thirty-first, two thousand eleven, [and] one
30 million seven hundred thousand dollars each state fiscal year for the
31 period April first, two thousand eleven through March thirty-first, two
32 thousand fourteen, AND WITHIN AMOUNTS APPROPRIATED EACH STATE FISCAL
33 YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN THROUGH MARCH
34 THIRTY-FIRST, TWO THOUSAND SEVENTEEN, shall be set aside and reserved by
35 the commissioner from the regional pools established pursuant to subdi-
36 vision two of this section and shall be available for distributions to
37 the Associated Medical Schools of New York to fund its diversity program
38 including existing and new post-baccalaureate programs for minority and
39 economically disadvantaged students and encourage participation from all
40 medical schools in New York. The associated medical schools of New York
41 shall report to the commissioner on an annual basis regarding the use of
42 funds for such purpose in such form and manner as specified by the
43 commissioner.

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

49 7. Notwithstanding any inconsistent provision of section one hundred
50 twelve or one hundred sixty-three of the state finance law or any other
51 law, up to one million dollars for the period January first, two thou-
52 sand through December thirty-first, two thousand, one million six
53 hundred thousand dollars annually for the periods January first, two
54 thousand one through December thirty-first, two thousand eight, one
55 million five hundred thousand dollars annually for the periods January
56 first, two thousand nine through December thirty-first, two thousand

1 ten, three hundred seventy-five thousand dollars for the period January
2 first, two thousand eleven through March thirty-first, two thousand
3 eleven, [and] one million three hundred twenty thousand dollars each
4 state fiscal year for the period April first, two thousand eleven
5 through March thirty-first, two thousand fourteen, AND WITHIN AMOUNTS
6 APPROPRIATED EACH STATE FISCAL YEAR FOR THE PERIOD APRIL FIRST, TWO
7 THOUSAND FOURTEEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND SEVENTEEN,
8 shall be set aside and reserved by the commissioner from the regional
9 pools established pursuant to subdivision two of this section and shall
10 be available for distributions to the New York state area health educa-
11 tion center program for the purpose of expanding community-based train-
12 ing of medical students. In addition, one million dollars annually for
13 the period January first, two thousand eight through December thirty-
14 first, two thousand ten, two hundred fifty thousand dollars for the
15 period January first, two thousand eleven through March thirty-first,
16 two thousand eleven, and eight hundred eighty thousand dollars each
17 state fiscal year for the period April first, two thousand eleven
18 through March thirty-first, two thousand fourteen, shall be set aside
19 and reserved by the commissioner from the regional pools established
20 pursuant to subdivision two of this section and shall be available for
21 distributions to the New York state area health education center program
22 for the purpose of post-secondary training of health care professionals
23 who will achieve specific program outcomes within the New York state
24 area health education center program. The New York state area health
25 education center program shall report to the commissioner on an annual
26 basis regarding the use of funds for each purpose in such form and
27 manner as specified by the commissioner.

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

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

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

42 S 2. This act shall take effect immediately, except that this act
43 shall expire and be of no further force and effect on and after April 1,
44 [2014] 2017; provided, however, that the commissioner of health shall
45 submit a report to the governor and the legislature detailing the objec-
46 tive, impact, design and computation of any pilot reimbursement program
47 established pursuant to this act, on or before March 31, 1994 and annu-
48 ally thereafter. Such report shall include an assessment of the finan-
49 cial impact of such payment system on providers, as well as the impact
50 of such system on access to care.

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

(i) oversight and evaluation of the inpatient financing system in place for 1988 through March 31, [2014] 2017, and the appropriateness and effectiveness of the bad debt and charity care financing provisions; S 13. Intentionally omitted.

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

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

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

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

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

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

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

6. Prospective adjustments. (A) The commissioner shall annually reconcile the sum of the actual payments made to the commissioner or the commissioner's designee for each region pursuant to section twenty-eight hundred seven-s of this article and pursuant to this section for the prior year with the regional allocation of the gross annual statewide amount specified in subdivision six of section twenty-eight hundred seven-s of this article for such prior year. The difference between the actual amount raised for a region and the regional allocation of the specified gross annual amount for such prior year shall be applied as a prospective adjustment to the regional allocation of the specified gross annual payment amount for such region for the year next following the calculation of the reconciliation. The authorized dollar value of the adjustments shall be the same as if calculated retrospectively.

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

1 RECONCILING ANY DECREASES OR INCREASES TO THE REGIONAL ALLOCATION IN
2 ACCORDANCE WITH PARAGRAPH (A) OF THIS SUBDIVISION.

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

6 4-c. Notwithstanding any provision of law to the contrary, the commis-
7 sioner shall make additional payments for uncompensated care to volun-
8 tary non-profit diagnostic and treatment centers that are eligible for
9 distributions under subdivision four of this section in the following
10 amounts: for the period June first, two thousand six through December
11 thirty-first, two thousand six, in the amount of seven million five
12 hundred thousand dollars, for the period January first, two thousand
13 seven through December thirty-first, two thousand seven, seven million
14 five hundred thousand dollars, for the period January first, two thou-
15 sand eight through December thirty-first, two thousand eight, seven
16 million five hundred thousand dollars, for the period January first, two
17 thousand nine through December thirty-first, two thousand nine, fifteen
18 million five hundred thousand dollars, for the period January first, two
19 thousand ten through December thirty-first, two thousand ten, seven
20 million five hundred thousand dollars, for the period January first, two
21 thousand eleven through December thirty-first, two thousand eleven, seven
22 million five hundred thousand dollars, for the period January first, two
23 thousand twelve through December thirty-first, two thousand twelve,
24 seven million five hundred thousand dollars, for the period January
25 first, two thousand thirteen through December thirty-first, two thousand
26 thirteen, seven million five hundred thousand dollars, FOR THE PERIOD
27 JANUARY FIRST, TWO THOUSAND FOURTEEN THROUGH DECEMBER THIRTY-FIRST, TWO
28 THOUSAND FOURTEEN, SEVEN MILLION FIVE HUNDRED THOUSAND DOLLARS, FOR THE
29 PERIOD JANUARY FIRST, TWO THOUSAND FIFTEEN THROUGH DECEMBER
30 THIRTY-FIRST, TWO THOUSAND FIFTEEN, SEVEN MILLION FIVE HUNDRED THOUSAND
31 DOLLARS, FOR THE PERIOD JANUARY FIRST TWO THOUSAND SIXTEEN THROUGH
32 DECEMBER THIRTY-FIRST, TWO THOUSAND SIXTEEN, SEVEN MILLION FIVE HUNDRED
33 THOUSAND DOLLARS, and for the period January first, two thousand [four-
34 teen] SEVENTEEN through March thirty-first, two thousand [fourteen]
35 SEVENTEEN, in the amount of one million [eight hundred seventy-five] SIX
36 HUNDRED thousand dollars, provided, however, that for periods on and
37 after January first, two thousand eight, such additional payments shall
38 be distributed to voluntary, non-profit diagnostic and treatment centers
39 and to public diagnostic and treatment centers in accordance with para-
40 graph (g) of subdivision four of this section. In the event that federal
41 financial participation is available for rate adjustments pursuant to
42 this section, the commissioner shall make such payments as additional
43 adjustments to rates of payment for voluntary non-profit diagnostic and
44 treatment centers that are eligible for distributions under subdivision
45 four-a of this section in the following amounts: for the period June
46 first, two thousand six through December thirty-first, two thousand six,
47 fifteen million dollars in the aggregate, and for the period January
48 first, two thousand seven through June thirtieth, two thousand seven,
49 seven million five hundred thousand dollars in the aggregate. The
50 amounts allocated pursuant to this paragraph shall be aggregated with
51 and distributed pursuant to the same methodology applicable to the
52 amounts allocated to such diagnostic and treatment centers for such
53 periods pursuant to subdivision four of this section if federal finan-
54 cial participation is not available, or pursuant to subdivision four-a
55 of this section if federal financial participation is available.
56 Notwithstanding section three hundred sixty-eight-a of the social

1 services law, there shall be no local share in a medical assistance
2 payment adjustment under this subdivision.

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

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

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

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

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

23 (a) The superintendent of insurance and the commissioner of health or
24 their designee shall, from funds available in the hospital excess
25 liability pool created pursuant to subdivision 5 of this section,
26 purchase a policy or policies for excess insurance coverage, as author-
27 ized by paragraph 1 of subsection (e) of section 5502 of the insurance
28 law; or from an insurer, other than an insurer described in section 5502
29 of the insurance law, duly authorized to write such coverage and actual-
30 ly writing medical malpractice insurance in this state; or shall
31 purchase equivalent excess coverage in a form previously approved by the
32 superintendent of insurance for purposes of providing equivalent excess
33 coverage in accordance with section 19 of chapter 294 of the laws of
34 1985, for medical or dental malpractice occurrences between July 1, 1986
35 and June 30, 1987, between July 1, 1987 and June 30, 1988, between July
36 1, 1988 and June 30, 1989, between July 1, 1989 and June 30, 1990,
37 between July 1, 1990 and June 30, 1991, between July 1, 1991 and June
38 30, 1992, between July 1, 1992 and June 30, 1993, between July 1, 1993
39 and June 30, 1994, between July 1, 1994 and June 30, 1995, between July
40 1, 1995 and June 30, 1996, between July 1, 1996 and June 30, 1997,
41 between July 1, 1997 and June 30, 1998, between July 1, 1998 and June
42 30, 1999, between July 1, 1999 and June 30, 2000, between July 1, 2000
43 and June 30, 2001, between July 1, 2001 and June 30, 2002, between July
44 1, 2002 and June 30, 2003, between July 1, 2003 and June 30, 2004,
45 between July 1, 2004 and June 30, 2005, between July 1, 2005 and June
46 30, 2006, between July 1, 2006 and June 30, 2007, between July 1, 2007
47 and June 30, 2008, between July 1, 2008 and June 30, 2009, between July
48 1, 2009 and June 30, 2010, between July 1, 2010 and June 30, 2011,
49 between July 1, 2011 and June 30, 2012, between July 1, 2012 and June
50 30, 2013 [and], between July 1, 2013 and June 30, 2014, AND BETWEEN JULY
51 1, 2014 AND JUNE 30, 2015 or reimburse the hospital where the hospital
52 purchases equivalent excess coverage as defined in subparagraph (i) of
53 paragraph (a) of subdivision 1-a of this section for medical or dental
54 malpractice occurrences between July 1, 1987 and June 30, 1988, between
55 July 1, 1988 and June 30, 1989, between July 1, 1989 and June 30, 1990,
56 between July 1, 1990 and June 30, 1991, between July 1, 1991 and June

1 30, 1992, between July 1, 1992 and June 30, 1993, between July 1, 1993
2 and June 30, 1994, between July 1, 1994 and June 30, 1995, between July
3 1, 1995 and June 30, 1996, between July 1, 1996 and June 30, 1997,
4 between July 1, 1997 and June 30, 1998, between July 1, 1998 and June
5 30, 1999, between July 1, 1999 and June 30, 2000, between July 1, 2000
6 and June 30, 2001, between July 1, 2001 and June 30, 2002, between July
7 1, 2002 and June 30, 2003, between July 1, 2003 and June 30, 2004,
8 between July 1, 2004 and June 30, 2005, between July 1, 2005 and June
9 30, 2006, between July 1, 2006 and June 30, 2007, between July 1, 2007
10 and June 30, 2008, between July 1, 2008 and June 30, 2009, between July
11 1, 2009 and June 30, 2010, between July 1, 2010 and June 30, 2011,
12 between July 1, 2011 and June 30, 2012, between July 1, 2012 and June
13 30, 2013 [and], between July 1, 2013 and June 30, 2014, AND BETWEEN JULY
14 1, 2014 AND JUNE 30, 2015 for physicians or dentists certified as eligi-
15 ble for each such period or periods pursuant to subdivision 2 of this
16 section by a general hospital licensed pursuant to article 28 of the
17 public health law; provided that no single insurer shall write more than
18 fifty percent of the total excess premium for a given policy year; and
19 provided, however, that such eligible physicians or dentists must have
20 in force an individual policy, from an insurer licensed in this state of
21 primary malpractice insurance coverage in amounts of no less than one
22 million three hundred thousand dollars for each claimant and three
23 million nine hundred thousand dollars for all claimants under that poli-
24 cy during the period of such excess coverage for such occurrences or be
25 endorsed as additional insureds under a hospital professional liability
26 policy which is offered through a voluntary attending physician ("chan-
27 neling") program previously permitted by the superintendent of insurance
28 during the period of such excess coverage for such occurrences. During
29 such period, such policy for excess coverage or such equivalent excess
30 coverage shall, when combined with the physician's or dentist's primary
31 malpractice insurance coverage or coverage provided through a voluntary
32 attending physician ("channeling") program, total an aggregate level of
33 two million three hundred thousand dollars for each claimant and six
34 million nine hundred thousand dollars for all claimants from all such
35 policies with respect to occurrences in each of such years provided,
36 however, if the cost of primary malpractice insurance coverage in excess
37 of one million dollars, but below the excess medical malpractice insur-
38 ance coverage provided pursuant to this act, exceeds the rate of nine
39 percent per annum, then the required level of primary malpractice insur-
40 ance coverage in excess of one million dollars for each claimant shall
41 be in an amount of not less than the dollar amount of such coverage
42 available at nine percent per annum; the required level of such coverage
43 for all claimants under that policy shall be in an amount not less than
44 three times the dollar amount of coverage for each claimant; and excess
45 coverage, when combined with such primary malpractice insurance cover-
46 age, shall increase the aggregate level for each claimant by one million
47 dollars and three million dollars for all claimants; and provided
48 further, that, with respect to policies of primary medical malpractice
49 coverage that include occurrences between April 1, 2002 and June 30,
50 2002, such requirement that coverage be in amounts no less than one
51 million three hundred thousand dollars for each claimant and three
52 million nine hundred thousand dollars for all claimants for such occur-
53 rences shall be effective April 1, 2002.

54 S 19. Subdivision 3 of section 18 of chapter 266 of the laws of 1986,
55 amending the civil practice law and rules and other laws relating to
56 malpractice and professional medical conduct, as amended by section 16

1 of part C of chapter 59 of the laws of 2011, is amended to read as
2 follows:

3 (3)(a) The superintendent of insurance shall determine and certify to
4 each general hospital and to the commissioner of health the cost of
5 excess malpractice insurance for medical or dental malpractice occur-
6 rences between July 1, 1986 and June 30, 1987, between July 1, 1988 and
7 June 30, 1989, between July 1, 1989 and June 30, 1990, between July 1,
8 1990 and June 30, 1991, between July 1, 1991 and June 30, 1992, between
9 July 1, 1992 and June 30, 1993, between July 1, 1993 and June 30, 1994,
10 between July 1, 1994 and June 30, 1995, between July 1, 1995 and June
11 30, 1996, between July 1, 1996 and June 30, 1997, between July 1, 1997
12 and June 30, 1998, between July 1, 1998 and June 30, 1999, between July
13 1, 1999 and June 30, 2000, between July 1, 2000 and June 30, 2001,
14 between July 1, 2001 and June 30, 2002, between July 1, 2002 and June
15 30, 2003, between July 1, 2003 and June 30, 2004, between July 1, 2004
16 and June 30, 2005, between July 1, 2005 and June 30, 2006, between July
17 1, 2006 and June 30, 2007, between July 1, 2007 and June 30, 2008,
18 between July 1, 2008 and June 30, 2009, between July 1, 2009 and June
19 30, 2010, between July 1, 2010 and June 30, 2011, between July 1, 2011
20 and June 30, 2012, between July 1, 2012 and June 30, 2013, and between
21 July 1, 2013 and June 30, 2014, AND BETWEEN JULY 1, 2014 AND JUNE 30,
22 2015 allocable to each general hospital for physicians or dentists
23 certified as eligible for purchase of a policy for excess insurance
24 coverage by such general hospital in accordance with subdivision 2 of
25 this section, and may amend such determination and certification as
26 necessary.

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

1 1990 to June 30, 1990, to the period July 1, 1990 to December 31, 1990,
2 to the period January 1, 1991 to June 30, 1991, to the period July 1,
3 1991 to December 31, 1991, to the period January 1, 1992 to June 30,
4 1992, to the period July 1, 1992 to December 31, 1992, to the period
5 January 1, 1993 to June 30, 1993, to the period July 1, 1993 to December
6 31, 1993, to the period January 1, 1994 to June 30, 1994, to the period
7 July 1, 1994 to December 31, 1994, to the period January 1, 1995 to June
8 30, 1995, to the period July 1, 1995 to December 31, 1995, to the period
9 January 1, 1996 to June 30, 1996, to the period July 1, 1996 to December
10 31, 1996, to the period January 1, 1997 to June 30, 1997, to the period
11 July 1, 1997 to December 31, 1997, to the period January 1, 1998 to June
12 30, 1998, to the period July 1, 1998 to December 31, 1998, to the period
13 January 1, 1999 to June 30, 1999, to the period July 1, 1999 to December
14 31, 1999, to the period January 1, 2000 to June 30, 2000, to the period
15 July 1, 2000 to December 31, 2000, to the period January 1, 2001 to June
16 30, 2001, to the period July 1, 2001 to June 30, 2002, to the period
17 July 1, 2002 to June 30, 2003, to the period July 1, 2003 to June 30,
18 2004, to the period July 1, 2004 to June 30, 2005, to the period July 1,
19 2005 and June 30, 2006, to the period July 1, 2006 and June 30, 2007, to
20 the period July 1, 2007 and June 30, 2008, to the period July 1, 2008
21 and June 30, 2009, to the period July 1, 2009 and June 30, 2010, to the
22 period July 1, 2010 and June 30, 2011, to the period July 1, 2011 and
23 June 30, 2012, to the period July 1, 2012 and June 30, 2013, [and] to
24 the period July 1, 2013 and June 30, 2014, AND TO THE PERIOD JULY 1,
25 2014 AND JUNE 30, 2015.

26 S 20. Paragraphs (a), (b), (c), (d) and (e) of subdivision 8 of
27 section 18 of chapter 266 of the laws of 1986, amending the civil prac-
28 tice law and rules and other laws relating to malpractice and profes-
29 sional medical conduct, as amended by section 17 of part C of chapter 59
30 of the laws of 2011, are amended to read as follows:

31 (a) To the extent funds available to the hospital excess liability
32 pool pursuant to subdivision 5 of this section as amended, and pursuant
33 to section 6 of part J of chapter 63 of the laws of 2001, as may from
34 time to time be amended, which amended this subdivision, are insuffi-
35 cient to meet the costs of excess insurance coverage or equivalent
36 excess coverage for coverage periods during the period July 1, 1992 to
37 June 30, 1993, during the period July 1, 1993 to June 30, 1994, during
38 the period July 1, 1994 to June 30, 1995, during the period July 1, 1995
39 to June 30, 1996, during the period July 1, 1996 to June 30, 1997,
40 during the period July 1, 1997 to June 30, 1998, during the period July
41 1, 1998 to June 30, 1999, during the period July 1, 1999 to June 30,
42 2000, during the period July 1, 2000 to June 30, 2001, during the period
43 July 1, 2001 to October 29, 2001, during the period April 1, 2002 to
44 June 30, 2002, during the period July 1, 2002 to June 30, 2003, during
45 the period July 1, 2003 to June 30, 2004, during the period July 1, 2004
46 to June 30, 2005, during the period July 1, 2005 to June 30, 2006,
47 during the period July 1, 2006 to June 30, 2007, during the period July
48 1, 2007 to June 30, 2008, during the period July 1, 2008 to June 30,
49 2009, during the period July 1, 2009 to June 30, 2010, during the period
50 July 1, 2010 to June 30, 2011, during the period July 1, 2011 to June
51 30, 2012, during the period July 1, 2012 to June 30, 2013, [and] during
52 the period July 1, 2013 to June 30, 2014, AND DURING THE PERIOD JULY 1,
53 2014 TO JUNE 30, 2015 allocated or reallocated in accordance with para-
54 graph (a) of subdivision 4-a of this section to rates of payment appli-
55 cable to state governmental agencies, each physician or dentist for whom
56 a policy for excess insurance coverage or equivalent excess coverage is

1 purchased for such period shall be responsible for payment to the
2 provider of excess insurance coverage or equivalent excess coverage of
3 an allocable share of such insufficiency, based on the ratio of the
4 total cost of such coverage for such physician to the sum of the total
5 cost of such coverage for all physicians applied to such insufficiency.

6 (b) Each provider of excess insurance coverage or equivalent excess
7 coverage covering the period July 1, 1992 to June 30, 1993, or covering
8 the period July 1, 1993 to June 30, 1994, or covering the period July 1,
9 1994 to June 30, 1995, or covering the period July 1, 1995 to June 30,
10 1996, or covering the period July 1, 1996 to June 30, 1997, or covering
11 the period July 1, 1997 to June 30, 1998, or covering the period July 1,
12 1998 to June 30, 1999, or covering the period July 1, 1999 to June 30,
13 2000, or covering the period July 1, 2000 to June 30, 2001, or covering
14 the period July 1, 2001 to October 29, 2001, or covering the period
15 April 1, 2002 to June 30, 2002, or covering the period July 1, 2002 to
16 June 30, 2003, or covering the period July 1, 2003 to June 30, 2004, or
17 covering the period July 1, 2004 to June 30, 2005, or covering the peri-
18 od July 1, 2005 to June 30, 2006, or covering the period July 1, 2006 to
19 June 30, 2007, or covering the period July 1, 2007 to June 30, 2008, or
20 covering the period July 1, 2008 to June 30, 2009, or covering the peri-
21 od July 1, 2009 to June 30, 2010, or covering the period July 1, 2010 to
22 June 30, 2011, or covering the period July 1, 2011 to June 30, 2012, or
23 covering the period July 1, 2012 to June 30, 2013, or covering the peri-
24 od July 1, 2013 to June 30, 2014, OR COVERING THE PERIOD JULY 1, 2014 TO
25 JUNE 30, 2015 shall notify a covered physician or dentist by mail,
26 mailed to the address shown on the last application for excess insurance
27 coverage or equivalent excess coverage, of the amount due to such
28 provider from such physician or dentist for such coverage period deter-
29 mined in accordance with paragraph (a) of this subdivision. Such amount
30 shall be due from such physician or dentist to such provider of excess
31 insurance coverage or equivalent excess coverage in a time and manner
32 determined by the superintendent of insurance.

