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I N S E N A T E

January 21, 2014

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

AN ACT 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 public health law, in relation to the health research science board biennial report 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 the establishment and operation of limited services clinics; to amend the public health law, in relation to the statutory authority of updated diagnostic and treatment centers; to amend the public health law and the state finance law, in relation to the operation of the New York State donate life registry; to amend the social services law, in relation to residential programs for adults; 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 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; to repeal subdivision 9 of section 2803 of the public health law, relating to reports to the commissioner by general hospitals

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

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regarding working conditions and limits on working hours for certain members of the hospital's staff; and providing for the repeal of certain provisions upon expiration thereof; to amend the public health law and the social services law, in relation to requiring the review of the criminal history of prospective employees of adult care facilities; to amend the public health law, in relation to the financial responsibility for and reimbursement of payment for early intervention services by the state; and to repeal certain provisions of law relating thereto; to amend the education law and the public health law, in relation to the practice of pharmacy, the compounding of drugs and the establishment of requirements for the registration of outsourcing facilities in the state; to amend the elder law, in relation to eligibility levels in the elderly pharmaceutical insurance coverage program; to amend the mental hygiene law, in relation to compliance with operational standards by certain providers of services; to limit the reduction of the mental health census of adult homes and to establish a workgroup to study and report upon the transition of persons with serious mental illness into the most integrated setting appropriate to their needs (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 prescription drug coverage in managed care programs; to amend the public health law, in relation to the preferred drug program; to amend the public health law, in relation to eliminating the financial incen-

tive 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 part A of chapter 56 of the laws of 2013 amending the public health law and other laws relating to the transition of behavioral health services, in relation to certain reporting requirements; to amend the social services law, in relation to participating providers; to amend the public health law, in relation to the establishment of a default rate for nursing homes under managed care; to amend the public health law, in relation to rates of payment for certified home health agencies and long term home health care programs; to amend the social services law, in relation to Community First Choice Option; to amend the education law, in relation to practices and certification of home health aides; to amend the 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 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 reports detailing certain spending; to amend the public health law, in relation to establishing vital access pools for licensed home care service agencies; to amend the state finance law, in relation to the global cap reserve fund; 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 the transition of children in foster care to managed care; 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; to amend the social services law, in relation to assisted living program bed; to amend the public health law in relation to potentially preventable negative outcomes; to amend part A of chapter 56 of the laws of 2013, relating to establishing the home and community-based care work group, in relation to extending the dates of periodic reports; to amend the public health law, in relation to hospital funding, and a medicaid drug rebate remittance demonstration program; to amend the transportation law, in relation to the interagency coordinating committee on rural public transportation; to amend the public health law, in relation to a rural dentistry pilot program and a hospital-home care-physician collaboration program; providing for the repeal of certain provisions relating to the availability of funds upon expiration thereof; and to repeal subdivision (a) of section 90 of part H of chapter 57 of the laws of 2011 and certain provisions of the social services law and the public health law relating thereto; to amend the state finance law, in relation to establishing the state health innovation plan account; and providing for the repeal of certain provisions upon the expiration thereof (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 part D of chapter 111 of the laws of 2010 relating to the recovery of exempt income by the office of mental health for community residences and family-based treatment programs, in relation to extending certain provisions of such chapter (Part F); intentionally omitted (Part G); intentionally omitted (Part H); to amend the mental hygiene law, in relation to the creation of the managed care for persons with developmental disabilities advocacy program (Part I); to amend the mental hygiene law, in relation to establishing the direct support professional credential pilot program; and providing for the repeal of such provisions upon expiration thereof (Part J); to amend the mental hygiene law, in relation to directing the office of mental health to commission an independent study on the impact of the expanded investments in community mental health services (Part K); to amend the mental hygiene law, in relation to establishing the integrated employment, economic development and safety net system for individuals with intellectual and developmental disabilities (Part L); to amend the mental hygiene law, in relation to transitional care (Part M); to amend the mental hygiene law, in relation to community mental health reinvestment services; to amend the state finance law, in relation to the community mental health reinvestment account; and to amend chapter 62 of the laws of 2003, amending the mental hygiene law and the state finance law relating to the community mental health support and workforce reinvestment program, the membership of subcommittees for mental health of community services boards and the duties of such subcommittees and creating the community mental health and workforce reinvestment account, in relation to making such provisions permanent (Part N); and to amend the mental hygiene law, in relation to the transfer of persons with developmental disabilities (Part O)