33 (c) If a physician or dentist liable for payment of a portion of the
34 costs of excess insurance coverage or equivalent excess coverage cover-
35 ing the period July 1, 1992 to June 30, 1993, or covering the period
36 July 1, 1993 to June 30, 1994, or covering the period July 1, 1994 to
37 June 30, 1995, or covering the period July 1, 1995 to June 30, 1996, or
38 covering the period July 1, 1996 to June 30, 1997, or covering the peri-
39 od July 1, 1997 to June 30, 1998, or covering the period July 1, 1998 to
40 June 30, 1999, or covering the period July 1, 1999 to June 30, 2000, or
41 covering the period July 1, 2000 to June 30, 2001, or covering the peri-
42 od July 1, 2001 to October 29, 2001, or covering the period April 1,
43 2002 to June 30, 2002, or covering the period July 1, 2002 to June 30,
44 2003, or covering the period July 1, 2003 to June 30, 2004, or covering
45 the period July 1, 2004 to June 30, 2005, or covering the period July 1,
46 2005 to June 30, 2006, or covering the period July 1, 2006 to June 30,
47 2007, or covering the period July 1, 2007 to June 30, 2008, or covering
48 the period July 1, 2008 to June 30, 2009, or covering the period July 1,
49 2009 to June 30, 2010, or covering the period July 1, 2010 to June 30,
50 2011, or covering the period July 1, 2011 to June 30, 2012, or covering
51 the period July 1, 2012 to June 30, 2013, or covering the period July 1,
52 2013 to June 30, 2014, OR COVERING THE PERIOD JULY 1, 2014 TO JUNE 30,
53 2015 determined in accordance with paragraph (a) of this subdivision
54 fails, refuses or neglects to make payment to the provider of excess
55 insurance coverage or equivalent excess coverage in such time and manner
56 as determined by the superintendent of insurance pursuant to paragraph

(b) of this subdivision, excess insurance coverage or equivalent excess coverage purchased for such physician or dentist in accordance with this section for such coverage period shall be cancelled and shall be null and void as of the first day on or after the commencement of a policy period where the liability for payment pursuant to this subdivision has not been met.

(d) Each provider of excess insurance coverage or equivalent excess coverage shall notify the superintendent of insurance and the commissioner of health or their designee of each physician and dentist eligible for purchase of a policy for excess insurance coverage or equivalent excess coverage covering the period July 1, 1992 to June 30, 1993, or covering the period July 1, 1993 to June 30, 1994, or covering the period July 1, 1994 to June 30, 1995, or covering the period July 1, 1995 to June 30, 1996, or covering the period July 1, 1996 to June 30, 1997, or covering the period July 1, 1997 to June 30, 1998, or covering the period July 1, 1998 to June 30, 1999, or covering the period July 1, 1999 to June 30, 2000, or covering the period July 1, 2000 to June 30, 2001, or covering the period July 1, 2001 to October 29, 2001, or covering the period April 1, 2002 to June 30, 2002, or covering the period July 1, 2002 to June 30, 2003, or covering the period July 1, 2003 to June 30, 2004, or covering the period July 1, 2004 to June 30, 2005, or covering the period July 1, 2005 to June 30, 2006, or covering the period July 1, 2006 to June 30, 2007, or covering the period July 1, 2007 to June 30, 2008, or covering the period July 1, 2008 to June 30, 2009, or covering the period July 1, 2009 to June 30, 2010, or covering the period July 1, 2010 to June 30, 2011, or covering the period July 1, 2011 to June 30, 2012, or covering the period July 1, 2012 to June 30, 2013, or covering the period July 1, 2013 to June 30, 2014, OR COVERING THE PERIOD JULY 1, 2014 TO JUNE 30, 2015 that has made payment to such provider of excess insurance coverage or equivalent excess coverage in accordance with paragraph (b) of this subdivision and of each physician and dentist who has failed, refused or neglected to make such payment.

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

1 June 30, 1997, and covering the period July 1, 1997 to June 30, 1998,
2 and covering the period July 1, 1998 to June 30, 1999, and covering the
3 period July 1, 1999 to June 30, 2000, and covering the period July 1,
4 2000 to June 30, 2001, and covering the period July 1, 2001 to October
5 29, 2001, and covering the period April 1, 2002 to June 30, 2002, and
6 covering the period July 1, 2002 to June 30, 2003, and covering the
7 period July 1, 2003 to June 30, 2004, and covering the period July 1,
8 2004 to June 30, 2005, and covering the period July 1, 2005 to June 30,
9 2006, and covering the period July 1, 2006 to June 30, 2007, and cover-
10 ing the period July 1, 2007 to June 30, 2008, and covering the period
11 July 1, 2008 to June 30, 2009, and covering the period July 1, 2009 to
12 June 30, 2010, and covering the period July 1, 2010 to June 30, 2011,
13 and covering the period July 1, 2011 to June 30, 2012, and covering the
14 period July 1, 2012 to June 30, 2013, and covering the period July 1,
15 2013 to June 30, 2014, AND COVERING THE PERIOD JULY 1, 2014 TO JUNE 30,
16 2015 for a physician or dentist where such excess insurance coverage or
17 equivalent excess coverage is cancelled in accordance with paragraph (c)
18 of this subdivision.

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

23 S 40. The superintendent of insurance shall establish rates for poli-
24 cies providing coverage for physicians and surgeons medical malpractice
25 for the periods commencing July 1, 1985 and ending June 30, [2014] 2015;
26 provided, however, that notwithstanding any other provision of law, the
27 superintendent shall not establish or approve any increase in rates for
28 the period commencing July 1, 2009 and ending June 30, 2010. The super-
29 intendent shall direct insurers to establish segregated accounts for
30 premiums, payments, reserves and investment income attributable to such
31 premium periods and shall require periodic reports by the insurers
32 regarding claims and expenses attributable to such periods to monitor
33 whether such accounts will be sufficient to meet incurred claims and
34 expenses. On or after July 1, 1989, the superintendent shall impose a
35 surcharge on premiums to satisfy a projected deficiency that is attrib-
36 utable to the premium levels established pursuant to this section for
37 such periods; provided, however, that such annual surcharge shall not
38 exceed eight percent of the established rate until July 1, [2014] 2015,
39 at which time and thereafter such surcharge shall not exceed twenty-five
40 percent of the approved adequate rate, and that such annual surcharges
41 shall continue for such period of time as shall be sufficient to satisfy
42 such deficiency. The superintendent shall not impose such surcharge
43 during the period commencing July 1, 2009 and ending June 30, 2010. On
44 and after July 1, 1989, the surcharge prescribed by this section shall
45 be retained by insurers to the extent that they insured physicians and
46 surgeons during the July 1, 1985 through June 30, [2014] 2015 policy
47 periods; in the event and to the extent physicians and surgeons were
48 insured by another insurer during such periods, all or a pro rata share
49 of the surcharge, as the case may be, shall be remitted to such other
50 insurer in accordance with rules and regulations to be promulgated by
51 the superintendent. Surcharges collected from physicians and surgeons
52 who were not insured during such policy periods shall be apportioned
53 among all insurers in proportion to the premium written by each insurer
54 during such policy periods; if a physician or surgeon was insured by an
55 insurer subject to rates established by the superintendent during such
56 policy periods, and at any time thereafter a hospital, health mainte-

1 nance organization, employer or institution is responsible for respond-
2 ing in damages for liability arising out of such physician's or
3 surgeon's practice of medicine, such responsible entity shall also remit
4 to such prior insurer the equivalent amount that would then be collected
5 as a surcharge if the physician or surgeon had continued to remain
6 insured by such prior insurer. In the event any insurer that provided
7 coverage during such policy periods is in liquidation, the
8 property/casualty insurance security fund shall receive the portion of
9 surcharges to which the insurer in liquidation would have been entitled.
10 The surcharges authorized herein shall be deemed to be income earned for
11 the purposes of section 2303 of the insurance law. The superintendent,
12 in establishing adequate rates and in determining any projected defi-
13 ciency pursuant to the requirements of this section and the insurance
14 law, shall give substantial weight, determined in his discretion and
15 judgment, to the prospective anticipated effect of any regulations
16 promulgated and laws enacted and the public benefit of stabilizing
17 malpractice rates and minimizing rate level fluctuation during the peri-
18 od of time necessary for the development of more reliable statistical
19 experience as to the efficacy of such laws and regulations affecting
20 medical, dental or podiatric malpractice enacted or promulgated in 1985,
21 1986, by this act and at any other time. Notwithstanding any provision
22 of the insurance law, rates already established and to be established by
23 the superintendent pursuant to this section are deemed adequate if such
24 rates would be adequate when taken together with the maximum authorized
25 annual surcharges to be imposed for a reasonable period of time whether
26 or not any such annual surcharge has been actually imposed as of the
27 establishment of such rates.

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

33 S 5. The superintendent of insurance and the commissioner of health
34 shall determine, no later than June 15, 2002, June 15, 2003, June 15,
35 2004, June 15, 2005, June 15, 2006, June 15, 2007, June 15, 2008, June
36 15, 2009, June 15, 2010, June 15, 2011, June 15, 2012, June 15, 2013,
37 [and] June 15, 2014, AND JUNE 15, 2015 the amount of funds available in
38 the hospital excess liability pool, created pursuant to section 18 of
39 chapter 266 of the laws of 1986, and whether such funds are sufficient
40 for purposes of purchasing excess insurance coverage for eligible
41 participating physicians and dentists during the period July 1, 2001 to
42 June 30, 2002, or July 1, 2002 to June 30, 2003, or July 1, 2003 to June
43 30, 2004, or July 1, 2004 to June 30, 2005, or July 1, 2005 to June 30,
44 2006, or July 1, 2006 to June 30, 2007, or July 1, 2007 to June 30,
45 2008, or July 1, 2008 to June 30, 2009, or July 1, 2009 to June 30,
46 2010, or July 1, 2010 to June 30, 2011, or July 1, 2011 to June 30,
47 2012, or July 1, 2012 to June 30, 2013, or July 1, 2013 to June 30,
48 2014, OR JULY 1, 2014 TO JUNE 30, 2015, as applicable.

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

1 participating physicians and dentists during the period July 1, 2001 to
2 June 30, 2002, or July 1, 2002 to June 30, 2003, or July 1, 2003 to June
3 30, 2004, or July 1, 2004 to June 30, 2005, or July 1, 2005 to June 30,
4 2006, or July 1, 2006 to June 30, 2007, or July 1, 2007 to June 30,
5 2008, or July 1, 2008 to June 30, 2009, or July 1, 2009 to June 30,
6 2010, or July 1, 2010 to June 30, 2011, or July 1, 2011 to June 30,
7 2012, or July 1, 2012 to June 30, 2013, or July 1, 2013 to June 30,
8 2014, OR JULY 1, 2014 TO JUNE 30, 2015, as applicable.

9 (e) The commissioner of health shall transfer for deposit to the
10 hospital excess liability pool created pursuant to section 18 of chapter
11 266 of the laws of 1986 such amounts as directed by the superintendent
12 of insurance for the purchase of excess liability insurance coverage for
13 eligible participating physicians and dentists for the policy year July
14 1, 2001 to June 30, 2002, or July 1, 2002 to June 30, 2003, or July 1,
15 2003 to June 30, 2004, or July 1, 2004 to June 30, 2005, or July 1, 2005
16 to June 30, 2006, or July 1, 2006 to June 30, 2007, as applicable, and
17 the cost of administering the hospital excess liability pool for such
18 applicable policy year, pursuant to the program established in chapter
19 266 of the laws of 1986, as amended, no later than June 15, 2002, June
20 15, 2003, June 15, 2004, June 15, 2005, June 15, 2006, June 15, 2007,
21 June 15, 2008, June 15, 2009, June 15, 2010, June 15, 2011, June 15,
22 2012, June 15, 2013, [and] June 15, 2014, AND JUNE 15, 2015, as applica-
23 ble.

24 S 23. Notwithstanding any law, rule or regulation to the contrary,
25 only physicians or dentists who were eligible, and for whom the super-
26 intendent of financial services and the commissioner of health, or their
27 designee, purchased, with funds available in the hospital excess liabil-
28 ity pool, a full or partial policy for excess coverage or equivalent
29 excess coverage for the coverage period ending the thirtieth of June,
30 two thousand fourteen, shall be eligible to apply for such coverage for
31 the coverage period beginning the first of July, two thousand fourteen;
32 provided, however, if the total number of physicians or dentists for
33 whom such excess coverage or equivalent excess coverage was purchased
34 for the policy year ending the thirtieth of June, two thousand fourteen
35 exceeds the total number of physicians or dentists certified as eligible
36 for the coverage period beginning the first of July, two thousand four-
37 teen, then the general hospitals may certify additional eligible physi-
38 cians or dentists in a number equal to such general hospital's propor-
39 tional share of the total number of physicians or dentists for whom
40 excess coverage or equivalent excess coverage was purchased with funds
41 available in the hospital excess liability pool as of the thirtieth of
42 June, two thousand fourteen, as applied to the difference between the
43 number of eligible physicians or dentists for whom a policy for excess
44 coverage or equivalent excess coverage was purchased for the coverage
45 period ending the thirtieth of June, two thousand fourteen and the
46 number of such eligible physicians or dentists who have applied for
47 excess coverage or equivalent excess coverage for the coverage period
48 beginning the first of July, two thousand fourteen.

49 S 24. Notwithstanding any inconsistent provision of law, rule or regu-
50 lation, for purposes of implementing the provisions of the public health
51 law and the social services law, references to titles XIX and XXI of the
52 federal social security act in the public health law and the social
53 services law shall be deemed to include and also to mean any successor
54 titles thereto under the federal social security act.

55 S 25. Notwithstanding any inconsistent provision of law, rule or regu-
56 lation, 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 26. 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 27. 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:

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

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

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

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

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

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

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

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

PART C

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

25. Effective January first, two thousand thirteen, notwithstanding any provision of law to the contrary, managed care providers shall cover

1 medically necessary prescription drugs in the atypical antipsychotic
2 therapeutic class, including non-formulary drugs, upon demonstration by
3 the prescriber, after consulting with the managed care provider, that
4 such drugs, in the prescriber's reasonable professional judgment, are
5 medically necessary and warranted, EXCEPT THAT THIS SUBDIVISION SHALL
6 NOT APPLY TO ANY BRAND NAME DRUG FOR WHICH A MULTI-SOURCE THERAPEUTICAL-
7 LY AND GENERICALLY EQUIVALENT DRUG, AS DETERMINED BY THE FEDERAL FOOD
8 AND DRUG ADMINISTRATION, IS AVAILABLE.

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

12 25-a. Effective July first, two thousand thirteen, notwithstanding any
13 provision of law to the contrary, managed care providers shall cover
14 medically necessary prescription drugs in the anti-depressant, anti-re-
15 troviral, anti-rejection, seizure, epilepsy, endocrine, hematologic and
16 immunologic therapeutic classes, including non-formulary drugs, upon
17 demonstration by the prescriber, after consulting with the managed care
18 provider, that such drugs, in the prescriber's reasonable professional
19 judgment, are medically necessary and warranted, EXCEPT THAT THIS SUBDI-
20 VISION SHALL NOT APPLY TO ANY BRAND NAME DRUG FOR WHICH A MULTI-SOURCE
21 THERAPEUTICALLY AND GENERICALLY EQUIVALENT DRUG, AS DETERMINED BY THE
22 FEDERAL FOOD AND DRUG ADMINISTRATION, IS AVAILABLE.

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

26 (b) In the event that the patient does not meet the criteria in para-
27 graph (a) of this subdivision, the prescriber may provide additional
28 information to the program to justify the use of a prescription drug
29 that is not on the preferred drug list. The program shall provide a
30 reasonable opportunity for a prescriber to reasonably present his or her
31 justification of prior authorization. If, after consultation with the
32 program, the prescriber, in his or her reasonable professional judgment,
33 determines that the use of a prescription drug that is not on the
34 preferred drug list is warranted, the prescriber's determination shall
35 be final EXCEPT THAT, WITH RESPECT TO ANY BRAND NAME DRUG FOR WHICH A
36 MULTI-SOURCE THERAPEUTICALLY AND GENERICALLY EQUIVALENT DRUG, AS DETER-
37 MINED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION, IS AVAILABLE, THE
38 PROGRAM WILL CONSIDER THE ADDITIONAL INFORMATION AND THE JUSTIFICATION
39 PRESENTED TO DETERMINE WHETHER THE USE OF SUCH BRAND NAME DRUG THAT IS
40 NOT ON THE PREFERRED DRUG LIST IS WARRANTED.

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

43 15. NOTWITHSTANDING ANY INCONSISTENT PROVISION OF THIS SECTION, THE
44 COMMISSIONER MAY REQUIRE PRIOR AUTHORIZATION FOR ANY DRUG AFTER EVALUAT-
45 ING THE FACTORS SET FORTH IN SUBDIVISION THREE OF THIS SECTION AND PRIOR
46 TO OBTAINING THE BOARD'S EVALUATION AND RECOMMENDATION REQUIRED BY
47 SUBDIVISION FOUR OF THIS SECTION. THE BOARD MAY RECOMMEND TO THE COMMIS-
48 SIONER, PURSUANT TO SUBDIVISION SIX OF THIS SECTION, THAT ANY SUCH PRIOR
49 AUTHORIZATION REQUIREMENT BE MODIFIED, CONTINUED OR REMOVED.

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

53 (g-1) drugs provided on an in-patient basis, those drugs contained on
54 the list established by regulation of the commissioner of health pursu-
55 ant to subdivision four of this section, and those drugs which may not
56 be dispensed without a prescription as required by section sixty-eight

1 hundred ten of the education law and which the commissioner of health
2 shall determine to be reimbursable based upon such factors as the avail-
3 ability of such drugs or alternatives at low cost if purchased by a
4 medicaid recipient, or the essential nature of such drugs as described
5 by such commissioner in regulations, provided, however, that such drugs,
6 exclusive of long-term maintenance drugs, shall be dispensed in quanti-
7 ties no greater than a thirty day supply or one hundred doses, whichever
8 is greater; provided further that the commissioner of health is author-
9 ized to require prior authorization for any refill of a prescription
10 when [less than seventy-five percent of the previously dispensed amount
11 per fill should have been used] MORE THAN A SIX DAY SUPPLY OF THE PREVI-
12 OUSLY DISPENSED AMOUNT SHOULD REMAIN were the product used as normally
13 indicated; provided further that the commissioner of health is author-
14 ized to require prior authorization of prescriptions of opioid analges-
15 ics in excess of four prescriptions in a thirty-day period in accordance
16 with section two hundred seventy-three of the public health law; medical
17 assistance shall not include any drug provided on other than an in-pa-
18 tient basis for which a recipient is charged or a claim is made in the
19 case of a prescription drug, in excess of the maximum reimbursable
20 amounts to be established by department regulations in accordance with
21 standards established by the secretary of the United States department
22 of health and human services, or, in the case of a drug not requiring a
23 prescription, in excess of the maximum reimbursable amount established
24 by the commissioner of health pursuant to paragraph (a) of subdivision
25 four of this section;

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

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

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

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

39 (A-3) DRUGS THAT MAY NOT BE DISPENSED WITHOUT A PRESCRIPTION THAT ARE
40 PRESCRIBED FOR ANY INDICATION OTHER THAN A MEDICALLY ACCEPTED INDI-
41 CATION, AS DEFINED BY FEDERAL LAW. THE COMMISSIONER OF HEALTH, A MANAGED
42 CARE PROVIDER OPERATING PURSUANT TO SECTION THREE HUNDRED SIXTY-FOUR-J
43 OF THIS TITLE, OR BOTH, MAY REQUIRE PRIOR AUTHORIZATION FOR ANY COVERED
44 OUTPATIENT DRUG TO DETERMINE WHETHER SUCH DRUG HAS BEEN PRESCRIBED FOR A
45 MEDICALLY ACCEPTED INDICATION AS DEFINED BY FEDERAL LAW, AND MAY DENY
46 PRIOR AUTHORIZATION IF, AFTER GIVING THE PRESCRIBER A REASONABLE OPPOR-
47 TUNITY TO PRESENT A JUSTIFICATION, IT IS DETERMINED THAT THE DRUG HAS
48 BEEN PRESCRIBED FOR OTHER THAN A MEDICALLY ACCEPTED INDICATION, AS
49 DEFINED BY FEDERAL LAW;

50 S 9. Subparagraph (iii) of paragraph (c) of subdivision 6 of section
51 367-a of the social services law, as amended by section 47 of part C of
52 chapter 58 of the laws of 2009, is amended to read as follows:

53 (iii) Notwithstanding any other provision of this paragraph, co-
54 payments charged for each generic prescription drug dispensed shall be
55 one dollar and for each brand name prescription drug dispensed shall be
56 three dollars; provided, however, that the co-payments charged for each

1 brand name prescription drug on the preferred drug list established
2 pursuant to section two hundred seventy-two of the public health law OR,
3 FOR MANAGED CARE PROVIDERS OPERATING PURSUANT TO SECTION THREE HUNDRED
4 SIXTY-FOUR-J OF THIS TITLE, FOR EACH BRAND NAME PRESCRIPTION DRUG ON A
5 MANAGED CARE PROVIDER'S FORMULARY THAT SUCH PROVIDER HAS DESIGNATED AS A
6 PREFERRED DRUG, and the co-payments charged for each brand name
7 prescription drug reimbursed pursuant to subparagraph (ii) of paragraph
8 (a-1) of subdivision four of section three hundred sixty-five-a of this
9 title shall be one dollar.

10 S 10. Notwithstanding any inconsistent provision of law to the contra-
11 ry, funds shall be made available to the commissioner of the office of
12 mental health or the commissioner of the office of alcoholism and
13 substance abuse services, in consultation with the commissioner of
14 health and approved by the director of the budget, and consistent with
15 appropriations made therefor, to implement allocation plans developed by
16 such commissioners which shall describe mental health or substance use
17 disorder services that are designed to meet service needs resulting from
18 the reduction of inpatient behavioral health services provided under the
19 Medicaid program by programs licensed pursuant to article 31 or 32 of
20 the mental hygiene law. Such programs may include programs that are
21 licensed pursuant to both article 31 of the mental hygiene law and arti-
22 cle 28 of the public health law, or certified under both article 32 of
23 the mental hygiene law and article 28 of the public health law.

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

26 5. THE DEPARTMENT OF HEALTH IS AUTHORIZED TO REINVEST FUNDS ALLOCATED
27 FOR BEHAVIORAL HEALTH SERVICES, WHICH ARE GENERAL FUND SAVINGS DIRECTLY
28 RELATED TO SAVINGS REALIZED THROUGH THE TRANSITION OF POPULATIONS
29 COVERED BY THIS SECTION FROM THE APPLICABLE MEDICAID FEE-FOR-SERVICE
30 SYSTEM TO A MANAGED CARE MODEL, FOR THE PURPOSE OF INCREASING INVESTMENT
31 IN COMMUNITY BASED BEHAVIORAL HEALTH SERVICES, INCLUDING RESIDENTIAL
32 SERVICES CERTIFIED BY THE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE
33 SERVICES. SUCH PROGRAM SHALL BE KNOWN AS THE "COMMUNITY BASED BEHAV-
34 IORAL HEALTH SERVICES REINVESTMENT PROGRAM". THE AMOUNT OF COMMUNITY
35 BASED BEHAVIORAL HEALTH SERVICES REINVESTMENT FUNDS FOR THE DEPARTMENT
36 SHALL BE SUBJECT TO ANNUAL APPROPRIATION. THE METHODOLOGIES USED TO
37 CALCULATE THE SAVINGS SHALL BE DEVELOPED BY THE COMMISSIONER OF HEALTH
38 AND THE DIRECTOR OF THE BUDGET IN CONSULTATION WITH THE COMMISSIONERS OF
39 THE OFFICE OF MENTAL HEALTH AND THE OFFICE OF ALCOHOLISM AND SUBSTANCE
40 ABUSE SERVICES. IN NO EVENT SHALL THE FULL ANNUAL VALUE OF THE COMMUNITY
41 BASED BEHAVIORAL HEALTH SERVICES REINVESTMENT PROGRAM SAVINGS ATTRIBUT-
42 ABLE TO THE TRANSITION TO MANAGED CARE EXCEED THE TWELVE MONTH VALUE OF
43 THE DEPARTMENT OF HEALTH GENERAL FUND REDUCTIONS RESULTING FROM SUCH
44 TRANSITION. WITHIN ANY FISCAL YEAR WHERE APPROPRIATION INCREASES ARE
45 RECOMMENDED FOR THE COMMUNITY BASED BEHAVIORAL HEALTH SERVICES REINVEST-
46 MENT PROGRAM, INsofar AS MANAGED CARE TRANSITION SAVINGS DO NOT OCCUR AS
47 ESTIMATED, AND GENERAL FUND SAVINGS DO NOT RESULT, THEN SPENDING FOR THE
48 COMMUNITY BASED BEHAVIORAL HEALTH SERVICES REINVESTMENT PROGRAM MAY BE
49 REDUCED IN THE NEXT YEAR'S ANNUAL BUDGET ITEMIZATION. THE COMMISSIONER
50 OF HEALTH SHALL PROMULGATE REGULATIONS, AND MAY PROMULGATE EMERGENCY
51 REGULATIONS TO EFFECTUATE THIS SUBDIVISION.

52 S 12. Notwithstanding any law, rule, or regulation to the contrary,
53 the commissioner of the department of health, in consultation with the
54 commissioner of the office of mental health, is authorized to establish
55 an evidenced-based, collaborative care clinical delivery model in clin-
56 ics licensed under article 28 of the public health law, for the purpose

1 of improving the detection of depression and other diagnosed mental or
2 substance use disorders and the treatment of individuals with such
3 conditions in an integrated manner. Such commissioners shall be author-
4 ized to develop criteria for the designation of clinics to be providers
5 of collaborative care services. At a minimum, such designated clinics
6 shall provide screening for depression, medical diagnosis of patients
7 who screen positive, evidence-based depression care, ongoing tracking of
8 patient progress, care management, and a designated psychiatric practi-
9 tioner who consults with the care manager and primary care physician.
10 The rates of payment and billing rules for this service will be devel-
11 oped by the commissioner of the department of health, in consultation
12 with the commissioner of the office of mental health, and with the
13 approval of the director of the budget. Such commissioners are author-
14 ized to waive any regulatory requirements as may be necessary to allow
15 this service to function in a rational, effective and efficient manner.
16 S 12-a. Paragraph (c) of subdivision 2 of section 365-a of the social
17 services law, as amended by section 24 of Part A of chapter 56 of the
18 laws of 2013, is amended to read as follows:

19 (c) out-patient hospital or clinic services in facilities operated in
20 compliance with applicable provisions of this chapter, the public health
21 law, the mental hygiene law and other laws, including any provisions
22 thereof requiring an operating certificate or license, including facili-
23 ties authorized by the appropriate licensing authority to provide inte-
24 grated mental health services, and/or alcoholism and substance abuse
25 services, and/or physical health services, and/or services to persons
26 with developmental disabilities, when such services are provided at a
27 single location or service site, or where such facilities are not
28 conveniently accessible, in any hospital located without the state and
29 care and services in a day treatment program operated by the department
30 of mental hygiene or by a voluntary agency under an agreement with such
31 department in that part of a public institution operated and approved
32 pursuant to law as an intermediate care facility for persons with devel-
33 opmental disabilities; AND PROVIDED, THAT THE COMMISSIONERS OF HEALTH,
34 MENTAL HEALTH, ALCOHOLISM AND SUBSTANCE ABUSE SERVICES AND THE OFFICE
35 FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES SHALL HAVE THE AUTHORITY TO
36 ISSUE REGULATIONS, INCLUDING EMERGENCY REGULATIONS, TO EFFECTUATE THE
37 PROVISIONS OF THIS PARAGRAPH;

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

43 S 48-a. Notwithstanding any contrary provision of law, the [commis-
44 sioner] COMMISSIONERS OF THE OFFICE of alcoholism and substance abuse
45 services [is] AND OFFICE OF MENTAL HEALTH ARE authorized, subject to the
46 approval of the director of the budget, to transfer to the commissioner
47 of health state funds to be utilized as the state share for the purpose
48 of increasing payments under the medicaid program to managed care organ-
49 izations licensed under article 44 of the public health law or under
50 article 43 of the insurance law. Such managed care organizations shall
51 utilize such funds for the purpose of reimbursing [hospital-based and
52 free-standing chemical dependence outpatient and opioid treatment clin-
53 ics] PROVIDERS licensed pursuant to article 28 of the public health law
54 or article 31 OR 32 of the mental hygiene law for [chemical dependency]
55 AMBULATORY BEHAVIORAL HEALTH services, as determined by the commissioner
56 of health, in consultation with the commissioner of alcoholism and

1 substance abuse services AND THE COMMISSIONER OF THE OFFICE OF MENTAL
2 HEALTH, provided to medicaid eligible outpatients. Such reimbursement
3 shall be in the form of fees for such services which are equivalent to
4 the payments established for such services under the ambulatory patient
5 group (APG) rate-setting methodology as utilized by the department of
6 health [or by], the office of alcoholism and substance abuse services,
7 OR THE OFFICE OF MENTAL HEALTH for rate-setting purposes; provided,
8 however, that the increase to such fees that shall result from the
9 provisions of this section shall not, in the aggregate and as determined
10 by the commissioner of health, in consultation with the commissioner of
11 alcoholism and substance abuse services AND THE COMMISSIONER OF THE
12 OFFICE OF MENTAL HEALTH, be greater than the increased funds made avail-
13 able pursuant to this section. THE INCREASE OF SUCH AMBULATORY BEHAV-
14 IORAL HEALTH FEES TO PROVIDERS AVAILABLE UNDER THIS SECTION SHALL BE FOR
15 ALL RATE PERIODS ON AND AFTER THE EFFECTIVE DATE OF THE AMENDMENTS MADE
16 TO THIS SECTION BY THIS CHAPTER OF THE LAWS OF 2014 THROUGH DECEMBER 31,
17 2016 FOR PATIENTS IN THE CITY OF NEW YORK, FOR ALL RATE PERIODS ON AND
18 AFTER THE EFFECTIVE DATE OF THE AMENDMENTS MADE TO THIS SECTION BY THIS
19 CHAPTER OF THE LAWS OF 2014 THROUGH JUNE 30, 2017 FOR PATIENTS OUTSIDE
20 THE CITY OF NEW YORK, AND FOR ALL RATE PERIODS ON AND AFTER THE EFFEC-
21 TIVE DATE OF THE AMENDMENTS MADE TO THIS SECTION BY THIS CHAPTER OF THE
22 LAWS OF 2014 THROUGH DECEMBER 31, 2017 FOR ALL SERVICES PROVIDED TO
23 PERSONS UNDER THE AGE OF TWENTY-ONE; PROVIDED, HOWEVER, THAT MANAGED
24 CARE ORGANIZATIONS AND PROVIDERS MAY NEGOTIATE DIFFERENT RATES AND METH-
25 ODS OF PAYMENT DURING SUCH PERIODS DESCRIBED ABOVE, SUBJECT TO THE
26 APPROVAL OF THE DEPARTMENT OF HEALTH. THE DEPARTMENT OF HEALTH SHALL
27 CONSULT WITH THE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES AND
28 THE OFFICE OF MENTAL HEALTH IN DETERMINING WHETHER SUCH ALTERNATIVE
29 RATES SHALL BE APPROVED. The commissioner of health may, in consultation
30 with the commissioner of alcoholism and substance abuse services AND THE
31 COMMISSIONER OF THE OFFICE OF MENTAL HEALTH, promulgate regulations,
32 including emergency regulations, as are necessary to implement the
33 provisions of this section.

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

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

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

45 Section 1. Notwithstanding any contrary provision of law, the
46 [commissioner] COMMISSIONERS of mental health [is] AND ALCOHOLISM AND
47 SUBSTANCE ABUSE SERVICES ARE authorized, subject to the approval of the
48 director of the budget, to transfer to the commissioner of health state
49 funds to be utilized as the state share for the purpose of increasing
50 payments under the medicaid program to managed care organizations
51 licensed under article 44 of the public health law or under article 43
52 of the insurance law. Such managed care organizations shall utilize such
53 funds for the purpose of reimbursing [hospital-based and free-standing
54 clinics] PROVIDERS licensed pursuant to article 28 of the public health
55 law, OR pursuant to article 31 OR ARTICLE 32 of the mental hygiene law
56 [or pursuant to both such provisions of law for outpatient mental health

1 services] FOR AMBULATORY BEHAVIORAL HEALTH SERVICES, as determined by
2 the commissioner of health in consultation with the commissioner of
3 mental health AND COMMISSIONER OF ALCOHOLISM AND SUBSTANCE ABUSE
4 SERVICES, provided to medicaid eligible outpatients. Such reimbursement
5 shall be in the form of fees for such services which are equivalent to
6 the payments established for such services under the ambulatory patient
7 group (APG) rate-setting methodology as utilized by the department of
8 health or by the office of mental health OR OFFICE OF ALCOHOLISM AND
9 SUBSTANCE ABUSE SERVICES for rate-setting purposes; provided, however,
10 that the increase to such fees that shall result from the provisions of
11 this section shall not, in the aggregate and as determined by the
12 commissioner of health in consultation with the [commissioner] COMMIS-
13 SIONERS of mental health AND ALCOHOLISM AND SUBSTANCE ABUSE SERVICES, be
14 greater than the increased funds made available pursuant to this
15 section. THE INCREASE OF SUCH BEHAVIORAL HEALTH FEES TO PROVIDERS
16 AVAILABLE UNDER THIS SECTION SHALL BE FOR ALL RATE PERIODS ON AND AFTER
17 THE EFFECTIVE DATE OF THIS SECTION THROUGH DECEMBER THIRTY-FIRST, TWO
18 THOUSAND SIXTEEN FOR PATIENTS IN THE CITY OF NEW YORK, FOR ALL RATE
19 PERIODS ON AND AFTER THE EFFECTIVE DATE OF THIS SECTION THROUGH JUNE
20 THIRTIETH, TWO THOUSAND SEVENTEEN FOR PATIENTS OUTSIDE THE CITY OF NEW
21 YORK, AND FOR ALL RATE PERIODS ON AND AFTER THE EFFECTIVE DATE OF THIS
22 SECTION THROUGH DECEMBER THIRTY-FIRST, TWO THOUSAND SEVENTEEN FOR ALL
23 SERVICES PROVIDED TO PERSONS UNDER THE AGE OF TWENTY-ONE; PROVIDED,
24 HOWEVER, THAT MANAGED CARE ORGANIZATIONS AND PROVIDERS MAY NEGOTIATE
25 DIFFERENT RATES AND METHODS OF PAYMENT DURING SUCH PERIODS DESCRIBED,
26 SUBJECT TO THE APPROVAL OF THE DEPARTMENT OF HEALTH. THE DEPARTMENT OF
27 HEALTH SHALL CONSULT WITH THE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE
28 SERVICES AND THE OFFICE OF MENTAL HEALTH IN DETERMINING WHETHER SUCH
29 ALTERNATIVE RATES SHALL BE APPROVED. The commissioner of health may, in
30 consultation with the [commissioner] COMMISSIONERS of mental health AND
31 ALCOHOLISM AND SUBSTANCE ABUSE SERVICES, promulgate regulations, includ-
32 ing emergency regulations, as are necessary to implement the provisions
33 of this section.

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

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

42 S 17. Notwithstanding sections 112 and 163 of the state finance law
43 and any other inconsistent provision of law and subject to the avail-
44 ability of federal financial participation, the commissioner of health
45 is authorized, within amounts appropriated, to distribute funds to local
46 governmental units, as defined in section 41.03 of the mental hygiene
47 law, to Medicaid managed care plans certified by the department of
48 health, health homes designated by such department, and individual
49 behavioral health providers and consortiums of such providers licensed
50 or certified by the office of mental health or the office of alcoholism
51 and substance abuse services to prepare for the transition of adult and
52 children's behavioral health providers and services into managed care.
53 The use of such funds may include, but not be limited to, infrastructure
54 and organizational modifications and investments in health information
55 technology and training and technical assistance. Such funds shall be
56 distributed pursuant to a plan to be developed by the commissioner of

1 health, in consultation with the commissioners of the office of mental
2 health and the office of alcoholism and substance abuse services. In
3 developing such plan, such commissioners may take into account the size
4 and scope of a grantee's operations as a factor relevant to eligibility
5 for, and the amount of, such funds. The commissioner of health is
6 authorized to audit recipients of funds under this section to ensure
7 compliance and to recoup any funds determined to have been used for
8 purposes other than as described herein or otherwise approved by such
9 commissioners.

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

13 (A) MEDICAL ASSISTANCE SHALL BE FURNISHED WITHOUT CONSIDERATION OF THE
14 INCOME AND RESOURCES OF AN APPLICANT'S LEGALLY RESPONSIBLE RELATIVE IF
15 THE APPLICANT'S ELIGIBILITY WOULD NORMALLY BE DETERMINED BY COMPARING
16 THE AMOUNT OF AVAILABLE INCOME AND/OR RESOURCES OF THE APPLICANT,
17 INCLUDING AMOUNTS DEEMED AVAILABLE TO THE APPLICANT FROM LEGALLY RESPON-
18 SIBLE RELATIVES, TO AN APPLICABLE ELIGIBILITY STANDARD, AND:

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

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

24 (III) THE APPLICANT EXECUTES AN ASSIGNMENT OF SUPPORT FROM THE COMMU-
25 NITY SPOUSE IN FAVOR OF THE SOCIAL SERVICES DISTRICT AND THE DEPARTMENT,
26 UNLESS THE APPLICANT IS UNABLE TO EXECUTE SUCH ASSIGNMENT DUE TO PHYS-
27 ICAL OR MENTAL IMPAIRMENT OR TO DENY ASSISTANCE WOULD CREATE AN UNDUE
28 HARDSHIP, AS DEFINED BY THE COMMISSIONER; OR

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

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

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

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

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

48 THE DEPARTMENT OF HEALTH AND THE OFFICE OF THE MEDICAID INSPECTOR
49 GENERAL SHALL JOINTLY DEVELOP REQUIREMENTS FOR PRECLAIM REVIEW. Every
50 service or item within a claim OR ENCOUNTER submitted by a participating
51 provider shall be reviewed and verified by a verification organization
52 prior to submission of a claim OR ENCOUNTER to the department of health
53 OR TO A MANAGED CARE PROVIDER AS DEFINED IN PARAGRAPH (B) OF SUBDIVISION
54 ONE OF SECTION THREE HUNDRED SIXTY-FOUR-J OF THIS TITLE. The verifica-
55 tion organization shall declare each service or item to be verified or

1 unverified. Each participating provider shall receive and maintain
2 reports from the verification organization which shall contain data on:

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

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

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

16 2. In connection with any appeal pursuant to this section, with or
17 without a fair hearing, the commissioner may designate and authorize one
18 or more appropriate members of his OR HER staff to consider and decide
19 such appeals. Any staff member so designated and authorized shall have
20 authority to decide such appeals on behalf of the commissioner with the
21 same force and effect as if the commissioner had made the decisions.
22 Fair hearings held in connection with such appeals shall be held on
23 behalf of the commissioner by [members of his staff] INDIVIDUALS who are
24 employed OR CONTRACTED for such purposes or who have been designated and
25 authorized by him OR HER therefor. The provisions of this subdivision
26 shall apply to fair hearings conducted pursuant to subdivision eight of
27 section four hundred twenty-two of this chapter, and to any hearing
28 required pursuant to this chapter concerning the denial, suspension or
29 revocation of any permit, certificate or license, and to any hearing
30 held pursuant to section four hundred fifty-five of this chapter.

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

33 (E) WITH THE EXCEPTION OF THOSE ENROLLEES COVERED UNDER A PAYMENT RATE
34 METHODOLOGY AGREEMENT NEGOTIATED WITH A RESIDENTIAL HEALTH CARE FACILI-
35 TY, PAYMENTS FOR INPATIENT RESIDENTIAL HEALTH CARE FACILITY SERVICES
36 PROVIDED TO PATIENTS ELIGIBLE FOR MEDICAL ASSISTANCE PURSUANT TO TITLE
37 ELEVEN OF ARTICLE FIVE OF THE SOCIAL SERVICES LAW MADE BY ORGANIZATIONS
38 OPERATING IN ACCORDANCE WITH THE PROVISIONS OF ARTICLE FORTY-FOUR OF
39 THIS CHAPTER OR BY HEALTH MAINTENANCE ORGANIZATIONS ORGANIZED AND OPER-
40 ATING IN ACCORDANCE WITH ARTICLE FORTY-THREE OF THE INSURANCE LAW, SHALL
41 BE THE RATES OF PAYMENT THAT WOULD BE PAID FOR SUCH PATIENTS UNDER THE
42 MEDICAL ASSISTANCE PROGRAM AS DETERMINED PURSUANT TO THIS SUBDIVISION
43 AND AS IN EFFECT AT THE TIME SUCH SERVICES WERE PROVIDED. THE PROVISIONS
44 OF THIS PARAGRAPH SHALL NOT APPLY TO PAYMENTS FOR PATIENTS WHOSE PLACE-
45 MENT IN A RESIDENTIAL HEALTH CARE FACILITY IS FOR THE PURPOSE OF RECEIV-
46 ING TIME-LIMITED REHABILITATION SERVICES, TO BE FOLLOWED BY DISCHARGE
47 FROM THE FACILITY.

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

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

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

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

9 (A) ELIGIBLE LHCSA PROVIDERS SHALL INCLUDE:

10 (I) PROVIDERS UNDERGOING CLOSURE;

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

12 (III) PROVIDERS SUBJECT TO MERGERS, ACQUISITIONS, CONSOLIDATIONS OR
13 RESTRUCTURING;

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

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

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

21 (I) PROTECT OR ENHANCE ACCESS TO CARE;

22 (II) PROTECT OR ENHANCE QUALITY OF CARE;

23 (III) IMPROVE THE COST EFFECTIVENESS OF THE DELIVERY OF HEALTH CARE
24 SERVICES; OR

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

27 (C) (I) SUCH WRITTEN PROPOSAL SHALL BE SUBMITTED TO THE COMMISSIONER
28 AT LEAST SIXTY DAYS PRIOR TO THE REQUESTED COMMENCEMENT OF SUCH MEDICAID
29 PAYMENTS AND SHALL INCLUDE A PROPOSED BUDGET TO ACHIEVE THE GOALS OF THE
30 PROPOSAL. ANY MEDICAID PAYMENTS ISSUED PURSUANT TO THIS SUBDIVISION
31 SHALL BE MADE OVER A SPECIFIED PERIOD OF TIME, AS DETERMINED BY THE
32 COMMISSIONER, OF UP TO THREE YEARS. AT THE END OF THE SPECIFIED TIME-
33 FRAME SUCH PAYMENTS SHALL CEASE. THE COMMISSIONER MAY ESTABLISH, AS A
34 CONDITION OF RECEIVING SUCH MEDICAID PAYMENTS, BENCHMARKS AND GOALS TO
35 BE ACHIEVED IN CONFORMITY WITH THE PROVIDER'S WRITTEN PROPOSAL AS
36 APPROVED BY THE COMMISSIONER AND MAY ALSO REQUIRE THAT THE PROVIDER
37 SUBMIT SUCH PERIODIC REPORTS CONCERNING THE ACHIEVEMENT OF SUCH BENCH-
38 MARKS AND GOALS AS THE COMMISSIONER DEEMS NECESSARY. FAILURE TO ACHIEVE
39 SATISFACTORY PROGRESS, AS DETERMINED BY THE COMMISSIONER, IN ACCOMPLISH-
40 ING SUCH BENCHMARKS AND GOALS SHALL BE A BASIS FOR ENDING THE PROVIDER'S
41 MEDICAID PAYMENTS PRIOR TO THE END OF THE SPECIFIED TIMEFRAME.

42 (II) THE COMMISSIONER MAY REQUIRE THAT APPLICATIONS SUBMITTED PURSUANT
43 TO THIS SUBDIVISION BE SUBMITTED IN RESPONSE TO AND IN ACCORDANCE WITH A
44 REQUEST FOR APPLICATIONS OR A REQUEST FOR PROPOSALS ISSUED BY THE
45 COMMISSIONER.

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

48 14. (A) NOTWITHSTANDING ANY CONTRARY PROVISION OF LAW AND SUBJECT TO
49 THE AVAILABILITY OF FEDERAL FINANCIAL PARTICIPATION, FOR PERIODS ON AND
50 AFTER MARCH FIRST, TWO THOUSAND FOURTEEN THE COMMISSIONER SHALL ADJUST
51 MEDICAID RATES OF PAYMENT FOR SERVICES PROVIDED BY CERTIFIED HOME HEALTH
52 AGENCIES TO ADDRESS COST INCREASES STEMMING FROM THE WAGE INCREASES
53 REQUIRED BY IMPLEMENTATION OF THE PROVISIONS OF SECTION THIRTY-SIX
54 HUNDRED FOURTEEN-C OF THIS ARTICLE. SUCH RATE ADJUSTMENTS SHALL BE BASED
55 ON A COMPARISON, AS DETERMINED BY THE COMMISSIONER, OF THE HOURLY
56 COMPENSATION LEVELS FOR HOME HEALTH AIDES AND PERSONAL CARE AIDES AS

1 REFLECTED IN THE EXISTING MEDICAID RATES FOR CERTIFIED HOME HEALTH AGEN-
2 CIES TO THE HOURLY COMPENSATION LEVELS INCURRED AS A RESULT OF COMPLYING
3 WITH THE PROVISIONS OF SECTION THIRTY-SIX HUNDRED FOURTEEN-C OF THIS
4 ARTICLE.

5 (B) NOTWITHSTANDING ANY CONTRARY PROVISION OF LAW AND SUBJECT TO THE
6 AVAILABILITY OF FEDERAL FINANCIAL PARTICIPATION, FOR PERIODS ON AND
7 AFTER MARCH FIRST, TWO THOUSAND FOURTEEN THE COMMISSIONER SHALL ADJUST
8 MEDICAID RATES OF PAYMENT FOR SERVICES PROVIDED BY LONG TERM HOME HEALTH
9 CARE PROGRAMS TO ADDRESS COST INCREASES STEMMING FROM THE WAGE INCREASES
10 REQUIRED BY IMPLEMENTATION OF THE PROVISIONS OF SECTION THIRTY-SIX
11 HUNDRED FOURTEEN-C OF THIS ARTICLE. SUCH RATE ADJUSTMENTS SHALL BE BASED
12 ON A COMPARISON, AS DETERMINED BY THE COMMISSIONER, OF THE HOURLY
13 COMPENSATION LEVELS FOR HOME HEALTH AIDES AND PERSONAL CARE AIDES AS
14 REFLECTED IN THE EXISTING MEDICAID RATES FOR LONG TERM HOME HEALTH CARE
15 PROGRAMS TO THE HOURLY COMPENSATION LEVELS INCURRED AS A RESULT OF
16 COMPLYING WITH THE PROVISIONS OF SECTION THIRTY-SIX HUNDRED FOURTEEN-C
17 OF THIS ARTICLE.