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

12 PART A

13 Section 1. Intentionally omitted.

14 S 2. Intentionally omitted.

15 S 3. Intentionally omitted.

16 S 4. Section 2410 of the public health law, as added by chapter 279 of
17 the laws of 1996, subdivisions 1 and 2 as amended by chapter 32 of the
18 laws of 2008, and subdivision 7 as added by chapter 621 of the laws of
19 2007, is amended to read as follows:

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

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

35 (b) the governor shall appoint six regional members, three of whom
36 shall serve as full voting members and three of whom shall serve as
37 alternative members without voting rights. Such regional members shall
38 be persons who have or have had breast cancer, and shall be actively
39 involved with a community-based, grass-roots breast cancer organization.
40 Two of such appointments shall be made upon the recommendation of the
41 temporary president of the senate and two shall be made upon the recom-
42 mendation of the speaker of the assembly. One regional member shall be
43 appointed from each of the following geographic areas of the state:
44 Long Island, New York City, the Hudson Valley, Northern New York,
45 Central New York and Western New York. The order of appointments and
46 recommendations for appointments and voting rights shall rotate as
47 follows:

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

50 (A) Long Island, which member shall have voting rights,

51 (B) Central New York, which member shall not have voting rights,

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

27 1. The board shall:

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

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

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

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

1 if the board determines that such proposal does not follow accepted
2 scientific practice for the design of a research project. The board
3 shall establish guidelines to restrict the dissemination by researchers
4 of the name, address or other information that would otherwise identify
5 a commercial applicator or private applicator or any person who receives
6 the services of a commercial applicator;

7 (e) Solicit, receive, and review applications from public and private
8 agencies and organizations and qualified research institutions for
9 grants from the breast cancer research and education fund, created
10 pursuant to section ninety-seven-yy of the state finance law, to conduct
11 research or educational programs which focus on the causes, prevention,
12 screening, treatment and cure of breast cancer and may include, but are
13 not limited to mapping of breast cancer, and basic, behavioral, clin-
14 ical, demographic, environmental, epidemiologic and psychosocial
15 research. The board shall make recommendations to the commissioner[, and
16 the] AND SUCH RECOMMENDATIONS SHALL BE DETERMINED BY AN AFFIRMATIVE VOTE
17 OF A MAJORITY OF VOTING MEMBERS. THE commissioner shall, in his or her
18 discretion, grant approval of applications for grants from those appli-
19 cations recommended by the board. The board shall consult with the
20 Centers for Disease Control and Prevention, the National Institutes of
21 Health, the Federal Agency For Health Care Policy and Research, the
22 National Academy of Sciences, breast cancer advocacy groups, and other
23 organizations or entities which may be involved in breast cancer
24 research to solicit both information regarding breast cancer research
25 projects that are currently being conducted and recommendations for
26 future research projects. As used in this section, "qualified research
27 institution" may include academic medical institutions, state or local
28 government agencies, public or private organizations within this state,
29 and any other institution approved by the department, which is conduct-
30 ing a breast cancer research project or educational program. If a board
31 member submits an application for a grant from the breast cancer
32 research and education fund, he or she shall be prohibited from review-
33 ing and making a recommendation on the application;

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

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

45 (h) Meet at least six times in the first year, at the request of the
46 chair and at any other time as the chair deems necessary. The board
47 shall meet at least four times a year thereafter. Provided, however,
48 that at least one such meeting a year shall be a public hearing, at
49 which the general public may question and present information and
50 comments to the board with respect to the operation of the health
51 research science board, the breast cancer research and education fund,
52 [the prostate and testicular cancer research and education fund] and
53 pesticide reporting established pursuant to sections 33-1205 and 33-1207
54 of the environmental conservation law. At such hearing, the commissioner
55 of the department of environmental conservation or his or her designee
56 shall make a report to the board with respect to the efficiency and

1 utility of pesticide reporting established pursuant to sections 33-1205
2 and 33-1207 of the environmental conservation law[;].