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

20 9. (A) NOTWITHSTANDING ANY INCONSISTENT PROVISION OF LAW, CONTRACTS
21 WITH NURSING HOMES SHALL REQUIRE THAT STANDARD RATES OF COMPENSATION BE
22 PAID TO EMPLOYEES WHO PROVIDE INPATIENT NURSING HOME SERVICES, INCLUDING
23 NURSES, NURSING AIDES, ORDERLIES, ATTENDANTS, THERAPISTS AND, IN ADDI-
24 TION, TO ANY OTHER OCCUPATIONS DETERMINED BY THE COMMISSIONER, IN
25 CONSULTATION WITH THE COMMISSIONER OF LABOR, TO PROVIDE INPATIENT NURS-
26 ING HOME SERVICES.

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

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

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

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

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

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

1 S 27. Subdivisions 9 and 10 of section 3614 of the public health law
2 are REPEALED and subdivisions 11, 12 and 13 are renumbered subdivisions
3 9, 10 and 11.

4 S 27-a. A new paragraph (bb) is added to subdivision two of section
5 365-a of the social services law to read as follows:

6 (BB) SUBJECT TO THE AVAILABILITY OF FEDERAL FINANCIAL PARTICIPATION,
7 SERVICES AND SUPPORTS AUTHORIZED BY THE FEDERAL REGULATIONS GOVERNING
8 THE HOME AND COMMUNITY-BASED ATTENDANT SERVICES AND SUPPORTS STATE PLAN
9 OPTION (COMMUNITY FIRST CHOICE) PURSUANT TO 42 U.S.C. S 1396N(K).

10 S 27-b. A new subdivision 8 is added to section 365-f of the social
11 services law to read as follows:

12 8. SUBJECT TO THE AVAILABILITY OF FEDERAL FINANCIAL PARTICIPATION, THE
13 PROVISIONS OF THIS SECTION GOVERNING CONSUMER DIRECTED PERSONAL ASSIST-
14 ANCE SERVICES SHALL REMAIN APPLICABLE TO SUCH SERVICES TO THE EXTENT
15 OFFERED UNDER THE HOME AND COMMUNITY-BASED ATTENDANT SERVICES AND
16 SUPPORTS STATE PLAN OPTION (COMMUNITY FIRST CHOICE) PURSUANT TO 42
17 U.S.C. S 1396N(K).

18 S 27-c. Subparagraph (iii) of paragraph a of subdivision 1 of section
19 6908 of the education law, as amended by chapter 160 of the laws of
20 2003, is amended to read as follows:

21 (iii) the providing of care by a person acting in the place of a
22 person exempt under clause (i) of this paragraph, but who does hold
23 himself or herself out as one who accepts employment for performing such
24 care, where nursing services are under the instruction of a licensed
25 nurse, or under the instruction of a patient or family or household
26 member determined by a registered professional nurse to be self-direct-
27 ing and capable of providing such instruction, and [any remuneration is]
28 SERVICES ARE provided under section three hundred sixty-five-f of the
29 social services law; or

30 S 27-d. Subparagraph (iv) of paragraph a of subdivision 1 of section
31 6908 of the education law, as amended by chapter 160 of the laws of
32 2003, is amended and new subparagraph (v) is added to read as follows:

33 (iv) the furnishing of nursing assistance in case of an emergency; OR

34 (V) MEDICATION ADMINISTRATION SERVICES PROVIDED BY A HOME HEALTH AIDE
35 IN ACCORDANCE WITH REGULATIONS DEVELOPED IN CONSULTATION WITH THE
36 COMMISSIONER OF HEALTH WHICH, AT A MINIMUM: (I) PROVIDE THAT ONLY MEDI-
37 CATIONS WHICH ARE ROUTINE AND PREMEASURED OR OTHERWISE PACKAGED IN A
38 MANNER THAT PROMOTES RELATIVE SAFE EASE OF ADMINISTRATION MAY BE ADMIN-
39 ISTRATED UNDER THE PROGRAM ESTABLISHED PURSUANT TO THIS SUBPARAGRAPH;
40 (II) PROVIDE THAT SUCH MEDICATION ADMINISTRATION SERVICES MAY BE
41 PROVIDED ONLY TO A SELF-DIRECTING INDIVIDUAL UNDER THE SUPERVISION OF A
42 REGISTERED PROFESSIONAL NURSE LICENSED IN NEW YORK STATE AND EMPLOYED BY
43 A HOME CARE SERVICES AGENCY LICENSED OR CERTIFIED PURSUANT TO ARTICLE 36
44 OR HOSPICE PROGRAM CERTIFIED PURSUANT TO ARTICLE 40 OF THE PUBLIC HEALTH
45 LAW; (III) PROVIDE THAT SUCH MEDICATION ADMINISTRATION SERVICES MAY BE
46 PROVIDED ONLY IN ACCORDANCE WITH AND PURSUANT TO AN AUTHORIZED PRACTI-
47 TIONER'S ORDERED CARE; (IV) PROVIDE THAT ONLY A HOME HEALTH AIDE WHO HAS
48 AT LEAST ONE YEAR OF CONTINUOUS EXPERIENCE AS A CERTIFIED HOME HEALTH
49 AIDE AND MEETS OTHER APPROPRIATE QUALIFICATIONS MAY PROVIDE MEDICATION
50 ADMINISTRATION SERVICES; (V) ESTABLISH MINIMUM STANDARDS OF TRAINING FOR
51 MEDICATION ADMINISTRATION SERVICES BY HOME HEALTH AIDES, INCLUDING (A)
52 DIDACTIC TRAINING, (B) CLINICAL TRAINING, AND (C) A SUPERVISED CLINICAL
53 PRACTICUM WITH STANDARDS SET FORTH BY THE COMMISSIONER; (VI) PROVIDE
54 THAT ONLY AN INDIVIDUAL WHO HAS SUCCESSFULLY COMPLETED A COMPETENCY
55 EXAMINATION SATISFACTORY TO THE COMMISSIONER MAY PROVIDE MEDICATION
56 ADMINISTRATION SERVICES AS PERMITTED BY THIS SUBPARAGRAPH; (VII) PROHIB-

1 IT SUCH HOME HEALTH AIDE FROM HOLDING HIMSELF OR HERSELF OUT, OR ACCEPT
2 EMPLOYMENT AS, A PERSON LICENSED TO PRACTICE NURSING UNDER THE
3 PROVISIONS OF THIS ARTICLE; (VIII) PROVIDE THAT SUCH HOME HEALTH AIDE IS
4 NOT REQUIRED NOR PERMITTED TO ASSESS THE MEDICATION NEEDS OF AN INDIVID-
5 UAL; AND (IX) PROVIDE THAT THE INDIVIDUAL SUPERVISING REGISTERED PROFES-
6 SIONAL NURSE SHALL RETAIN THE DISCRETION TO DECIDE WHETHER TO ASSIGN
7 SUCH TASKS TO HOME HEALTH AIDES UNDER THIS PROGRAM. IN DEVELOPING SUCH
8 REGULATIONS, THE COMMISSIONER SHALL TAKE INTO ACCOUNT THE RECOMMENDA-
9 TIONS OF A WORKGROUP OF STAKEHOLDERS CONVENED BY THE COMMISSIONER OF
10 HEALTH IN CONSULTATION WITH THE COMMISSIONER PURSUANT TO PARAGRAPH (A)
11 OF SUBDIVISION 6 OF SECTION 3612 OF THE PUBLIC HEALTH LAW FOR THE
12 PURPOSE OF PROVIDING GUIDANCE ON THE FOREGOING.

13 S 27-e. Subdivision 1 of section 6908 of the education law is amended
14 by adding a new paragraph i to read as follows:

15 I. AS PROHIBITING THE PRACTICE OF NURSING IN THIS STATE BY AN ADVANCED
16 HOME HEALTH AIDE, WITH RESPECT TO SERVICES SPECIFIED IN REGULATIONS
17 DEVELOPED IN CONSULTATION WITH THE COMMISSIONER OF HEALTH AND RENDERED
18 IN ACCORDANCE WITH SUCH REGULATIONS, WHERE SUCH REGULATIONS SHALL, AT A
19 MINIMUM: (I) SPECIFY THE SERVICES THAT MAY BE PROVIDED BY ADVANCED HOME
20 HEALTH AIDES CERTIFIED PURSUANT TO THIS PARAGRAPH; (II) PROVIDE THAT
21 SUCH ADVANCED HOME HEALTH AIDES MAY PROVIDE SERVICES ONLY TO A SELF-DI-
22 RECTING INDIVIDUAL, ASSIGNED BY AND PERFORMED UNDER THE SUPERVISION OF A
23 REGISTERED PROFESSIONAL NURSE LICENSED IN NEW YORK STATE AND EMPLOYED BY
24 A HOME CARE SERVICES AGENCY LICENSED OR CERTIFIED PURSUANT TO ARTICLE 36
25 OR HOSPICE PROGRAM CERTIFIED PURSUANT TO ARTICLE 40 OF THE PUBLIC HEALTH
26 LAW; (III) PROVIDE THAT SUCH SERVICES MAY BE PROVIDED ONLY IN ACCORDANCE
27 WITH AND PURSUANT TO AN AUTHORIZED PRACTITIONER'S ORDERED CARE; (IV)
28 PROVIDE THAT ONLY A HOME HEALTH AIDE WHO HAS AT LEAST ONE YEAR OF
29 CONTINUOUS EXPERIENCE AS A CERTIFIED HOME HEALTH AIDE AND MEETS OTHER
30 APPROPRIATE QUALIFICATIONS MAY BE CERTIFIED AS AN ADVANCED HOME HEALTH
31 AIDE; (V) ESTABLISH MINIMUM STANDARDS OF TRAINING FOR ADVANCED HOME
32 HEALTH AIDES, INCLUDING (A) DIDACTIC TRAINING, (B) CLINICAL TRAINING,
33 AND (C) A SUPERVISED CLINICAL PRACTICUM WITH STANDARDS SET FORTH BY THE
34 COMMISSIONER; (VI) PROVIDE THAT ONLY AN INDIVIDUAL WHO HAS SUCCESSFULLY
35 COMPLETED A COMPETENCY EXAMINATION SATISFACTORY TO THE COMMISSIONER MAY
36 BE CERTIFIED AS AN ADVANCED HOME HEALTH AIDE UNDER THIS SUBPARAGRAPH;
37 (VII) PROHIBIT SUCH ADVANCED HOME HEALTH AIDE FROM HOLDING HIMSELF OR
38 HERSELF OUT, OR ACCEPT EMPLOYMENT AS, A PERSON LICENSED TO PRACTICE
39 NURSING UNDER THE PROVISIONS OF THIS ARTICLE; AND (VIII) PROVIDE THAT
40 THE INDIVIDUAL SUPERVISING REGISTERED PROFESSIONAL NURSE SHALL RETAIN
41 THE DISCRETION TO DECIDE WHETHER TO ASSIGN SUCH TASKS TO SUCH ADVANCED
42 HOME HEALTH AIDES. SUCH REGULATIONS SHALL TAKE INTO ACCOUNT THE RECOM-
43 MENDATIONS OF A WORKGROUP OF STAKEHOLDERS CONVENED BY THE COMMISSIONER
44 OF HEALTH IN CONSULTATION WITH THE COMMISSIONER PURSUANT TO PARAGRAPH
45 (B) OF SUBDIVISION 6 OF SECTION 3612 OF THE PUBLIC HEALTH LAW FOR THE
46 PURPOSE OF PROVIDING GUIDANCE ON THE FOREGOING.

47 S 27-f. Subdivisions 6 and 7 of section 3612 of the public health law,
48 subdivision 7 as renumbered by chapter 606 of the laws of 2003, are
49 renumbered subdivisions 7 and 8 and a new subdivision 6 is added to read
50 as follows:

51 6 (A) THE COMMISSIONER, IN CONSULTATION WITH THE COMMISSIONER OF
52 EDUCATION, SHALL CONVENE A WORKGROUP OF STAKEHOLDERS FOR THE PURPOSE OF
53 PROVIDING GUIDANCE TO THE COMMISSIONER OF EDUCATION ON THE MEDICATION
54 ADMINISTRATION SERVICES AUTHORIZED PURSUANT TO SUBPARAGRAPH (V) OF PARA-
55 GRAPH (A) OF SUBDIVISION 1 OF SECTION 6908. THE MEMBERS OF SUCH WORK-
56 GROUP SHALL INCLUDE INDIVIDUALS FROM ACADEMIC INSTITUTIONS WITH RELEVANT

1 EXPERTISE, REPRESENTATIVES OF HOME CARE AND HOSPICE PROVIDERS AND NURS-
2 ES, REPRESENTATIVES OF INDIVIDUALS WHO MAY BE ELIGIBLE TO RECEIVE MEDI-
3 CATION ADMINISTRATION SERVICES PROVIDED BY HOME HEALTH AIDES PURSUANT TO
4 SUCH STATUTE, AND OTHER RELEVANT STAKEHOLDERS.

5 (B) THE COMMISSIONER, IN CONSULTATION WITH THE COMMISSIONER OF EDUCA-
6 TION, SHALL CONVENE A WORKGROUP OF STAKEHOLDERS FOR THE PURPOSE OF
7 PROVIDING GUIDANCE TO THE COMMISSIONER OF EDUCATION ON THE CERTIFICATION
8 OF ADVANCED HOME HEALTH AIDES PURSUANT TO PARAGRAPH (I) OF SUBDIVISION 1
9 OF SECTION 6908 OF THE EDUCATION LAW. THE MEMBERS OF SUCH WORKGROUP
10 SHALL INCLUDE INDIVIDUALS FROM ACADEMIC INSTITUTIONS WITH RELEVANT
11 EXPERTISE, REPRESENTATIVES OF HOME CARE AND HOSPICE PROVIDERS AND NURS-
12 ES, REPRESENTATIVES OF INDIVIDUALS WHO MAY BE ELIGIBLE TO RECEIVE
13 SERVICES PROVIDED BY SUCH ADVANCED HOME HEALTH AIDES PURSUANT TO SUCH
14 STATUTE, AND OTHER RELEVANT STAKEHOLDERS.

15 S 27-g. Subparagraph (v) of paragraph (a) of subdivision 1 of section
16 6908 of the education law, as added by section 27-d of this part,
17 pertaining to medication administration services, paragraph (i) of
18 subdivision 1 of section 6908 of the education law, as added by section
19 27-e of this part, pertaining to advanced home health aides, the amend-
20 ments to subdivisions 6 and 7 of section 3612 of the public health law,
21 as amended by section 27-f of this part, and subdivision 6 of section
22 3612, as added by section 27-f of this part, pertaining to the convening
23 of workgroups, shall take effect October 1, 2015; provided, however,
24 that the commissioner of health shall convene the workgroups referenced
25 by new subdivision 6 as soon as practicable; provided, further, that the
26 commissioner of education shall adopt or amend regulations necessary to
27 implement the provisions of subparagraph (v) of paragraph (a) and para-
28 graph (i) of subdivision 1 of section 6908 of the education law by such
29 effective date; and provided, further, that no services may be provided
30 under such provisions until such regulations are adopted or amended and
31 only in conformance with such regulations.

32 S 27-h. Paragraph b of section 4403-g of public health law, as added
33 by section 73 of Part A of chapter 56 of the laws of 2013, is amended to
34 read as follows:

35 (b) "Eligible applicant" means an entity THAT EITHER:

36 (I) IS controlled by one or more non-profit organizations which have a
37 history of providing or coordinating health and long term care services
38 to persons with developmental disabilities[.], OR

39 (II) HAS RECEIVED A CERTIFICATE OF AUTHORITY PURSUANT TO SECTION 4403
40 OR 4403-F OF THE PUBLIC HEALTH LAW, AND HAS THE ABILITY TO PROVIDE OR
41 COORDINATE SERVICES FOR PERSONS WITH DEVELOPMENTAL DISABILITIES, AS
42 DEMONSTRATED BY CRITERIA TO BE DETERMINED BY THE COMMISSIONER AND THE
43 COMMISSIONER OF THE OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES.
44 SUCH CRITERIA SHALL INCLUDE, BUT NOT BE LIMITED TO, ADEQUATE EXPERIENCE
45 PROVIDING OR COORDINATING SERVICES FOR PERSONS WITH DEVELOPMENTAL DISA-
46 BILITIES. IF THE COMMISSIONER AND THE COMMISSIONER OF THE OFFICE FOR
47 PEOPLE WITH DEVELOPMENTAL DISABILITIES DETERMINE THAT SUCH ORGANIZATION
48 LACKS THE EXPERIENCE REQUIRED, THE ORGANIZATION SHALL HAVE AN AFFIL-
49 IATION ARRANGEMENT WITH AN ENTITY OR ENTITIES WITH EXPERIENCE SERVING
50 PERSONS WITH DEVELOPMENTAL DISABILITIES SUCH THAT THE AFFILIATED ENTITY
51 WILL COORDINATE AND PLAN SERVICES OPERATED, CERTIFIED, FUNDED, AUTHOR-
52 IZED OR APPROVED BY THE OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILI-
53 TIES OR WILL OVERSEE AND APPROVE SUCH COORDINATION AND PLANNING.

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

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

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

(i) For rate periods on and after April first, two thousand ten, the commissioner, in consultation with the commissioner of the office of mental health, shall promulgate regulations, and may promulgate emergency regulations, establishing methodologies for determining the operating cost components of rates of payments for services described in this paragraph. Such regulations shall utilize two thousand five operating costs as submitted to the department prior to July first, two thousand nine and shall provide for methodologies establishing per diem inpatient rates that utilize case mix adjustment mechanisms. Such regulations shall contain criteria for adjustments based on length of stay AND MAY ALSO PROVIDE FOR PERIODIC BASE YEAR UPDATES, PROVIDED, HOWEVER, THAT THE FIRST SUCH BASE YEAR UPDATE SHALL TAKE EFFECT NO LATER THAN JANUARY FIRST, TWO THOUSAND FIFTEEN, AND PROVIDED FURTHER, HOWEVER, THAT THE COMMISSIONER MAY MAKE SUCH ADJUSTMENTS TO SUCH UTILIZATION AND TO THE METHODOLOGY FOR COMPUTING SUCH RATES AS IS NECESSARY TO ACHIEVE NO AGGREGATE, NET GROWTH IN OVERALL MEDICAID EXPENDITURES RELATED TO SUCH RATES, AS COMPARED TO SUCH AGGREGATE EXPENDITURES FROM THE PRIOR YEAR. IN DETERMINING THE UPDATED BASE YEARS TO BE UTILIZED PURSUANT TO THIS SUBPARAGRAPH, THE COMMISSIONER SHALL TAKE INTO ACCOUNT THE BASE YEARS DETERMINED IN ACCORDANCE WITH PARAGRAPH (C) OF SUBDIVISION THIRTY-FIVE OF THIS SECTION.

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

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

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

(V) THE COMMISSIONER MAY PROMULGATE REGULATIONS, INCLUDING EMERGENCY REGULATIONS, PROVIDING FOR THE PERIODIC UPDATING OF THE BASE YEAR COSTS AND STATISTICS USED TO COMPUTE RATES OF PAYMENT PURSUANT TO THIS PARA-

1 GRAPH, PROVIDED, HOWEVER, THAT THE FIRST SUCH BASE YEAR UPDATE SHALL
2 TAKE EFFECT NO LATER THAN JANUARY FIRST, TWO THOUSAND FIFTEEN, AND
3 PROVIDED FURTHER, HOWEVER, THAT THE COMMISSIONER MAY MAKE SUCH ADJUST-
4 MENTS TO SUCH UTILIZATION AND TO THE METHODOLOGY FOR COMPUTING SUCH
5 RATES AS IS NECESSARY TO ACHIEVE NO AGGREGATE, NET GROWTH IN OVERALL
6 MEDICAID EXPENDITURES RELATED TO SUCH RATES, AS COMPARED TO SUCH AGGRE-
7 GATE EXPENDITURES FROM THE PRIOR YEAR. IN DETERMINING THE UPDATED BASE
8 YEARS TO BE UTILIZED PURSUANT TO THIS SUBPARAGRAPH, THE COMMISSIONER
9 SHALL TAKE INTO ACCOUNT THE BASE YEARS DETERMINED IN ACCORDANCE WITH
10 PARAGRAPH (C) OF SUBDIVISION THIRTY-FIVE OF THIS SECTION.

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

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

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

27 1. For state fiscal years 2011-12 through [2014-15] 2015-16, the
28 director of the budget, in consultation with the commissioner of health
29 referenced as "commissioner" for purposes of this section, shall assess
30 on a monthly basis, as reflected in monthly reports pursuant to subdivi-
31 sion five of this section known and projected department of health state
32 funds medicaid expenditures by category of service and by geographic
33 regions, as defined by the commissioner, and if the director of the
34 budget determines that such expenditures are expected to cause medicaid
35 disbursements for such period to exceed the projected department of
36 health medicaid state funds disbursements in the enacted budget finan-
37 cial plan pursuant to subdivision 3 of section 23 of the state finance
38 law, the commissioner of health, in consultation with the director of
39 the budget, shall develop a medicaid savings allocation plan to limit
40 such spending to the aggregate limit level specified in the enacted
41 budget financial plan, provided, however, such projections may be
42 adjusted by the director of the budget to account for any changes in the
43 New York state federal medical assistance percentage amount established
44 pursuant to the federal social security act, changes in provider reven-
45 ues, reductions to local social services district medical assistance
46 administration, and beginning April 1, 2012 the operational costs of the
47 New York state medical indemnity fund. Such projections may be adjusted
48 by the director of the budget to account for increased or expedited
49 department of health state funds medicaid expenditures as a result of a
50 natural or other type of disaster, including a governmental declaration
51 of emergency.

52 S 34. Notwithstanding any contrary provision of law and subject to
53 the availability of federal financial participation, for state fiscal
54 years beginning on and after April 1, 2014, the commissioner of health,
55 in consultation with the director of the budget, shall, prior to January
56 first of each year, determine the extent of savings that have been

1 achieved as a result of the application of the provisions of sections 91
2 and 92 of part H of chapter 59 of the laws of 2011, as amended, and
3 shall further determine the availability of such savings for distrib-
4 ution during the last quarter of such state fiscal year. In determining
5 such savings the commissioner of health, in consultation with the direc-
6 tor of the budget, may exempt the medical assistance administration
7 program from distributions under this section. The commissioner of
8 health, in consultation with the director of the budget, may distribute
9 funds up to an amount equal to such available savings in accordance with
10 an allocation plan that utilizes a methodology that distributes such
11 funds proportionately among providers and plans in New York's Medicaid
12 program. Such allocation plan shall utilize three years of the most
13 recently available system-wide expenditure data reflecting both MMIS and
14 managed care encounters. Distributions to managed care plans shall be
15 based on the administrative outlays stemming from participation in the
16 Medicaid program. The commissioner of health may impose minimum thresh-
17 old amounts in determining provider eligibility for distributions pursu-
18 ant to this section. No less than fifty percent of the amount available
19 for distribution shall be made available for the purpose of assisting
20 eligible providers utilizing the methodology outlined above. No greater
21 than fifty percent of the distributions pursuant to this section shall
22 be made available for the purposes of ensuring a minimum level of
23 assistance to financially distressed and critically needed providers as
24 identified by the commissioner. The commissioner of health is authorized
25 to seek such federal approvals as may be required to effectuate the
26 provisions of this section, including, but not limited to, to permit
27 payment of such distributions as lump sums and to secure waivers from
28 otherwise applicable federal upper payment limit restrictions on such
29 payments.

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

33 9. Any contract or contracts entered into by the commissioner of
34 health prior to January first, two thousand thirteen pursuant to subdi-
35 vision eight of this section, AND IDENTIFIED BY CONTRACT NUMBER C027596
36 may be amended or modified without the need for a competitive bid or
37 request for proposal process, and without regard to the provisions of
38 sections one hundred twelve and one hundred sixty-three of the state
39 finance law, section one hundred forty-two of the economic development
40 law, or any other provision of law, to allow the purchase of additional
41 personnel and services, subject to available funding, for the limited
42 purpose of assisting the department of health with implementing the
43 Balancing Incentive Program, the Fully Integrated Duals Advantage
44 Program, the Vital Access Provider Program, the Medicaid waiver amend-
45 ment associated with the public hospital transformation, the addition of
46 behavioral health services as a managed care plan benefit, THE DELIVERY
47 SYSTEM REFORM INCENTIVE PAYMENT PLAN, MEDICAID REDESIGN TEAM SUPPORTIVE
48 HOUSING INITIATIVES, ACTIVITIES TO FACILITATE THE TRANSITION OF VULNER-
49 ABLE POPULATIONS TO MANAGED CARE, AND OVERSIGHT, RATESETTING AND OTHER
50 PROGRAM OPERATIONS ACTIVITIES RELATED TO MANAGED CARE PLANS, and/or any
51 workgroups required to be established by the chapter of the laws of two
52 thousand thirteen that added this subdivision.

53 S 36. Subparagraph (ii) of paragraph (e) of subdivision 4 of section
54 364-j of the social services law, as amended by section 39 of part A of
55 chapter 56 of the laws of 2013, is amended to read as follows:

1 (ii) In any social services district which has implemented a mandatory
2 managed care program pursuant to this section, the requirements of this
3 subparagraph shall apply to the extent consistent with federal law and
4 regulations. The department of health[,] may contract with one or more
5 independent organizations to provide enrollment counseling and enroll-
6 ment services, for participants required to enroll in managed care
7 programs, for each social services district [requesting the services of
8 an enrollment broker] WHICH HAS IMPLEMENTED A MANDATORY MANAGED CARE
9 PROGRAM. To select such organizations, the department of health shall
10 issue a request for proposals (RFP), shall evaluate proposals submitted
11 in response to such RFP and, pursuant to such RFP, shall award a
12 contract to one or more qualified and responsive organizations. Such
13 organizations shall not be owned, operated, or controlled by any govern-
14 mental agency, managed care provider, or medical services provider.

15 S 37. Subparagraph (vii) of paragraph (b) of subdivision 7 of section
16 4403-f of the public health law, as amended by section 40-a of part D of
17 chapter 56 of the laws of 2012, is amended to read as follows:

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

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

29 (a) (1) Notwithstanding any other provision of law to the contrary,
30 for the state fiscal years beginning April 1, 2011 and ending on March
31 31, [2015] 2014, all Medicaid payments made for services provided on and
32 after April 1, 2011, shall, except as hereinafter provided, be subject
33 to a uniform two percent reduction and such reduction shall be applied,
34 to the extent practicable, in equal amounts during the fiscal year,
35 provided, however, that an alternative method may be considered at the
36 discretion of the commissioner of health and the director of the budget
37 based upon consultation with the health care industry including but not
38 limited to, a uniform reduction in Medicaid rates of payments or other
39 reductions provided that any method selected achieves up to \$345,000,000
40 in Medicaid state share savings in state fiscal year 2011-12 and up to
41 \$357,000,000 annually in state fiscal years 2012-13[,] AND 2013-14 [and
42 2014-15] except as hereinafter provided, for services provided on and
43 after April 1, 2011 through March 31, [2015] 2014. Any alternative meth-
44 ods to achieve the reduction must be provided in writing and shall be
45 filed with the senate finance committee and the assembly ways and means
46 committee not less than thirty days before the date on which implementa-
47 tion is expected to begin. Nothing in this section shall be deemed to
48 prevent all or part of such alternative reduction plan from taking
49 effect retroactively, to the extent permitted by the federal centers for
50 medicare and medicaid services.

51 (2) ALTERNATIVE METHODS OF COST CONTAINMENT AS AUTHORIZED AND IMPLE-
52 MENTED PURSUANT TO PARAGRAPH ONE OF THIS SUBDIVISION SHALL CONTINUE TO
53 BE APPLIED AND MAINTAINED FOR PERIODS ON AND AFTER APRIL 1, 2014,
54 PROVIDED, HOWEVER, THAT THE COMMISSIONER OF HEALTH, IN CONSULTATION WITH
55 THE DIRECTOR OF THE BUDGET, IS AUTHORIZED TO TERMINATE SUCH ALTERNATIVE

1 METHODS UPON A FINDING THAT THEY ARE NO LONGER NECESSARY TO MAINTAIN
2 ESSENTIAL COST SAVINGS.

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

6 (a) There is hereby established a special advisory review panel on
7 Medicaid managed care. The panel shall consist of [twelve] SIXTEEN
8 members who shall be appointed as follows: [four] SIX by the governor,
9 one of which shall serve as the chair; [three] FOUR each by the tempo-
10 rary president of the senate and the speaker of the assembly; and one
11 each by the minority leader of the senate and the minority leader of the
12 assembly. At least three members of such panel shall be members of the
13 joint advisory panel established under section 13.40 of the mental
14 hygiene law. THE PANEL SHALL INCLUDE A CONSUMER REPRESENTATIVE FOR INDIV-
15 IDUALS WITH BEHAVIORAL HEALTH NEEDS, A CONSUMER REPRESENTATIVE FOR
16 INDIVIDUALS WHO ARE DUALY ELIGIBLE FOR MEDICARE AND MEDICAID, A REPRE-
17 SENTATIVE OF ENTITIES THAT PROVIDE OR ARRANGE FOR THE PROVISION OF
18 SERVICES TO INDIVIDUALS WITH BEHAVIORAL HEALTH NEEDS, AND A REPRESENT-
19 TATIVE OF ENTITIES THAT PROVIDE OR ARRANGE FOR THE PROVISION OF SERVICES
20 TO INDIVIDUALS WHO ARE DUALY ELIGIBLE FOR MEDICARE AND MEDICAID.
21 Members shall serve without compensation but shall be reimbursed for
22 appropriate expenses. The department shall provide technical assistance
23 and access to data as is required for the panel to effectuate the
24 mission and purposes established herein.

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

28 6. The commissioner shall evaluate the results of the study conducted
29 pursuant to subdivision four of this section to determine, after iden-
30 tification of actual direct and indirect costs incurred by public school
31 districts [and state operated and state supported schools for blind and
32 deaf students], whether it is advisable to claim federal reimbursement
33 for expenditures under this section as certified public expenditures. In
34 the event such claims are submitted, if federal reimbursement received
35 for certified public expenditures on behalf of medical assistance recip-
36 ients whose assistance and care are the responsibility of a social
37 services district results in a decrease in the state share of annual
38 expenditures pursuant to this section for such recipients, then to the
39 extent that the amount of any such decrease when combined with any
40 decrease in the state share of annual expenditures described in subdivi-
41 sion five of section three hundred sixty-eight-e of this title exceeds
42 one hundred fifty million dollars for the period April 1, 2011 through
43 March 31, 2013, or exceeds one hundred million dollars in state fiscal
44 [year 2012-13 or any fiscal year thereafter] YEARS 2013-14 AND 2014-15,
45 the excess amount shall be transferred to such public school districts
46 [and state operated and state supported schools for blind and deaf
47 students] in amounts proportional to their percentage contribution to
48 the statewide savings; AN AMOUNT EQUAL TO THIRTEEN AND FIVE HUNDREDTHS
49 PERCENT OF ANY DECREASE IN THE STATE SHARE OF ANNUAL EXPENDITURES PURSU-
50 ANT TO THIS SECTION FOR SUCH RECIPIENTS IN STATE FISCAL YEAR 2015-16 AND
51 ANY FISCAL YEAR THEREAFTER SHALL BE TRANSFERRED TO SUCH PUBLIC SCHOOL
52 DISTRICTS IN AMOUNTS PROPORTIONAL TO THEIR PERCENTAGE CONTRIBUTION TO
53 THE STATEWIDE SAVINGS. Any [such excess] amount transferred PURSUANT TO
54 THIS SECTION shall not be considered a revenue received by such social
55 services district in determining the district's actual medical assist-

1 ance expenditures for purposes of paragraph (b) of section one of part C
2 of chapter fifty-eight of the laws of two thousand five.

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

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

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

37 2-B. NOTWITHSTANDING SECTIONS ONE HUNDRED TWELVE AND ONE HUNDRED
38 SIXTY-THREE OF THE STATE FINANCE LAW OR ANY INCONSISTENT PROVISION OF
39 LAW AND SUBJECT TO THE AVAILABILITY OF FEDERAL FINANCIAL PARTICIPATION,
40 THE COMMISSIONER OF HEALTH IS AUTHORIZED TO DISTRIBUTE FUNDS FROM A
41 GROSS AMOUNT OF FIVE MILLION DOLLARS, TO ESTABLISH COORDINATION BETWEEN
42 HEALTH HOMES AND THE CRIMINAL JUSTICE SYSTEM. SUCH FUNDS MAY BE USED FOR
43 THE INTEGRATION OF INFORMATION OF HEALTH HOMES WITH STATE AND LOCAL
44 CORRECTIONAL FACILITIES, TO THE EXTENT PERMITTED BY LAW; INCLUDING, BUT
45 NOT LIMITED TO, THE DEVELOPMENT OF A LIAISON SERVICE BETWEEN SUCH HOMES
46 AND FACILITIES AND THE ESTABLISHMENT OF A CRIMINAL JUSTICE AND HEALTH
47 HOME LEARNING COLLABORATIVE TO PROVIDE TRAINING AND FACILITATE BEST
48 PRACTICES. HEALTH HOMES RECEIVING SUCH FUNDS SHALL BE REQUIRED TO DOCU-
49 MENT AND DEMONSTRATE THE EFFECTIVE USE OF FUNDS DISTRIBUTED HEREIN.

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

52 2-C. NOTWITHSTANDING SECTIONS ONE HUNDRED TWELVE AND ONE HUNDRED
53 SIXTY-THREE OF THE STATE FINANCE LAW, AND SUBJECT TO FEDERAL FINANCIAL
54 PARTICIPATION, AND SUBJECT TO AMOUNTS APPROPRIATED FOR PURPOSES HEREIN,
55 THE DEPARTMENT OF HEALTH MAY DISTRIBUTE FUNDS TO PROVIDERS UNDER THIS
56 SECTION FOR MEMBER ENGAGEMENT, STAFF TRAINING AND RETRAINING, HEALTH

1 INFORMATION TECHNOLOGY IMPLEMENTATION, JOINT GOVERNANCE TECHNICAL
2 ASSISTANCE, AND OTHER SUCH PURPOSES AS THE COMMISSIONER OF HEALTH, IN
3 CONSULTATION WITH THE COMMISSIONERS OF THE OFFICE OF MENTAL HEALTH AND
4 THE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES, DETERMINES. THE
5 COMMISSIONER OF HEALTH, IN CONSULTATION WITH THE COMMISSIONERS OF THE
6 OFFICE OF MENTAL HEALTH AND THE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE
7 SERVICES, SHALL APPROVE APPLICATIONS FOR SUCH FUNDS PURSUANT TO CRITERIA
8 DEVELOPED BY THE DEPARTMENT OF HEALTH. APPLICATIONS WHICH ADDRESS IMPL-
9 MENTATION CHALLENGES, LEVERAGE REGIONAL PARTNERSHIPS, LINK CARE COORDI-
10 NATION NETWORKS AND DO NOT OTHERWISE DUPLICATE FUNDS AVAILABLE THROUGH
11 OTHER PROGRAMS MAY BE PRIORITIZED. THE COMMISSIONER OF HEALTH MAY
12 PROMULGATE REGULATIONS, INCLUDING EMERGENCY REGULATIONS, TO EFFECTUATE
13 THE PROVISIONS OF THIS SUBDIVISION.

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

16 S 398-B. TRANSITION TO MANAGED CARE. 1. NOTWITHSTANDING SECTIONS ONE
17 HUNDRED TWELVE AND ONE HUNDRED SIXTY-THREE OF THE STATE FINANCE LAW AND
18 ANY OTHER INCONSISTENT PROVISION OF LAW AND SUBJECT TO THE AVAILABILITY
19 OF FEDERAL FINANCIAL PARTICIPATION, THE COMMISSIONER OF HEALTH IS
20 AUTHORIZED TO DISTRIBUTE FUNDS FROM A GROSS AMOUNT OF FIVE MILLION
21 DOLLARS TO FACILITATE THE TRANSITION OF FOSTER CARE CHILDREN PLACED WITH
22 VOLUNTARY FOSTER CARE AGENCIES TO MANAGED CARE. THE USE OF SUCH FUNDS
23 MAY INCLUDE PROVIDING TRAINING AND CONSULTING SERVICES TO VOLUNTARY
24 AGENCIES TO ASSESS READINESS AND MAKE NECESSARY INFRASTRUCTURE AND
25 ORGANIZATIONAL MODIFICATIONS, COLLECTING SERVICE UTILIZATION AND OTHER
26 DATA FROM VOLUNTARY AGENCIES AND OTHER ENTITIES, AND MAKING INVESTMENTS
27 IN HEALTH INFORMATION TECHNOLOGY, INCLUDING THE INFRASTRUCTURE NECESSARY
28 TO ESTABLISH AND MAINTAIN ELECTRONIC HEALTH RECORDS. SUCH FUNDS SHALL BE
29 DISTRIBUTED PURSUANT TO A FORMULA TO BE DEVELOPED BY THE COMMISSIONER OF
30 HEALTH, IN CONSULTATION WITH THE COMMISSIONER OF THE OFFICE OF CHILDREN
31 AND FAMILY SERVICES. IN DEVELOPING SUCH FORMULA THE COMMISSIONERS MAY
32 TAKE INTO ACCOUNT SIZE AND SCOPE OF PROVIDER OPERATIONS AS A FACTOR
33 RELEVANT TO ELIGIBILITY FOR SUCH FUNDS. EACH RECIPIENT OF SUCH FUNDS
34 SHALL BE REQUIRED TO DOCUMENT AND DEMONSTRATE THE EFFECTIVE USE OF FUNDS
35 DISTRIBUTED HEREIN.

36 2. DATA PROVIDED BY VOLUNTARY FOSTER CARE AGENCIES SHALL BE COMPLIANT
37 WITH THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT, AND SHALL
38 BE TRANSMITTED SECURELY USING EMEDS OR OTHER MECHANISMS TO BE DETERMINED
39 BY THE DEPARTMENT OF HEALTH. SUCH DATA MAY BE USED BY THE DEPARTMENT OF
40 HEALTH TO ESTABLISH RATES OF PAYMENT FOR MANAGED CARE ORGANIZATIONS FOR
41 SERVICES PROVIDED TO CHILDREN IN FOSTER CARE.

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

45 3. Notwithstanding sections sixty-one, sixty-three, seventy, seventy-
46 eight, seventy-nine, eighty-one and [eight-one-a] EIGHTY-ONE-A of the
47 civil service law or any provisions to the contrary contained in any
48 general, special, or local laws, all lawful appointees of a county
49 performing the functions established in subdivision two of this section
50 as of the effective date of this section OR ANY SUCH APPOINTEES WHO MEET
51 THE OPEN COMPETITIVE QUALIFICATIONS FOR POSITIONS ESTABLISHED TO PERFORM
52 THESE FUNCTIONS will be eligible for voluntary transfer to appropriate
53 positions, in the department, that are classified to perform such func-
54 tions without further examination, qualification, or probationary peri-
55 od; and, upon such transfer, will have all the rights and privileges of

1 the jurisdictional classification to which such positions are allocated
2 in the classified service of the state.

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

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

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

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

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

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

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

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

27 (II) ALL REASONABLE AND RESPONSIVE SUBMISSIONS THAT ARE RECEIVED FROM
28 PROSPECTIVE CONTRACTORS IN TIMELY FASHION SHALL BE REVIEWED BY THE
29 COMMISSIONER; AND

30 (III) THE COMMISSIONER SHALL SELECT SUCH CONTRACTOR OR CONTRACTORS
31 THAT, IN HIS OR HER DISCRETION, ARE BEST SUITED TO SERVE THE PURPOSES OF
32 THIS SECTION; AND

33 (IV) NO CONTRACT ENTERED PURSUANT TO THIS PARAGRAPH SHALL HAVE A TERM
34 THAT ENDS LATER THAN MARCH THIRTY-FIRST, TWO THOUSAND SEVENTEEN.

35 S 47. Section 206 of the public health law is amended by adding a new
36 subdivision 29 to read as follows:

37 29. NOTWITHSTANDING ANY PROVISION OF LAW TO THE CONTRARY, THE COMMIS-
38 SIONERS OF THE DEPARTMENT OF HEALTH, THE OFFICE OF MENTAL HEALTH, THE
39 OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES, AND THE OFFICE OF
40 ALCOHOLISM AND SUBSTANCE ABUSE SERVICES ARE AUTHORIZED TO WAIVE ANY
41 REGULATORY REQUIREMENTS AS ARE NECESSARY TO ALLOW PROVIDERS PARTICIPAT-
42 ING IN JOINT PROJECTS UNDER THE DELIVERY SYSTEM REFORM INCENTIVE
43 PAYMENTS PROGRAM TO AVOID DUPLICATION OF REQUIREMENTS AND TO ALLOW THE
44 INTEGRATED DELIVERY OF SERVICES IN A RATIONAL AND EFFICIENT MANNER.

45 S 48. Notwithstanding the provisions of sections 112 and 163 of the
46 state finance law, or any other contrary provision of law, the commis-
47 sioner of health is authorized to negotiate the extension of contract
48 number C025673 with Mercer Health and Benefits, LLC, as currently in
49 effect through October of 2014, through a period ending no later than
50 December 31, 2016, without a competitive bid or request for proposal
51 process.

52 S 49. Section 364-j of the social services law is amended by adding a
53 new subdivision 29 to read as follows:

54 29. IN THE EVENT THAT THE DEPARTMENT RECEIVES APPROVAL FROM THE
55 CENTERS FOR MEDICARE AND MEDICAID SERVICES TO AMEND ITS 1115 WAIVER
56 KNOWN AS THE PARTNERSHIP PLAN OR RECEIVES APPROVAL FOR A NEW 1115 WAIVER

1 FOR THE PURPOSE OF REINVESTING SAVINGS RESULTING FROM THE REDESIGN OF
2 THE MEDICAL ASSISTANCE PROGRAM, THE COMMISSIONER IS AUTHORIZED TO ENTER
3 INTO CONTRACTS, AND/OR TO AMEND THE TERMS OF CONTRACTS AWARDED PRIOR TO
4 THE EFFECTIVE DATE OF THIS SUBDIVISION, FOR THE PURPOSE OF ASSISTING THE
5 DEPARTMENT OF HEALTH WITH IMPLEMENTING PROJECTS AUTHORIZED UNDER SUCH
6 WAIVER APPROVAL. NOTWITHSTANDING THE PROVISIONS OF SECTIONS ONE HUNDRED
7 TWELVE AND ONE HUNDRED SIXTY-THREE OF THE STATE FINANCE LAW, OR SECTIONS
8 ONE HUNDRED FORTY-TWO AND ONE HUNDRED FORTY-THREE OF THE ECONOMIC DEVEL-
9 OPMENT LAW, OR ANY CONTRARY PROVISION OF LAW, CONTRACTS MAY BE ENTERED
10 OR CONTRACT AMENDMENTS MAY BE MADE PURSUANT TO THIS SUBDIVISION WITHOUT
11 A COMPETITIVE BID OR REQUEST FOR PROPOSAL PROCESS IF THE TERM OF ANY
12 SUCH CONTRACT OR CONTRACT AMENDMENT DOES NOT EXTEND BEYOND MARCH THIR-
13 TY-FIRST, TWO THOUSAND NINETEEN; PROVIDED, HOWEVER, IN THE CASE OF A
14 CONTRACT ENTERED INTO AFTER THE EFFECTIVE DATE OF THIS SUBDIVISION,
15 THAT:

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

18 (I) A DESCRIPTION OF THE PROPOSED SERVICES TO BE PROVIDED PURSUANT TO
19 THE CONTRACT OR CONTRACTS;

20 (II) THE CRITERIA FOR SELECTION OF A CONTRACTOR OR CONTRACTORS;

21 (III) THE PERIOD OF TIME DURING WHICH A PROSPECTIVE CONTRACTOR MAY
22 SEEK SELECTION, WHICH SHALL BE NO LESS THAN THIRTY DAYS AFTER SUCH
23 INFORMATION IS FIRST POSTED ON THE WEBSITE; AND

24 (IV) THE MANNER BY WHICH A PROSPECTIVE CONTRACTOR MAY SEEK SUCH
25 SELECTION, WHICH MAY INCLUDE SUBMISSION BY ELECTRONIC MEANS;

26 (B) ALL REASONABLE AND RESPONSIVE SUBMISSIONS THAT ARE RECEIVED FROM
27 PROSPECTIVE CONTRACTORS IN TIMELY FASHION SHALL BE REVIEWED BY THE
28 COMMISSIONER OF HEALTH; AND

29 (C) THE COMMISSIONER OF HEALTH SHALL SELECT SUCH CONTRACTOR OR
30 CONTRACTORS THAT, IN HIS OR HER DISCRETION, ARE BEST SUITED TO SERVE THE
31 PURPOSES OF THIS SECTION.