3 S 5-a. Section 2413 of the public health law, as amended by chapter
4 219 of the laws of 1997, is amended to read as follows:

5 S 2413. Biennial report. The commissioner shall submit a report on or
6 before January first commencing in nineteen hundred ninety-nine, and
7 biennially thereafter, to the governor, the temporary president of the
8 senate and the speaker of the assembly concerning the operation of the
9 health research science board. Such report shall include recommendations
10 from the health research science board including, but not limited to,
11 the types of data that would be useful for breast[, prostate or testicu-
12 lar] cancer researchers and whether private citizen use of residential
13 pesticides should be added to the reporting requirements. The report
14 shall also include a summary of research requests granted or denied. In
15 addition, such report shall include an evaluation by the commissioner,
16 the commissioner of the department of environmental conservation and the
17 health research science board of the basis, efficiency and scientific
18 utility of the information derived from pesticide reporting pursuant to
19 sections 33-1205 and 33-1207 of the environmental conservation law and
20 recommend whether such system should be modified or continued. The
21 report shall include a summary of the comments and recommendations
22 presented by the public at the board's public hearings.

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

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

36 2. The advisory council shall [make]:

37 (A) SOLICIT, RECEIVE AND REVIEW APPLICATIONS FROM PUBLIC AND PRIVATE
38 AGENCIES AND ORGANIZATIONS AND QUALIFIED RESEARCH INSTITUTIONS WITHIN
39 THE STATE FOR GRANTS FROM THE NEW YORK STATE PROSTATE AND TESTICULAR
40 CANCER RESEARCH AND EDUCATION FUND, CREATED PURSUANT TO SECTION NINETY-
41 FIVE-E OF THE STATE FINANCE LAW AND MAKE RECOMMENDATIONS TO THE DEPART-
42 MENT; AND

43 (B) MAKE recommendations to the department regarding the promotion and
44 implementation of programs under sections twenty-four hundred six and
45 twenty-four hundred nine of this title. SUCH RECOMMENDATIONS SHALL BE
46 DETERMINED BY AN AFFIRMATIVE VOTE OF A MAJORITY OF VOTING MEMBERS.

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

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

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

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

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

14 2. Such fund shall consist of all revenues received pursuant to the
15 provisions of SECTION FOUR HUNDRED FOUR-Q OF THE VEHICLE AND TRAFFIC
16 LAW, AND sections two hundred nine-E and six hundred thirty of the tax
17 law, all revenues received pursuant to appropriations by the legisla-
18 ture, and all moneys appropriated, credited, or transferred thereto from
19 any other fund or source pursuant to law. For each state fiscal year,
20 there shall be appropriated to the fund by the state, in addition to all
21 other moneys required to be deposited into such fund, an amount equal to
22 the amounts of monies collected and deposited into the fund pursuant to
23 SECTION FOUR HUNDRED FOUR-Q OF THE VEHICLE AND TRAFFIC LAW, AND sections
24 two hundred [nine-e] NINE-E and six hundred thirty of the tax law during
25 the preceding calendar year, as certified by the comptroller. Nothing
26 contained herein shall prevent the state from receiving grants, gifts or
27 bequests for the purposes of the fund as defined in this section and
28 depositing them into the fund according to law. Any interest received by
29 the comptroller on moneys on deposit in such fund shall be retained in
30 and become part of such fund.

31 3. Moneys of the fund [shall be expended only to provide grants to
32 the New York State Coalition to Cure Prostate Cancer, a not-for-profit
33 corporation established in this state which is incorporated], FOLLOWING
34 RECOMMENDATIONS BY THE CANCER DETECTION AND EDUCATION PROGRAM ADVISORY
35 COUNCIL, SHALL BE MADE AVAILABLE TO THE COMMISSIONER OF HEALTH TO
36 PROVIDE GRANTS for the purpose of advancing and financing prostate
37 cancer research, detection AND SUPPORT PROGRAMS and education projects.
38 [To the extent practicable, the New York State Coalition to Cure
39 Prostate Cancer shall cooperate and coordinate its efforts with the
40 prostate and testicular cancer detection and education advisory council
41 established pursuant to section twenty-four hundred sixteen of the
42 public health law].

43 4. (A) On or before the first day of February each year, the comp-
44 troller shall certify to the governor, temporary president of the
45 senate, speaker of the assembly, chair of the senate finance committee
46 [and], chair of the assembly ways and means committee, CHAIR OF THE
47 SENATE STANDING COMMITTEE ON HEALTH, AND CHAIR OF THE ASSEMBLY HEALTH
48 COMMITTEE, the amount of money deposited by source in the New York
49 [state] STATE prostate AND TESTICULAR cancer research[, detection] and
50 education fund during the preceding calendar year as the result of
51 revenue derived pursuant to sections two hundred nine-E and six hundred
52 thirty of the tax law, SECTION FOUR HUNDRED FOUR-Q OF THE VEHICLE AND
53 TRAFFIC LAW, and from GRANTS, BEQUESTS AND all other sources.