32 S 50. Subdivision 1 of section 366 of the social services law is
33 amended by adding a new paragraph (g) to read as follows:

34 (G) COVERAGE OF CERTAIN NONCITIZENS. (1) APPLICANTS AND RECIPIENTS WHO
35 ARE LAWFULLY ADMITTED FOR PERMANENT RESIDENCE, OR WHO ARE PERMANENTLY
36 RESIDING IN THE UNITED STATES UNDER COLOR OF LAW; WHO ARE MAGI ELIGIBLE
37 PURSUANT TO PARAGRAPH (B) OF THIS SUBDIVISION; AND WHO WOULD BE INELIGI-
38 BLE FOR MEDICAL ASSISTANCE COVERAGE UNDER SUBDIVISIONS ONE AND TWO OF
39 SECTION THREE HUNDRED SIXTY-FIVE-A OF THIS TITLE SOLELY DUE TO THEIR
40 IMMIGRATION STATUS IF THE PROVISIONS OF SECTION ONE HUNDRED TWENTY-TWO
41 OF THIS CHAPTER WERE APPLIED, SHALL BE REQUIRED TO ENROLL IN A STANDARD
42 HEALTH PLAN OFFERED BY A BASIC HEALTH PROGRAM ESTABLISHED PURSUANT TO
43 SECTION THREE HUNDRED SIXTY-NINE-GG OF THIS ARTICLE IF SUCH PROGRAM IS
44 ESTABLISHED AND OPERATING.

45 (2) WITH RESPECT TO A PERSON DESCRIBED IN SUBPARAGRAPH ONE OF THIS
46 PARAGRAPH WHO IS ENROLLED IN A STANDARD HEALTH PLAN, MEDICAL ASSISTANCE
47 COVERAGE SHALL MEAN:

48 (I) PAYMENT OF REQUIRED PREMIUMS AND OTHER COST-SHARING OBLIGATIONS
49 UNDER THE STANDARD HEALTH PLAN THAT EXCEED THE PERSON'S CO-PAYMENT OBLI-
50 GATION UNDER SUBDIVISION SIX OF SECTION THREE HUNDRED SIXTY-SEVEN-A OF
51 THIS TITLE; AND

52 (II) PAYMENT FOR SERVICES AND SUPPLIES DESCRIBED IN SUBDIVISION ONE OR
53 TWO OF SECTION THREE HUNDRED SIXTY-FIVE-A OF THIS TITLE, AS APPLICABLE,
54 BUT ONLY TO THE EXTENT THAT SUCH SERVICES AND SUPPLIES ARE NOT COVERED
55 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 FOR PERIODS PRIOR TO HIS OR HER ENROLLMENT IN A STANDARD HEALTH PLAN, 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 HEALTH BENEFITS AS DEFINED BY THE COMMISSIONER IN ACCORDANCE WITH THE PROVISIONS OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (P.L. 111-148) AND CONSISTENT WITH THE BENEFITS PROVIDED BY THE REFERENCE PLAN SELECTED BY THE COMMISSIONER FOR THE PURPOSES OF DEFINING SUCH BENEFITS;

(D) "QUALIFIED HEALTH PLAN" MEANS A HEALTH PLAN THAT MEETS THE CRITERIA FOR CERTIFICATION DESCRIBED IN S 1311(C) OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (P.L. 111-148), AND IS OFFERED TO INDIVIDUALS THROUGH THE HEALTH INSURANCE EXCHANGE MARKETPLACE; AND

(E) "BASIC HEALTH INSURANCE PLAN" MEANS A STANDARD HEALTH PLAN, SEPARATE AND APART FROM QUALIFIED HEALTH PLANS, THAT IS ISSUED BY AN APPROVED ORGANIZATION AND CERTIFIED IN ACCORDANCE WITH THIS SECTION.

2. AUTHORIZATION. IF IT IS IN THE FINANCIAL INTEREST OF THE STATE TO DO SO, THE COMMISSIONER OF HEALTH IS AUTHORIZED, WITH THE APPROVAL OF THE DIRECTOR OF THE BUDGET, TO ESTABLISH A BASIC HEALTH PROGRAM. THE COMMISSIONER'S AUTHORITY PURSUANT TO THIS SECTION IS CONTINGENT UPON OBTAINING AND MAINTAINING ALL NECESSARY APPROVALS FROM THE SECRETARY OF HEALTH AND HUMAN SERVICES TO OFFER A BASIC HEALTH PROGRAM IN ACCORDANCE WITH 42 U.S.C. 18051. THE COMMISSIONER MAY TAKE ANY AND ALL ACTIONS NECESSARY TO OBTAIN SUCH APPROVALS.

3. ELIGIBILITY. A PERSON IS ELIGIBLE TO RECEIVE COVERAGE FOR HEALTH CARE SERVICES PURSUANT TO THIS TITLE IF HE OR SHE:

(A) RESIDES IN NEW YORK STATE AND IS UNDER SIXTY-FIVE YEARS OF AGE;

(B) IS NOT ELIGIBLE FOR MEDICAL ASSISTANCE UNDER TITLE ELEVEN OF THIS ARTICLE OR FOR THE CHILD HEALTH INSURANCE PLAN DESCRIBED IN TITLE ONE-A OF ARTICLE TWENTY-FIVE OF THE PUBLIC HEALTH LAW;

(C) IS NOT ELIGIBLE FOR MINIMUM ESSENTIAL COVERAGE, AS DEFINED IN SECTION 5000A(F) OF THE INTERNAL REVENUE SERVICE CODE OF 1986, OR IS ELIGIBLE FOR AN EMPLOYER-SPONSORED PLAN THAT IS NOT AFFORDABLE, IN ACCORDANCE WITH SECTION 5000A OF SUCH CODE; AND

(D) (I) HAS HOUSEHOLD INCOME AT OR BELOW TWO HUNDRED PERCENT OF THE FEDERAL POVERTY LINE DEFINED AND ANNUALLY REVISED BY THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES FOR A HOUSEHOLD OF THE SAME SIZE; AND (II) HAS HOUSEHOLD INCOME THAT EXCEEDS ONE HUNDRED THIRTY-THREE PERCENT OF THE FEDERAL POVERTY LINE DEFINED AND ANNUALLY REVISED BY THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES FOR

1 A HOUSEHOLD OF THE SAME SIZE; HOWEVER, MAGI ELIGIBLE ALIENS LAWFULLY
2 PRESENT IN THE UNITED STATES WITH HOUSEHOLD INCOMES AT OR BELOW ONE
3 HUNDRED THIRTY-THREE PERCENT OF THE FEDERAL POVERTY LINE SHALL BE ELIGI-
4 BLE TO RECEIVE COVERAGE FOR HEALTH CARE SERVICES PURSUANT TO THE
5 PROVISIONS OF THIS TITLE IF SUCH ALIEN WOULD BE INELIGIBLE FOR MEDICAL
6 ASSISTANCE UNDER TITLE ELEVEN OF THIS ARTICLE DUE TO HIS OR HER IMMI-
7 GRATION STATUS.

8 AN APPLICANT WHO FAILS TO MAKE AN APPLICABLE PREMIUM PAYMENT SHALL
9 LOSE ELIGIBILITY TO RECEIVE COVERAGE FOR HEALTH CARE SERVICES IN ACCORD-
10 ANCE WITH TIME FRAMES AND PROCEDURES DETERMINED BY THE COMMISSIONER.

11 4. ENROLLMENT. (A) SUBJECT TO FEDERAL APPROVAL, THE COMMISSIONER IS
12 AUTHORIZED TO ESTABLISH AN APPLICATION AND ENROLLMENT PROCEDURE FOR
13 PROSPECTIVE ENROLLEES. SUCH PROCEDURE SHALL INCLUDE A VERIFICATION
14 SYSTEM FOR APPLICANTS, WHICH SHALL BE CONSISTENT WITH 42 USC S 1320B-7.

15 (B) SUCH PROCEDURE SHALL ALLOW FOR CONTINUOUS ENROLLMENT FOR ENROLLEES
16 TO THE BASIC HEALTH PROGRAM WHERE AN INDIVIDUAL MAY APPLY AND ENROLL FOR
17 COVERAGE AT ANY POINT.

18 (C) UPON AN APPLICANT'S ENROLLMENT IN A BASIC HEALTH INSURANCE PLAN,
19 COVERAGE FOR HEALTH CARE SERVICES PURSUANT TO THE PROVISIONS OF THIS
20 TITLE SHALL BE PROSPECTIVE. COVERAGE SHALL BEGIN IN A MANNER CONSISTENT
21 WITH THE REQUIREMENTS FOR QUALIFIED HEALTH PLANS OFFERED THROUGH THE
22 HEALTH INSURANCE EXCHANGE MARKETPLACE, AS DELINEATED IN FEDERAL REGU-
23 LATION AT 42 CFR 155.420(B)(1) OR ANY SUCCESSOR REGULATION THEREOF.

24 (D) A PERSON WHO HAS ENROLLED FOR COVERAGE PURSUANT TO THIS TITLE, AND
25 WHO LOSES ELIGIBILITY TO ENROLL IN THE BASIC HEALTH PROGRAM FOR A REASON
26 OTHER THAN CITIZENSHIP STATUS, LACK OF STATE RESIDENCE, FAILURE TO
27 PROVIDE A VALID SOCIAL SECURITY NUMBER, PROVIDING INACCURATE INFORMATION
28 THAT WOULD AFFECT ELIGIBILITY WHEN REQUESTING OR RENEWING HEALTH COVER-
29 AGE PURSUANT TO THIS TITLE, OR FAILURE TO MAKE AN APPLICABLE PREMIUM
30 PAYMENT, BEFORE THE END OF A TWELVE MONTH PERIOD BEGINNING ON THE EFFEC-
31 TIVE DATE OF THE PERSON'S INITIAL ELIGIBILITY FOR COVERAGE, OR BEFORE
32 THE END OF A TWELVE MONTH PERIOD BEGINNING ON THE DATE OF ANY SUBSEQUENT
33 DETERMINATION OF ELIGIBILITY, SHALL HAVE HIS OR HER ELIGIBILITY FOR
34 COVERAGE CONTINUED UNTIL THE END OF SUCH TWELVE MONTH PERIOD, PROVIDED
35 THAT THE STATE RECEIVES FEDERAL APPROVAL FOR USING FUNDS FROM THE BASIC
36 HEALTH PROGRAM TRUST FUND, ESTABLISHED UNDER SECTION 97-0000 OF THE
37 STATE FINANCE LAW, FOR THE COSTS ASSOCIATED WITH SUCH ASSISTANCE.

38 5. PREMIUMS AND COST SHARING. (A) SUBJECT TO FEDERAL APPROVAL, THE
39 COMMISSIONER SHALL ESTABLISH PREMIUM PAYMENTS ENROLLEES SHALL PAY TO
40 APPROVED ORGANIZATIONS FOR COVERAGE OF HEALTH CARE SERVICES PURSUANT TO
41 THIS TITLE. SUCH PREMIUM PAYMENTS SHALL BE ESTABLISHED IN THE FOLLOWING
42 MANNER:

43 (I) UP TO TWENTY DOLLARS MONTHLY FOR AN INDIVIDUAL WITH A HOUSEHOLD
44 INCOME ABOVE ONE HUNDRED AND FIFTY PERCENT OF THE FEDERAL POVERTY LINE
45 BUT AT OR BELOW TWO HUNDRED PERCENT OF THE FEDERAL POVERTY LINE DEFINED
46 AND ANNUALLY REVISED BY THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN
47 SERVICES FOR A HOUSEHOLD OF THE SAME SIZE; AND

48 (II) NO PAYMENT IS REQUIRED FOR INDIVIDUALS WITH A HOUSEHOLD INCOME AT
49 OR BELOW ONE HUNDRED AND FIFTY PERCENT OF THE FEDERAL POVERTY LINE
50 DEFINED AND ANNUALLY REVISED BY THE UNITED STATES DEPARTMENT OF HEALTH
51 AND HUMAN SERVICES FOR A HOUSEHOLD OF THE SAME SIZE.

52 (B) THE COMMISSIONER SHALL ESTABLISH COST SHARING OBLIGATIONS FOR
53 ENROLLEES, SUBJECT TO FEDERAL APPROVAL.

54 6. ANY FUNDS TRANSFERRED BY THE SECRETARY OF HEALTH AND HUMAN SERVICES
55 TO THE STATE PURSUANT TO 42 U.S.C. 18051(D) SHALL BE DEPOSITED IN TRUST.
56 FUNDS FROM THE TRUST SHALL BE USED FOR PROVIDING HEALTH BENEFITS THROUGH

1 AN APPROVED ORGANIZATION, WHICH, AT A MINIMUM, SHALL INCLUDE ESSENTIAL
2 HEALTH BENEFITS AS DEFINED IN 42 U.S.C. 18022(B); TO REDUCE THE PREMIUMS
3 AND COST SHARING OF PARTICIPANTS IN THE BASIC HEALTH PROGRAM; OR FOR
4 SUCH OTHER PURPOSES AS MAY BE ALLOWED BY THE SECRETARY OF HEALTH AND
5 HUMAN SERVICES. HEALTH BENEFITS AVAILABLE THROUGH THE BASIC HEALTH
6 PROGRAM SHALL BE PROVIDED BY ONE OR MORE APPROVED ORGANIZATIONS PURSUANT
7 TO AN AGREEMENT WITH THE DEPARTMENT OF HEALTH AND SHALL MEET THE
8 REQUIREMENTS OF APPLICABLE FEDERAL AND STATE LAWS AND REGULATIONS.

9 7. AN INDIVIDUAL WHO IS LAWFULLY ADMITTED FOR PERMANENT RESIDENCE OR
10 PERMANENTLY RESIDING IN THE UNITED STATES UNDER COLOR OF LAW, AND WHO
11 WOULD BE INELIGIBLE FOR MEDICAL ASSISTANCE UNDER TITLE ELEVEN OF THIS
12 ARTICLE DUE TO HIS OR HER IMMIGRATION STATUS IF THE PROVISIONS OF
13 SECTION ONE HUNDRED TWENTY-TWO OF THIS CHAPTER WERE APPLIED, SHALL BE
14 CONSIDERED TO BE INELIGIBLE FOR MEDICAL ASSISTANCE FOR PURPOSES OF PARA-
15 GRAPHS (B) AND (C) OF SUBDIVISION THREE OF THIS SECTION.

16 S 52. Subparagraph 2 of paragraph (e) of subdivision 3 of section
17 367-a of the social services law, as added by section 16 of part D of
18 chapter 56 of the laws of 2013, is amended to read as follows:

19 (2) Payment pursuant to this paragraph shall be for premium obli-
20 gations of the individual under the qualified health plan and shall
21 continue only if and for so long as the individual's MAGI household
22 income exceeds one hundred thirty-three percent, but does not exceed one
23 hundred fifty percent, of the federal poverty line for the applicable
24 family size, OR, IF EARLIER, UNTIL THE INDIVIDUAL IS ELIGIBLE FOR
25 ENROLLMENT IN A STANDARD HEALTH PLAN PURSUANT TO SECTION THREE HUNDRED
26 SIXTY-NINE-GG OF THIS ARTICLE.

27 S 53. The state finance law is amended by adding a new section 97-oooo
28 to read as follows:

29 S 97-0000. BASIC HEALTH PROGRAM TRUST FUND. 1. THERE IS HEREBY ESTAB-
30 LISHED IN THE JOINT CUSTODY OF THE COMPTROLLER AND THE COMMISSIONER OF
31 TAXATION AND FINANCE A FUND, TO BE KNOWN AS THE "BASIC HEALTH PROGRAM
32 TRUST FUND".

33 2. SUCH FUND SHALL CONSIST OF MONEYS TRANSFERRED FROM THE FEDERAL
34 GOVERNMENT PURSUANT TO 42 U.S.C. S 18051(D) FOR THE PURPOSE OF REDUCING
35 THE PREMIUMS AND COST-SHARING OF, OR PROVIDING BENEFITS FOR, ELIGIBLE
36 INDIVIDUALS ENROLLED IN THE BASIC HEALTH PROGRAM, ESTABLISHED PURSUANT
37 TO SECTION THREE HUNDRED SIXTY-NINE-GG OF THE SOCIAL SERVICES LAW.

38 3. UPON FEDERAL APPROVAL, ALL MONIES IN SUCH FUND SHALL BE USED TO
39 IMPLEMENT AND OPERATE THE BASIC HEALTH PLAN, PURSUANT TO SECTION THREE
40 HUNDRED SIXTY-NINE-GG OF THE SOCIAL SERVICES LAW, EXCEPT TO THE EXTENT
41 THAT THE PROVISIONS OF SUCH SECTION CONFLICT OR ARE INCONSISTENT WITH
42 FEDERAL LAW, IN WHICH CASE THE PROVISIONS OF SUCH FEDERAL LAW SHALL
43 SUPERSEDE SUCH STATE LAW PROVISIONS.

44 S 54. Subdivision 12 of section 367-a of the social services law, as
45 amended by section 63-a of part C of chapter 58 of the laws of 2007, is
46 amended to read as follows:

47 12. Prior to receiving medical assistance under subparagraphs [twelve]
48 FIVE and [thirteen] SIX of paragraph [(a)] (C) of subdivision one of
49 section three hundred sixty-six of this title, a person whose net avail-
50 able income is at least one hundred fifty percent of the applicable
51 federal income official poverty line, as defined and updated by the
52 United States department of health and human services, must pay a month-
53 ly premium, in accordance with a procedure to be established by the
54 commissioner. The amount of such premium shall be twenty-five dollars
55 for an individual who is otherwise eligible for medical assistance under
56 such subparagraphs, and fifty dollars for a couple, both of whom are

1 otherwise eligible for medical assistance under such subparagraphs. No
2 premium shall be required from a person whose net available income is
3 less than one hundred fifty percent of the applicable federal income
4 official poverty line, as defined and updated by the United States
5 department of health and human services.

6 S 55. Section 364-i of the social services law is amended by adding a
7 new subdivision 8 to read as follows:

8 8. (A) THE FOLLOWING INDIVIDUALS SHALL BE PRESUMED TO BE ELIGIBLE FOR
9 MEDICAL ASSISTANCE UNDER THIS TITLE BEGINNING ON THE DATE THAT A QUALI-
10 FIED HOSPITAL, AS DEFINED IN PARAGRAPH (B) OF THIS SUBDIVISION, DETER-
11 MINES, ON THE BASIS OF PRELIMINARY INFORMATION, THAT:

12 (1) A CHILD HAS MAGI HOUSEHOLD INCOME THAT DOES NOT EXCEED THE APPLI-
13 CABLE LEVEL FOR ELIGIBILITY AS PROVIDED FOR PURSUANT TO SUBPARAGRAPH TWO
14 OR THREE OF PARAGRAPH (B) OF SUBDIVISION ONE OF SECTION THREE HUNDRED
15 SIXTY-SIX OF THIS TITLE;

16 (2) A PREGNANT WOMAN HAS MAGI HOUSEHOLD INCOME THAT DOES NOT EXCEED
17 THE MAGI-EQUIVALENT OF TWO HUNDRED PERCENT OF THE FEDERAL POVERTY LINE
18 FOR THE APPLICABLE FAMILY SIZE;

19 (3) A PARENT OR CARETAKER RELATIVE HAS MAGI HOUSEHOLD INCOME THAT DOES
20 NOT EXCEED THE MAGI-EQUIVALENT OF ONE HUNDRED THIRTY PERCENT OF THE
21 HIGHEST AMOUNT THAT ORDINARILY WOULD HAVE BEEN PAID TO A PERSON WITHOUT
22 ANY INCOME OR RESOURCES UNDER THE FAMILY ASSISTANCE PROGRAM AS IT
23 EXISTED ON THE FIRST DAY OF NOVEMBER, NINETEEN HUNDRED NINETY-SEVEN, OR
24 HAS NET AVAILABLE INCOME, INCLUDING AVAILABLE SUPPORT FROM RESPONSIBLE
25 RELATIVES, THAT DOES NOT EXCEED THE AMOUNTS SET FORTH IN PARAGRAPH (A)
26 OF SUBDIVISION TWO OF SECTION THREE HUNDRED SIXTY-SIX OF THIS TITLE;

27 (4) AN INDIVIDUAL IN NEED OF TREATMENT OF BREAST, CERVICAL, COLON, OR
28 PROSTATE CANCER MEETS THE REQUIREMENTS OF PARAGRAPH (D) OR (E) OF SUBDI-
29 VISION FOUR OF SECTION THREE HUNDRED SIXTY-SIX OF THIS TITLE;

30 (5) AN INDIVIDUAL AGE NINETEEN OR OLDER AND UNDER AGE SIXTY-FIVE MEETS
31 THE REQUIREMENTS OF SUBPARAGRAPH ONE OF PARAGRAPH (B) OF SUBDIVISION ONE
32 OF SECTION THREE HUNDRED SIXTY-SIX OF THIS TITLE;

33 (6) AN INDIVIDUAL UNDER TWENTY-SIX YEARS OF AGE MEETS THE REQUIREMENTS
34 OF SUBPARAGRAPH NINE OF PARAGRAPH (C) OF SUBDIVISION ONE OF SECTION
35 THREE HUNDRED SIXTY-SIX OF THIS TITLE; AND

36 (7) AN INDIVIDUAL HAS INCOME THAT DOES NOT EXCEED THE MAGI-EQUIVALENT
37 OF TWO HUNDRED PERCENT OF THE FEDERAL POVERTY LINE FOR THE APPLICABLE
38 FAMILY SIZE, AND THE INDIVIDUAL MEETS THE REQUIREMENTS OF SUBPARAGRAPH
39 SIX OF PARAGRAPH (B) OF SUBDIVISION ONE OF SECTION THREE HUNDRED SIXTY-
40 SIX OF THIS TITLE; COVERAGE PURSUANT TO THIS SUBPARAGRAPH SHALL BE
41 LIMITED TO FAMILY PLANNING SERVICES REIMBURSED BY THE FEDERAL GOVERNMENT
42 AT A RATE OF NINETY PERCENT.

43 (B) FOR THE PURPOSES OF THIS SUBDIVISION, "QUALIFIED HOSPITAL" MEANS A
44 HOSPITAL THAT:

45 (1) IS LICENSED UNDER ARTICLE TWENTY-EIGHT OF THE PUBLIC HEALTH LAW;

46 (2) IS ENROLLED AS A PROVIDER IN THE PROGRAM OF MEDICAL ASSISTANCE
47 UNDER THIS TITLE;

48 (3) HAS NOTIFIED THE DEPARTMENT OF HEALTH OF ITS ELECTION TO MAKE
49 PRESUMPTIVE ELIGIBILITY DETERMINATIONS UNDER THIS SUBDIVISION, AND
50 AGREES TO MAKE SUCH DETERMINATIONS IN ACCORDANCE WITH POLICIES AND
51 PROCEDURES ESTABLISHED BY THE DEPARTMENT;

52 (4) HAS BEEN DESIGNATED BY THE DEPARTMENT OF HEALTH AS A CERTIFIED
53 APPLICATION COUNSELOR TO PROVIDE INFORMATION TO INDIVIDUALS CONCERNING
54 QUALIFIED HEALTH PLANS OFFERED THROUGH A HEALTH INSURANCE EXCHANGE AND
55 OTHER INSURANCE AFFORDABILITY PROGRAMS, ASSIST INDIVIDUALS TO APPLY FOR
56 COVERAGE THROUGH A QUALIFIED HEALTH PLAN OR INSURANCE AFFORDABILITY

PROGRAM, AND HELP FACILITATE THE ENROLLMENT OF ELIGIBLE INDIVIDUALS IN SUCH PLANS OR PROGRAMS; AND

(5) HAS NOT BEEN DISQUALIFIED BY THE DEPARTMENT OF HEALTH PURSUANT TO PARAGRAPH (C) OF THIS SUBDIVISION.

(C) THE DEPARTMENT OF HEALTH MAY DISQUALIFY A HOSPITAL AS A QUALIFIED HOSPITAL IF THE DEPARTMENT DETERMINES THAT THE HOSPITAL IS NOT:

(1) MAKING, OR IS NOT CAPABLE OF MAKING, PRESUMPTIVE ELIGIBILITY DETERMINATIONS IN ACCORDANCE WITH THE POLICIES AND PROCEDURES ESTABLISHED BY THE DEPARTMENT; OR

(2) MEETING SUCH STANDARDS AS MAY BE ESTABLISHED BY THE DEPARTMENT WITH RESPECT TO THE PROPORTION OF INDIVIDUALS DETERMINED PRESUMPTIVELY ELIGIBLE BY THE HOSPITAL WHO ARE FOUND BY THE MEDICAL ASSISTANCE PROGRAM TO BE ELIGIBLE FOR ONGOING MEDICAL ASSISTANCE AFTER THE END OF THE PRESUMPTIVE ELIGIBILITY PERIOD.

(D) CARE, SERVICES AND SUPPLIES, AS SET FORTH IN SECTION THREE HUNDRED SIXTY-FIVE-A OF THIS TITLE, THAT ARE FURNISHED TO AN INDIVIDUAL DURING A PRESUMPTIVE ELIGIBILITY PERIOD UNDER THIS SUBDIVISION BY AN ENTITY THAT IS ELIGIBLE FOR PAYMENTS UNDER THIS TITLE SHALL BE DEEMED TO BE MEDICAL ASSISTANCE FOR PURPOSES OF PAYMENT AND STATE REIMBURSEMENT.

S 56. Subdivision 1 of section 366 of the social services law is amended by adding a new paragraph (f) to read as follows:

(F) NOTWITHSTANDING ANY INCONSISTENT PROVISION OF THIS TITLE, FOR AN INDIVIDUAL WHO HAS INCOME IN EXCESS OF AN APPLICABLE INCOME ELIGIBILITY STANDARD AND IS ALLOWED TO ACHIEVE ELIGIBILITY FOR MEDICAL ASSISTANCE UNDER THIS TITLE BY INCURRING MEDICAL EXPENSES EQUAL TO THE AMOUNT OF SUCH EXCESS INCOME, THE AMOUNT OF EXCESS INCOME MAY BE CALCULATED BY COMPARING THE INDIVIDUAL'S MAGI HOUSEHOLD INCOME TO THE MAGI-EQUIVALENT OF THE APPLICABLE INCOME ELIGIBILITY STANDARD; PROVIDED, HOWEVER, THAT MEDICAL ASSISTANCE SHALL BE FURNISHED PURSUANT TO THIS PARAGRAPH ONLY IF, FOR SO LONG AS, AND TO THE EXTENT THAT FEDERAL FINANCIAL PARTICIPATION IS AVAILABLE THEREFOR. THE COMMISSIONER OF HEALTH SHALL MAKE ANY AMENDMENTS TO THE STATE PLAN FOR MEDICAL ASSISTANCE, OR APPLY FOR ANY WAIVER OR APPROVAL UNDER THE FEDERAL SOCIAL SECURITY ACT THAT ARE NECESSARY TO CARRY OUT THE PROVISIONS OF THIS PARAGRAPH.

S 56-a. Section 364-j of the social services law is amended by adding a new subdivision 30 to read as follows:

30. NOTWITHSTANDING THE PROVISIONS OF SECTION ONE HUNDRED SIXTY-THREE OF THE STATE FINANCE LAW, OR SECTIONS ONE HUNDRED FORTY-TWO AND ONE HUNDRED FORTY-THREE OF THE ECONOMIC DEVELOPMENT LAW, OR ANY CONTRARY PROVISION OF LAW, IN THE EVENT THAT THE STATE RECEIVES PRIOR APPROVAL AND 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 PURSUANT TO AN A-87 COST ALLOCATION WAIVER FOR ENHANCED FUNDING FOR INTEGRATED ELIGIBILITY SYSTEMS, THE STATE IS AUTHORIZED TO ENTER INTO CONTRACTS, AND/OR TO AMEND THE TERMS OF CONTRACTS AWARDED PRIOR TO THE EFFECTIVE DATE OF THIS SUBDIVISION, WITHOUT A COMPETITIVE BID OR REQUEST FOR PROPOSAL PROCESS, CONSISTENT WITH FEDERAL REQUIREMENTS, FOR THE PURPOSE OF IMPLEMENTING PROJECTS AUTHORIZED UNDER SUCH WAIVER AMENDMENT; PROVIDED, HOWEVER, IN THE CASE OF A CONTRACT ENTERED INTO AFTER THE EFFECTIVE DATE OF THIS SUBDIVISION, THAT:

(A) THE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE, OR ANOTHER STATE AGENCY, SHALL POST ON ITS WEBSITE, FOR A PERIOD OF NO LESS THAN THIRTY DAYS:

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

(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 TEMPORARY AND DISABILITY ASSISTANCE OR OTHER STATE AGENCY; AND

(C) THE COMMISSIONERS OF THE DEPARTMENT OF HEALTH, THE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE AND THE OFFICE OF CHILDREN AND FAMILY SERVICES, WORKING IN COOPERATION WITH THE STATE CHIEF INFORMATION OFFICER, SHALL SELECT SUCH CONTRACTOR OR CONTRACTORS THAT, IN THEIR DISCRETION, ARE BEST SUITED TO SERVICE THE PURPOSES OF THIS SECTION.

S 57. Paragraph (e) of subdivision 8 of section 2511 of the public health law, as added by section 21-a of part B of chapter 109 of the laws of 2010, is amended and a new paragraph (h) is added to read as follows:

(e) The commissioner shall adjust subsidy payments to approved organizations made on and after April first, two thousand ten THROUGH MARCH THIRTY-FIRST, TWO THOUSAND FOURTEEN, so that the amount of each such payment, as otherwise calculated pursuant to this subdivision, is reduced by twenty-eight percent of the amount by which such calculated payment exceeds the statewide average subsidy payment for all approved organizations in effect on April first, two thousand ten. Such statewide average subsidy payment shall be calculated by the commissioner and shall not reflect adjustments made pursuant to this paragraph.

(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, EFFECTIVE APRIL FIRST, TWO THOUSAND FOURTEEN:

(I) THE COMMISSIONER SHALL, SUBJECT TO APPROVAL OF THE DIRECTOR OF THE DIVISION OF THE BUDGET, DEVELOP REIMBURSEMENT METHODOLOGIES FOR DETERMINING THE AMOUNT OF SUBSIDY PAYMENTS MADE TO APPROVED ORGANIZATIONS FOR THE COST OF COVERED HEALTH CARE SERVICES COVERAGE PROVIDED PURSUANT TO THIS TITLE.

(II) THE COMMISSIONER, IN CONSULTATION WITH ENTITIES REPRESENTING APPROVED ORGANIZATIONS, SHALL SELECT AND CONTRACT WITH AN INDEPENDENT ACTUARY TO REVIEW SUCH REIMBURSEMENT METHODOLOGIES; PROVIDED, HOWEVER, NOTWITHSTANDING SECTION ONE HUNDRED SIXTY-THREE OF THE STATE FINANCE LAW, THE COMMISSIONER MAY SELECT AND CONTRACT WITH THE INDEPENDENT ACTUARY SELECTED PURSUANT TO SUBDIVISION EIGHTEEN OF SECTION THREE HUNDRED SIXTY-FOUR-J OF THE SOCIAL SERVICES LAW, WITHOUT A COMPETITIVE BID OR REQUEST FOR PROPOSAL PROCESS. SUCH INDEPENDENT ACTUARY SHALL REVIEW AND MAKE RECOMMENDATIONS CONCERNING APPROPRIATE ACTUARIAL ASSUMPTIONS RELEVANT TO THE ESTABLISHMENT OF REIMBURSEMENT METHODOLOGIES, INCLUDING BUT NOT LIMITED TO THE ADEQUACY OF SUBSIDY PAYMENT AMOUNTS IN RELATION TO THE POPULATION TO BE SERVED ADJUSTED FOR CASE MIX, THE SCOPE OF SERVICES APPROVED ORGANIZATIONS MUST PROVIDE, THE UTILIZATION OF SUCH SERVICES AND THE NETWORK OF PROVIDERS REQUIRED TO MEET STATE STANDARDS.

(III) 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. ON AND AFTER APRIL FIRST, TWO THOUSAND FIFTEEN,

SUBSIDY PAYMENTS MADE TO APPROVED ORGANIZATIONS SHALL BE AT AMOUNTS DETERMINED BY THE COMMISSIONER IN ACCORDANCE WITH THIS PARAGRAPH.

S 58. Paragraph (b) of subdivision 7 of section 2511 of the public health law, as amended by chapter 923 of the laws of 1990, is amended to read as follows:

(b) The commissioner, in consultation with the superintendent, shall make a determination whether to approve, disapprove or recommend modification of the proposal. In order for a proposal to be approved by the commissioner, the proposal must also be approved by the superintendent with respect to the provisions of subparagraphs (viii) [through], (IX) AND (xii) of paragraph (a) of this subdivision.

S 59. Paragraph (d) of subdivision 2 of section 2511 of the public health law is REPEALED and paragraphs (e), (f), (g), (h) and (j) are relettered paragraphs (d), (e), (f), (g) and (h).

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;]

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;]

S 62. Subdivision (g) of section 129 of part C of chapter 58 of the laws of 2009, amending the public health law relating to the ADIRONDACK

1 MEDICAL HOME MULTIPAYOR DEMONSTRATION PROGRAM, is amended to read as
2 follows:

3 (g) section twenty-six-a of this act shall expire and be deemed
4 repealed April 1, [2014] 2017;

5 S 63. Section 4 of chapter 779 of the laws of 1986, amending the
6 social services law relating to authorizing services for non-residents
7 in adult homes, residences for adults and enriched housing programs, as
8 amended by chapter 108 of the laws of 2011, is amended to read as
9 follows:

10 S 4. This act shall take effect on the one hundred twentieth day after
11 it shall have become a law and shall remain in full force and effect
12 until July 1, [2014] 2017, provided however, that effective immediately,
13 the addition, amendment and/or repeal of any rules or regulations neces-
14 sary for the implementation of the foregoing sections of this act on its
15 effective date are authorized and directed to be made and completed on
16 or before such effective date.

17 S 64. Subdivision (i-1) of section 79 of part C of chapter 58 of the
18 laws of 2008, amending the social services law and the public health law
19 relating to adjustments of rates, as amended by section 21 of part D of
20 chapter 59 of the laws of 2011, is amended to read as follows:

21 (i-1) section thirty-one-a of this act shall be deemed repealed July
22 1, [2014] 2017;

23 S 65. Section 4 of chapter 19 of the laws of 1998, amending the social
24 services law relating to limiting the method of payment for prescription
25 drugs under the medical assistance program, as amended by section 107 of
26 part H of chapter 59 of the laws of 2011, is amended to read as follows:

27 S 4. This act shall take effect 120 days after it shall have become a
28 law and shall expire and be deemed repealed March 31, [2014] 2017.

29 S 66. Paragraph (e-1) of subdivision 12 of section 2808 of the public
30 health law, as amended by section 63 of part A of chapter 56 of the laws
31 of 2013, is amended to read as follows:

32 (e-1) Notwithstanding any inconsistent provision of law or regulation,
33 the commissioner shall provide, in addition to payments established
34 pursuant to this article prior to application of this section, addi-
35 tional payments under the medical assistance program pursuant to title
36 eleven of article five of the social services law for non-state operated
37 public residential health care facilities, including public residential
38 health care facilities located in the county of Nassau, the county of
39 Westchester and the county of Erie, but excluding public residential
40 health care facilities operated by a town or city within a county, in
41 aggregate annual amounts of up to one hundred fifty million dollars in
42 additional payments for the state fiscal year beginning April first, two
43 thousand six and for the state fiscal year beginning April first, two
44 thousand seven and for the state fiscal year beginning April first, two
45 thousand eight and of up to three hundred million dollars in such aggre-
46 gate annual additional payments for the state fiscal year beginning
47 April first, two thousand nine, and for the state fiscal year beginning
48 April first, two thousand ten and for the state fiscal year beginning
49 April first, two thousand eleven, and for the state fiscal years begin-
50 ning April first, two thousand twelve and April first, two thousand
51 thirteen, AND FOR THE STATE FISCAL YEARS BEGINNING APRIL FIRST, TWO
52 THOUSAND FOURTEEN, APRIL FIRST, TWO THOUSAND FIFTEEN AND APRIL FIRST,
53 TWO THOUSAND SIXTEEN. The amount allocated to each eligible public resi-
54 dential health care facility for this period shall be computed in
55 accordance with the provisions of paragraph (f) of this subdivision,
56 provided, however, that patient days shall be utilized for such computa-

tion reflecting actual reported data for two thousand three and each representative succeeding year as applicable, and provided further, however, that, in consultation with impacted providers, of the funds allocated for distribution in the state fiscal year beginning April first, two thousand thirteen, up to thirty-two million dollars may be allocated in accordance with paragraph (f-1) of this subdivision.

S 67. Paragraph (i) of subdivision 3 of section 461-1 of the social services law, as amended by section 4 of part D of chapter 56 of the laws of 2012, is amended to read as follows:

(i) The commissioner of health is authorized to add up to six thousand assisted living program beds to the gross number of assisted living program beds having been determined to be available as of April first, two thousand nine. Nothing herein shall be interpreted as prohibiting any eligible applicant from submitting an application for any assisted living program bed so added. The commissioner of health shall not be required to review on a comparative basis applications submitted for assisted living program beds made available under this paragraph. The commissioner of health shall only authorize the addition of six thousand beds pursuant to a [five] SEVEN year plan.

S 67-a. Subparagraph (v) of paragraph (b) of subdivision 35 of section 2807-c of the public health law, as amended by section 7 of part B of chapter 56 of the laws of 2013, is amended to read as follows:

(v) such regulations shall incorporate quality related measures, including, but not limited to, potentially preventable re-admissions (PPRs) and provide for rate adjustments or payment disallowances related to PPRs and other potentially preventable negative outcomes (PPNOs), which shall be calculated in accordance with methodologies as determined by the commissioner, provided, however, that such methodologies shall be based on a comparison of the actual and risk adjusted expected number of PPRs and other PPNOs in a given hospital and with benchmarks established by the commissioner and provided further that such rate adjustments or payment disallowances shall result in an aggregate reduction in Medicaid payments of no less than thirty-five million dollars for the period July first, two thousand ten through March thirty-first, two thousand eleven and no less than fifty-one million dollars for annual periods beginning April first, two thousand eleven through March thirty-first, two thousand [fourteen] SEVENTEEN, provided further that such aggregate reductions shall be offset by Medicaid payment reductions occurring as a result of decreased PPRs during the period July first, two thousand ten through March thirty-first, two thousand eleven and the period April first, two thousand eleven through March thirty-first, two thousand [fourteen] SEVENTEEN and as a result of decreased PPNOs during the period April first, two thousand eleven through March thirty-first, two thousand [fourteen] SEVENTEEN; and provided further that for the period July first, two thousand ten through March thirty-first, two thousand [fourteen] SEVENTEEN, such rate adjustments or payment disallowances shall not apply to behavioral health PPRs; or to readmissions that occur on or after fifteen days following an initial admission. By no later than July first, two thousand eleven the commissioner shall enter into consultations with representatives of the health care facilities subject to this section regarding potential prospective revisions to applicable methodologies and benchmarks set forth in regulations issued pursuant to this subparagraph;

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

1 federal social security act in the public health law and the social
2 services law shall be deemed to include and also to mean any successor
3 titles thereto under the federal social security act.

4 S 69. Notwithstanding any inconsistent provision of law, rule or regu-
5 lation, the effectiveness of the provisions of sections 2807 and 3614 of
6 the public health law, section 18 of chapter 2 of the laws of 1988, and
7 18 NYCRR 505.14(h), as they relate to time frames for notice, approval
8 or certification of rates of payment, are hereby suspended and without
9 force or effect for purposes of implementing the provisions of this act.

10 S 70. Severability clause. If any clause, sentence, paragraph, subdi-
11 vision, section or part of this act shall be adjudged by any court of
12 competent jurisdiction to be invalid, such judgment shall not affect,
13 impair or invalidate the remainder thereof, but shall be confined in its
14 operation to the clause, sentence, paragraph, subdivision, section or
15 part thereof directly involved in the controversy in which such judgment
16 shall have been rendered. It is hereby declared to be the intent of the
17 legislature that this act would have been enacted even if such invalid
18 provisions had not been included herein.

19 S 71. This act shall take effect immediately and shall be deemed to
20 have been in full force and effect on and after April 1, 2014 provided
21 that:

22 1. sections one, two, three, four, five, fifty-nine and sixty of this
23 act shall take effect July 1, 2014;

24 2. section eight of this act shall take effect October 1, 2014;

25 3. section twenty-six of this act shall take effect immediately and be
26 deemed to have been in full force and effect on and after March 1, 2014;

27 4. section nine of this act shall take effect May 1, 2014; provided,
28 however, that the amendments to subparagraph (iii) of paragraph (c) of
29 subdivision 6 of section 367-a of the social services law made by
30 section nine of this act shall not affect the repeal of such paragraph
31 and shall be deemed repealed therewith;

32 5. section ten of this act shall expire and be deemed repealed March
33 31, 2016;

34 5-a. the amendments to section 1 of part H of chapter 111 of the laws
35 of 2010 made by section fifteen of this act shall not affect the expira-
36 tion of such section and shall be deemed expired therewith;

37 6. section fifty-five of this act shall take effect January 1, 2015;

38 7. the amendments to section 364-j of the social services law made by
39 sections one, two, thirty-six, forty-nine and fifty-six-a of this act
40 shall not affect the repeal of such section and shall be deemed repealed
41 therewith;

42 8. the amendments to subparagraph (vii) of paragraph (b) of subdivi-
43 sion 7 of section 4403-f of the public health law made by section thirty-
44 seven of this act shall not affect the expiration of such paragraph
45 and the repeal of such section and shall be deemed expired and repealed
46 therewith;

47 8-a. the amendments to section 48-a of part A of chapter 56 of the
48 laws of 2013 made by section thirteen of this act shall not affect the
49 repeal of such section and shall be deemed repealed therewith;

50 9. the amendments to subdivision (a) of section 364-jj of the social
51 services law made by section thirty-nine of this act shall not affect
52 the expiration of such section and shall be deemed expired therewith;

53 9-a. the amendments to subdivision 9 of section 2511 of the public
54 health law made by section sixty of this act shall not affect the expi-
55 ration of such subdivision and shall expire therewith;

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

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

12. the commissioner of health and the superintendent of the department of financial services and any appropriate council may take any steps necessary to implement this act prior to its effective date;

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

14. the provisions of this act shall become effective notwithstanding the failure of the commissioner of health or the superintendent of the department of financial services or any council to adopt or amend or promulgate regulations implementing this act.

PART D

Section 1. Subparagraph (iv) of paragraph a of subdivision 1 of section 6908 of the education law, as amended by chapter 160 of the laws of 2003, is amended and a new subparagraph (v) is added to read as follows:

(iv) the furnishing of nursing assistance in case of an emergency; OR
(V) TASKS PROVIDED BY A DIRECT SUPPORT STAFF IN PROGRAMS FUNDED, AUTHORIZED OR APPROVED BY THE OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES, WHEN PERFORMED UNDER THE SUPERVISION OF A REGISTERED PROFESSIONAL NURSE, INCLUDING TRAINING AND PERIODIC INSPECTION OF SUCH TASKS, IN ACCORDANCE WITH AN AUTHORIZED PRACTITIONER'S ORDERED CARE;

S 2. This act shall take effect immediately.

PART E

Section 1. Section 3 of part A of chapter 111 of the laws of 2010 amending the mental hygiene law relating to the receipt of federal and state benefits received by individuals receiving care in facilities operated by an office of the department of mental hygiene, is amended to read as follows:

S 3. This act shall take effect immediately; and shall expire and be deemed repealed June 30, [2014] 2017.

S 2. This act shall take effect immediately.

PART F

Section 1. Subdivisions (d), (e), (f) and (g) of section 41.44 of the mental hygiene law are relettered subdivisions (e), (f), (g), and (h) and a new subdivision (d) is added to read as follows:

(D) THE COMMISSIONER IS AUTHORIZED TO RECOVER FUNDING FROM PROVIDERS OF COMMUNITY RESIDENCES LICENSED BY THE OFFICE OF MENTAL HEALTH, CONSISTENT WITH CONTRACTUAL OBLIGATIONS OF SUCH PROVIDERS, AND NOTWITHSTANDING ANY OTHER INCONSISTENT PROVISION OF LAW TO THE CONTRARY, SUCH

1 RECOVERY AMOUNT SHALL EQUAL FIFTY PERCENT OF THE MEDICAID REVENUE
2 RECEIVED BY SUCH PROVIDERS WHICH EXCEEDS THE FIXED AMOUNT OF ANNUAL
3 MEDICAID REVENUE LIMITATIONS, AS ESTABLISHED BY THE COMMISSIONER.

4 S 2. This act shall take effect immediately, and shall be deemed to
5 have been in full force and effect on and after April 1, 2014.

6 PART G

7 Section 1. Subdivisions 3-b and 3-c of section 1 and section 4 of part
8 C of chapter 57 of the laws of 2006, relating to establishing a cost of
9 living adjustment for designated human services programs, as amended by
10 section 1 of part N of chapter 56 of the laws of 2013, are amended to
11 read as follows:

12 3-b. Notwithstanding any inconsistent provision of law, beginning
13 April 1, 2009 and ending March 31, [2014] 2015, the commissioners shall
14 not include a COLA for the purpose of establishing rates of payments,
15 contracts or any other form of reimbursement.

16 3-c. Notwithstanding any inconsistent provision of law, beginning
17 April 1, [2014] 2015 and ending March 31, [2017] 2018, the commissioners
18 shall develop the COLA under this section using the actual U.S. consumer
19 price index for all urban consumers (CPI-U) published by the United
20 States department of labor, bureau of labor statistics for the twelve
21 month period ending in July of the budget year prior to such state
22 fiscal year, for the purpose of establishing rates of payments,
23 contracts or any other form of reimbursement.

24 S 4. This act shall take effect immediately and shall be deemed to
25 have been in full force and effect on and after April 1, 2006; provided
26 section one of this act shall expire and be deemed repealed April 1,
27 [2017] 2018; provided, further, that sections two and three of this act
28 shall expire and be deemed repealed December 31, 2009.

29 S 2. This act shall take effect immediately and shall be deemed to
30 have been in full force and effect on and after April 1, 2014; provided,
31 however, that the amendments to section 1 of part C of chapter 57 of the
32 laws of 2006 made by section one of this act shall not affect the repeal
33 of such section and shall be deemed repealed therewith.

34 PART H

35 Section 1. Short title. This act shall be known and may be cited as
36 the "New York state consolidated laboratory project act".

37 S 2. Legislative findings and declarations. The legislature hereby
38 finds and declares as follows:

39 (a) Procurement findings and declarations.

40 1. Public works projects in New York have typically been delivered
41 using the traditional design-bid-build project delivery method, under
42 which separate contracts are let for design on a qualifications basis
43 and for construction on a lowest responsible bidder basis, with financ-
44 ing provided by municipal bonds and operation and maintenance by the
45 governmental owner.

46 2. Experience in New York and in a large number of other states has
47 successfully demonstrated that using alternative project delivery for
48 major public works can provide several advantages over design-bid-build
49 delivery. Alternative project delivery involves combining two or more
50 elements of project responsibility in a single contract, with the
51 contract procured under a competitive proposal process in which both
52 price and non-price factors such as technical, financial and commercial

merit are used to select the contractor. Alternative project delivery methods include design-build, design-build-finance, design-build-finance-maintain, and design-build-finance-operate-maintain.

3. The potential advantages to the public of alternative project delivery generally include:

(A) Providing a single point of project accountability;

(B) Expediting project delivery;

(C) Improving project innovation, quality and efficiency;

(D) Reducing and guaranteeing design, construction, operation and maintenance costs;

(E) Permitting the selection of the highest qualified designer, builder and facility manager team based on past performance and demonstrated capability;

(F) Increasing competition for design, construction and facilities management services;

(G) Enhancing collaboration among the designer, builder, and facility manager;

(H) Reducing change orders and pricing contingencies;

(I) Creating jobs, consistent with state policy regarding prevailing wages and utilization of minority and women-owned businesses;

(J) Expanding contractor and investor opportunities for businesses in the state;

(K) Securing long term project performance guarantees;

(L) Maximizing a life-cycle project focus and better assuring life-cycle maintenance;

(M) Transferring responsibility for issuing debt for the project from the governmental owner to the contractor;

(N) Transferring to equity and debt investors and private contractors project risks that would otherwise be retained by the governmental owner; and

(O) Enhancing the security for contractor performance by making contract payments contingent on receipt of service by the governmental owner.

(b) Project findings and declarations.

1. The current state of the laboratories and related facilities of the Wadsworth Center constitutes a potential risk to public health and safety because they are functionally obsolete and deteriorating. Independent facility assessments have established that the remediation of such facilities through renovation is neither feasible, nor safe, nor cost-effective. Accordingly, such facilities must be replaced.

2. Consolidating such laboratories and related facilities with certain facilities of the department of environmental conservation and other public agencies will serve to: strengthen and advance public health and preparedness strategies throughout the state; replace antiquated facilities that are costly to operate and are a hindrance to scientific progress; result in a smaller overall footprint than the combined footprint of the existing facilities; establish a sustainable, modernized, and consolidated laboratory campus; provide facilities with improved efficiency and reliability of operations and maintenance; promote economic and intellectual property development; and generate savings from synergies and shared services with other agencies.

3. A new consolidated laboratory facility will provide a safer and more efficient work environment for public employees.

4. A new laboratory facility may provide opportunities to host private users that could complement the operations and work of the consolidated laboratory or enhance its economic benefits to the state.

1 5. Utilization of an alternative project delivery method is appropri-
2 ate for the development of a new consolidated laboratory facility and in
3 the best interests of the public.

4 6. No state employee shall be subject to involuntary loss of employ-
5 ment as a result of the procurement authorized by this act.

6 S 3. Definitions. For the purposes of this act:

7 (a) "best value" shall mean the basis for awarding a project agreement
8 to the offerer that optimizes the quality, cost, efficiency, and price
9 and performance criteria of the project. Such basis may include, but is
10 not limited to:

11 1. The quality of the offerer's performance on previous projects;

12 2. The timeliness of the offerer's performance on previous projects;

13 3. The level of customer satisfaction with the offerer's performance
14 on previous projects;

15 4. The offerer's record of performing previous projects on budget and
16 its ability to minimize cost overruns;

17 5. The offerer's ability to incorporate innovative ideas and limit
18 change orders;

19 6. The offerer's ability to prepare appropriate project plans;

20 7. The offerer's financial strength and technical capacities;

21 8. The individual qualifications of the offerer's key personnel;

22 9. The offerer's ability to assess and manage risk and minimize risk
23 impact; and

24 10. The offerer's past record of compliance with article 15-A of the
25 executive law or comparable laws of other jurisdictions in which the
26 offerer has conducted business.

27 Such basis shall reflect, wherever possible, objective and quantifi-
28 able analysis.

29 (b) "comptroller" shall mean the state comptroller.

30 (c) "contractor" shall mean the entity that enters into the project
31 agreement with the department.

32 (d) "DASNY" shall mean the dormitory authority of the state of New
33 York.

34 (e) "department" shall mean the department of health.

35 (f) "offerer" shall mean an entity that has submitted a proposal in
36 response to a request for proposals issued by the department pursuant to
37 paragraph 2 of subdivision (a) of section five of this act.

38 (g) "project" shall mean the New York state consolidated laboratory
39 project, consisting of the consolidation into a new laboratory campus of
40 (1) the laboratory facilities and functions of the department, (2)
41 certain laboratory facilities and functions of the department of envi-
42 ronmental conservation, (3) certain laboratory functions and facilities
43 of other state or local departments, agencies, institutions and public
44 authorities, as determined appropriate, (4) the facilities and functions
45 of private or non-profit users that are complementary to the public
46 laboratory function and not inconsistent with the purposes of this act,
47 and (5) parking and other facilities and functions ancillary to or
48 supportive of the foregoing, which facilities and functions may or may
49 not be dedicated to use solely in connection with the project.

50 (h) "project agreement" shall mean a contract entered into pursuant to
51 this act by the department with a single entity for the design,
52 construction, financing, operation and maintenance of the project, or
53 any combination of such functions as the department may determine.

54 (i) "related agreements" shall mean any leases, subleases, easements,
55 licenses, or other agreements related to the project or ancillary to the
56 project agreement.

1 S 4. Authorization for alternative delivery project procurement.
2 Notwithstanding the provisions of sections 136-a, 137, 162 and 163 of
3 the state finance law, section 142 of the economic development law,
4 section 224 of the labor law, subdivision 5 of section 63 of the execu-
5 tive law, sections 1680 and 2879-a of the public authorities law,
6 section 7210 of the education law, subdivision 6 of section 8 of the
7 public buildings law and the provisions of any other law to the contrary
8 (including but not limited to provisions of non-enumerated sections of
9 the foregoing laws):

10 (a) Upon compliance with the two-step procurement method described in
11 section five of this act and in conformity with the other requirements
12 of this act, the department may enter into a project agreement providing
13 for the delivery of the project on such terms and conditions as the
14 department may determine in accordance with such procurement method,
15 provided that the term of such agreement shall not exceed 50 years
16 following project completion and acceptance, and provided further that
17 the project agreement shall expressly provide that upon expiration or
18 earlier termination of the project agreement for any reason all right,
19 title and interest in the project and the project site shall be vested
20 in the state. The department may also enter into such related agree-
21 ments, and amendments to the project agreement, as it determines to be
22 necessary or convenient for the project, including agreements for utili-
23 ty services or infrastructure, without public auction or bidding or any
24 other competitive procurement process and regardless of whether such
25 agreements have resulted from the two-step procurement method described
26 in section five of this act.

27 (b) Nothing contained in this act shall limit the right of the depart-
28 ment to award contracts as otherwise provided by law, nor shall anything
29 in this act limit or impair any existing rights, powers or authority of
30 DASNY.

31 S 5. Project procurement. (a) Procurement method. Except as express-
32 ly provided for in subdivision (a) of section eight of this act, and
33 notwithstanding any other provision of law to the contrary, the depart-
34 ment may, in a manner consistent with the requirements of this act,
35 procure the project and enter into a project agreement and related
36 agreements authorized by section four of this act without the approval
37 or authorization of any state officer or agency. An entity selected by
38 the department to enter into a project agreement authorized by section
39 four of this act shall be selected through a two-step procurement meth-
40 od, as follows:

41 1. Pre-qualification of prospective contractors. The department shall
42 generate a list of qualified entities that have demonstrated the general
43 capability to deliver the project and otherwise perform the requirements
44 of a project agreement. Such list shall consist of a specified number of
45 entities, as determined by the department, and shall be generated based
46 upon the department's review of responses to a publicly advertised
47 request for qualifications for the project. The department's request for
48 qualifications shall include a general description of the project and
49 the selection criteria to qualify entities. Such selection criteria
50 shall include such qualifications as the department deems appropriate,
51 which may include but are not limited to the general qualifications and
52 experience of the members of the proposing team, the organization of the
53 proposing team, demonstrated responsibility, the ability of the team or
54 of a member or members of the team to comply with applicable project
55 requirements, including the provisions of articles 145, 147 and 148 of
56 the education law, past record of compliance with the labor law or any

1 comparable law applicable in jurisdictions where such entity has
2 conducted business (in each instance to the extent applicable), under-
3 standing of the project and its requirements, financial, management and
4 technical capability, and record of past performance. The department
5 shall evaluate all entities responding to the request for qualifica-
6 tions. Based upon such evaluation, the department may develop a list of
7 the entities that shall receive a request for proposals in accordance
8 with this subdivision. To the extent consistent with applicable law,
9 the department shall consider, when rating entities pursuant to this
10 section: (i) such entities' records of compliance with article 15-A of
11 the executive law on other projects or otherwise providing for the
12 participation of firms certified pursuant to article 15-A of the execu-
13 tive law as minority or women-owned businesses (or any comparable law
14 applicable in jurisdictions where such entity has conducted business)
15 and the ability of other businesses under consideration to work with
16 minority and women-owned businesses so as to promote and assist partic-
17 ipation by such businesses; and (ii) such entities' utilization of small
18 business concerns identified pursuant to subdivision (b) of section
19 139-g of the state finance law.

20 2. Solicitation and selection of the proposal which is the best value
21 to the state. The department may issue a request for proposals to the
22 entities listed pursuant to paragraph one of this subdivision. If such
23 an entity consists of a team of separate entities, the entities that
24 comprise such a team and their lead members must remain unchanged from
25 the entity and team members listed pursuant to paragraph one of this
26 subdivision unless otherwise approved by the department. The request
27 for proposals may include the department's form of project agreement.
28 The request for proposals shall set forth the scope of work for the
29 project, and other applicable requirements, as determined by the depart-
30 ment and shall specify the criteria to be used to evaluate the
31 responses, as determined by the department, including the relative
32 weight of such criteria. Such criteria shall include but are not limited
33 to the proposal's cost, its technical merit, the qualifications and
34 experience of the proposing entity and its team members, the entity's
35 plan of project implementation, the entity's ability to complete the
36 work in a timely and satisfactory manner, and the community impact of
37 the proposal. A project agreement awarded pursuant to this act shall be
38 awarded to a responsive and responsible entity that submits the
39 proposal, which, in consideration of these and the other criteria set
40 forth in the request for proposals, offers the best value to the state,
41 as determined by the department. To the extent consistent with applica-
42 ble law, the department shall consider, when awarding a project agree-
43 ment pursuant to this section: (i) the participation of firms certified
44 pursuant to article 15-A of the executive law as minority or women-owned
45 businesses and the ability of other businesses under consideration to
46 work with minority and women-owned businesses so as to promote and
47 assist participation by such businesses; and (ii) such entities' utili-
48 zation of small business concerns identified pursuant to subdivision (b)
49 of section 139-g of the state finance law. Notwithstanding any other law
50 to the contrary, the department may conduct discussions individually on
51 a commercially confidential basis with the pre-qualified entities prior
52 to their submittal of proposals in a manner determined by the depart-
53 ment, and may conduct negotiations regarding contract terms and condi-
54 tions, including cost, with one or more offerers following their submit-
55 tal of a proposal.

(b) Notice of award and execution of agreements. Notice of the award and execution of the project agreement, together with a summary of the rights of contest provided in this act, shall be published by the department or DASNY in the state register and in at least one newspaper of general circulation in the municipality in which the project is located.

(c) Applicability of certain laws to procurement.

1. The submission of qualifications, proposals or responses, or the execution of a project agreement or any related agreement, shall not be construed to be a violation of section 6512 of the education law.

2. Sections 139-d, 139-j, 139-k, paragraph f of subdivision 1 and paragraph g of subdivision 9 of section 163 of the state finance law shall, except as otherwise provided in this act, apply to the procurement process authorized by this section.

S 6. Department of health responsible for project and project site. Notwithstanding the provisions of any other law to the contrary, responsibility for and jurisdiction over the project and the project site is hereby transferred from the commissioner of general services, and any other state officer, agency or department, to the department. Notwithstanding the provisions of any other law to the contrary, in exercising such responsibility and jurisdiction the department, acting through the commissioner of health or his or her designee, is authorized to enter into such leases, subleases, easements, licenses and other related agreements, including but not limited to agreements with public corporations and agreements with utilities, in each instance on such terms and conditions as the department determines to be necessary or convenient to the effectuation of the project, provided that the term of any lease shall not exceed 50 years from the date of completion and acceptance of the project. In addition, the department may permit the mortgaging, pledging and granting of a security interest in any such lease or related agreement in connection with any public or private project financing and may enter into such other related agreements as the department determines to be necessary or convenient to facilitate the public or private financing of the project, in each case on such terms and conditions as the department determines to be necessary or convenient to the financing of the project.

S 7. DASNY as agent of and project advisor to department of health. Notwithstanding the provisions of any other law to the contrary, DASNY shall have the power and authority to act as agent of and advisor to the department for all purposes necessary or convenient for the planning, procurement, construction, post-completion management and administration and overall effectuation of the project. In acting as agent of or advisor to the department, DASNY shall have no independent liability in connection with the project and the department shall indemnify DASNY to the extent permitted by law. In addition, DASNY shall be the construction-permitting agency for the project and shall be responsible for post-completion monitoring, enforcement of the Uniform Fire Prevention and Building Code and enforcing compliance with article 15-A of the executive law. DASNY further shall have the power and authority to act as a procurement, technical and administrative consultant and advisor to the department in connection with the planning, procurement and implementation of the project, including the power and authority as agent for or consultant to the department in procuring and managing the services of technical, financial, legal and other consultants; soliciting, reviewing and evaluating the qualifications and proposals from potential contractors for the project; drafting and negotiating the project agree-

ment and any related agreements; assisting in planning and carrying out any private financing of the project; supervising the performance of the design, construction, operation, maintenance and management of the project by the contractor under the project agreement; and coordinating participation in the project by other involved state agencies and departments.

S 8. Procurement and contract approval authority. (a) The procurement of the project pursuant to this act by the department, including but not limited to pre-qualification of prospective contractors, the election to issue a request for proposals, the evaluation of responses to the request for proposals, the determination by the department to award the project agreement and any related agreements and the execution of the project agreement pursuant to this act, any related agreement or any amendments thereto, shall not be subject to the approval or authorization of any state officer or agency, except for: (1) the approval of the project agreement and any related agreements to which the state is a party by the comptroller to the extent required under section 112 of the state finance law; and (2) the approval of the project agreement and any related agreements to which the state is a party by the state division of the budget.

(b) Notwithstanding any provision of law to the contrary, DASNY and other state agencies and departments involved in the project are each authorized to enter into such agreements with each other, which shall be in the nature of intergovernmental cooperation agreements, as each may deem necessary or appropriate in furtherance of the project or the purposes of this act. Notwithstanding section 112 of the state finance law, section 2879-a of the public authorities law or any other provision of law to the contrary, no agreement entered into pursuant to this subdivision shall require public auction or bidding or any other competitive procurement process or require any approvals or authorizations of any state officer or agency other than the respective parties to such agreements.

(c) Agreements relating to the project between non-state parties. Subject to the terms of the project agreement or any related agreement, and notwithstanding section 112 of the state finance law, section 2879-a of the public authorities law or any other law to the contrary that relates to state or other public contracts, agreements relating to the project or otherwise in furtherance of this act to which neither the state nor any state agency or department is a party shall not be deemed to be state contracts and shall not be subject to (i) public auction or bidding requirements or any other competitive procurement requirement, or (ii) audit, review, oversight, approval or authorization by any state officer or agency.

S 9. Project agreement subject to appropriation. The project agreement shall provide that the obligation of the state to make any payments thereunder is subject to appropriation by the legislature and shall be deemed executory only to the extent of state monies appropriated therefor; that no liability shall be incurred by the state under the project agreement beyond appropriated monies; and that the project agreement does not constitute a debt of the state within the meaning of any constitutional or statutory provision.

S 10. No state-supported debt.

(a) Any debt issued by the contractor under the project agreement shall not constitute state-supported debt for purposes of article 5-B of the state finance law.

1 (b) Amounts paid to the contractor or any other party pursuant to the
2 project agreement or any related agreement shall, upon such payment, no
3 longer constitute funds of the state.

4 (c) Agreements relating to the project to which the department is not
5 a party (regardless of whether it shall have approved or consented to
6 such agreement) shall not constitute state contracts.

7 S 11. Limitation on challenges and contests.

8 (a) The validity of a project agreement and any related agreement
9 awarded and executed pursuant to this act, or the validity of the proce-
10 dures relating to such award and execution, or of any administrative or
11 other determination or finding made by the department or any other state
12 or municipal agency, authority, department or other subdivision in
13 connection with such procedures or award, may be contested or challenged
14 only if an action, suit or proceeding contesting or challenging any such
15 matter is commenced within thirty days after: (i) publication of the
16 notice of award and execution as described in subdivision (b) of section
17 five of this act in the case of the award and execution of the project
18 agreement, or (ii) the publication or filing of such finding or determi-
19 nation or related agreement as required by law, in the case of any find-
20 ing or administrative determination or related agreement, and solely on
21 the grounds that:

22 1. such award and execution or procedure was not authorized pursuant
23 to this act; or

24 2. any of the provisions of this act which should be complied with at
25 the date of publication of notice of such award and execution have not
26 been substantially complied with; or

27 3. a conflict of interest can be shown in the manner in which the
28 project agreement and any related agreement was awarded and executed.

29 (b) The state supreme court shall have exclusive jurisdiction of any
30 action, suit or special proceeding brought in connection with this act.
31 The venue of any action, suit or special proceeding brought in
32 connection with this act shall be Albany county. Any action, suit or
33 special proceeding brought in connection with this act shall be entitled
34 to a preference under rule 3403 of the civil practice law and rules.

35 S 12. Zoning, land use, real estate tax and other exemptions.

36 (a) The project and the project site shall be exempt from zoning and
37 other land use, permit and licensing laws, rules and regulations of the
38 municipality and county in which it is to be located, notwithstanding
39 the provisions of any other law, rule or regulation to the contrary. No
40 county, city, town or village has the power to modify or change the
41 plans or specifications for the project, to require any person, firm or
42 corporation to obtain any authorization or permit for the project from
43 such county, city, town or village or to impose any condition on the
44 project.

45 (b) The project and the project site shall be exempt from taxation and
46 from special ad valorem levies and special assessments, and exempt from
47 sales tax on building materials imposed under section 1132 of the tax
48 law.

49 (c) Notwithstanding section 252 of the tax law, any mortgages granted
50 by the contractor on any leasehold interest in the project or the
51 project site shall be exempt from any taxes provided for in sections
52 253, 253-b or 253-p of the tax law.

53 S 13. Applicability of certain laws to the project.

54 (a) Any professional services performed pursuant to the project agree-
55 ment or any related agreements that are regulated by articles 145, 147
56 and 148 of the education law shall be performed and stamped and sealed,

1 where appropriate, by a professional licensed in accordance with such
2 articles.

3 (b) Construction of the project is a "public work" for the purposes of
4 article 8 of the labor law, to be performed in accordance therewith
5 (except as otherwise expressly provided in this act), as well as subject
6 to enforcement of prevailing wage requirements by the New York state
7 department of labor.

8 (c) The project shall be subject to section 222 of the labor law,
9 except that notwithstanding any other section of this act or such
10 section of the labor law or any other law the payment bond and the
11 performance bond required under such section 222 or any other law may be
12 provided by the construction contractor or the design-builder performing
13 the construction work if the contractor subcontracts the construction
14 work to a construction contractor or a design-builder.

15 (d) The project agreement shall require that the project be undertaken
16 pursuant to a project labor agreement, as defined in subdivision 1 of
17 section 222 of the labor law, provided that, based upon a study done by
18 or for the department, the department determines that its interest in
19 obtaining the best work at the lowest possible price, preventing favori-
20 tism, fraud, and corruption, and other considerations such as the impact
21 of delay, the possibility of cost savings advantages, and any local
22 history of labor unrest, are best met by requiring a project labor
23 agreement. If the department conducts such a study, and if such study
24 shows that a project labor agreement will benefit construction of the
25 project, and if the request for proposals requires the project be under-
26 taken pursuant to a project labor agreement, then notwithstanding any
27 other provision of this act, section 135 of the state finance law shall
28 not apply in any way to any project procurement conducted pursuant to
29 this act, including but not limited to the selection of an entity to
30 enter into a project agreement authorized by section four of this act,
31 to the project agreement or to the project.

32 (e) The project agreement shall comply with the objectives and goals
33 of minority and women-owned business enterprises pursuant to article
34 15-A of the executive law or, if the project receives federal aid, shall
35 comply with applicable federal requirements for disadvantaged business
36 enterprises.

37 S 14. Severability. If any clause, sentence, paragraph, subdivision,
38 section or part of this act shall be adjudged by any court of competent
39 jurisdiction to be invalid, such judgment shall not affect, impair or
40 invalidate the remainder thereof, but shall be confined in its operation
41 to the clause, sentence, paragraph, subdivision, section or part thereof
42 directly involved in the controversy in which such judgment shall have
43 been rendered. It is hereby declared to be the intent of the legislature
44 that this act would have been enacted even if such invalid provisions
45 had not been included herein.

46 S 15. This act shall take effect immediately. The project agreement
47 and any related agreements awarded, executed and entered into in accord-
48 ance with this act shall be deemed valid, binding and enforceable,
49 notwithstanding the fact that the request for qualifications was issued
50 or the selection of the entities authorized to receive a request for
51 proposals occurred prior to the effective date of this act, if such
52 issuance and selection were conducted in accordance with the applicable
53 requirements of this act.

54 S 2. Severability clause. If any clause, sentence, paragraph, subdivi-
55 sion, section or part of this act shall be adjudged by any court of
56 competent jurisdiction to be invalid, such judgment shall not affect,

1 impair, or invalidate the remainder thereof, but shall be confined in
2 its operation to the clause, sentence, paragraph, subdivision, section
3 or part thereof directly involved in the controversy in which such judg-
4 ment shall have been rendered. It is hereby declared to be the intent of
5 the legislature that this act would have been enacted even if such
6 invalid provisions had not been included herein.

7 S 3. This act shall take effect immediately provided, however, that
8 the applicable effective date of Parts A through H of this act shall be
9 as specifically set forth in the last section of such Parts.