54 (B) THE COMMISSIONER SHALL PROVIDE AN ANNUAL WRITTEN REPORT TO THE
55 TEMPORARY PRESIDENT OF THE SENATE, SPEAKER OF THE ASSEMBLY, CHAIR OF THE
56 SENATE FINANCE COMMITTEE, CHAIR OF THE ASSEMBLY WAYS AND MEANS COMMIT-

TEE, CHAIR OF THE SENATE STANDING COMMITTEE ON HEALTH, AND CHAIR OF THE ASSEMBLY HEALTH COMMITTEE NO LATER THAN FEBRUARY FIRST OF EACH YEAR. SUCH REPORT SHALL INCLUDE THE RECOMMENDATIONS OF THE CANCER DETECTION AND EDUCATION PROGRAM ADVISORY COUNCIL AND SPECIFY THE MANNER IN WHICH THE NEW YORK STATE PROSTATE AND TESTICULAR CANCER RESEARCH AND EDUCATION FUND MONIES HAVE BEEN UTILIZED; AND SHALL INCLUDE:

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

(II) A JUSTIFICATION FOR FUNDS RECEIVED AND NOT DISBURSED DURING THE PRECEDING CALENDAR YEAR, IF APPLICABLE, AND A REMEDIAL PLAN TO ENSURE THE TIMELY AND EFFECTIVE USE OF THE REMAINING FUNDS;

(III) RECIPIENTS OF AWARDS FROM THE FUND;

(IV) THE AMOUNT AWARDED TO EACH; AND

(V) THE PURPOSES FOR WHICH SUCH AWARDS WERE GRANTED.

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

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

6. NOTWITHSTANDING ANY LAWS, RULES OR REGULATIONS TO THE CONTRARY, MONIES OF THE FUND SHALL NOT BE TRANSFERRED INTO THE GENERAL FUND FOR ANY PURPOSES; AND, TO THE EXTENT PRACTICABLE, THE COMMISSIONER OF HEALTH SHALL ENSURE THAT ALL MONIES RECEIVED DURING A FISCAL YEAR ARE EXPENDED PRIOR TO THE END OF THE FISCAL YEAR.

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

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

2. FOR THE PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND TWENTY-ONE FUNDS MADE AVAILABLE FOR EXPENDITURE PURSUANT TO THIS SECTION SHALL BE DISTRIBUTED PURSUANT TO THE DETERMINATIONS OF THE CAPITAL RESTRUCTURING FINANCING BOARD, WITHOUT A COMPETITIVE BID OR REQUEST FOR PROPOSAL PROCESS, FOR CAPITAL GRANTS TO GENERAL HOSPITALS, RESIDENTIAL HEALTH CARE FACILITIES, DIAGNOSTIC AND TREATMENT CENTERS, ASSISTED LIVING PROGRAMS AS DEFINED BY SECTION FOUR HUNDRED SIXTY-ONE-L OF THE SOCIAL SERVICES LAW, AND CLINICS LICENSED PURSUANT TO THIS CHAPTER OR THE MENTAL HYGIENE LAW (COLLECTIVELY, "GRANTEES"), FOR CAPITAL WORKS OR PURPOSES THAT SUPPORT THE PURPOSES SET FORTH IN THIS SECTION. SUCH CAPITAL WORKS OR PURPOSES MAY INCLUDE BUT ARE NOT LIMITED TO CLOSURES, MERGERS, RESTRUCTURING, IMPROVEMENTS TO INFRASTRUCTURE, DEVELOPMENT OF PRIMARY CARE SERVICE CAPACITY, DEVELOPMENT OF IN-PATIENT LONG TERM SUBSTANCE ABUSE DISORDER SERVICES AND PROMOTION OF INTEGRATED DELIVERY SYSTEMS THAT STRENGTHEN AND PROTECT CONTINUED ACCESS TO ESSENTIAL HEALTH CARE SERVICES.

1 3. (A) THERE SHALL BE ESTABLISHED JOINTLY WITHIN THE DEPARTMENT AND
2 THE DORMITORY AUTHORITY OF THE STATE OF NEW YORK THE CAPITAL RESTRUCTUR-
3 ING FINANCING BOARD, HEREINAFTER REFERRED TO AS "THE BOARD," WHICH SHALL
4 CONSIST OF FIFTEEN MEMBERS, INCLUDING THE COMMISSIONER AND THE PRESIDENT
5 OF THE DORMITORY AUTHORITY OF THE STATE OF NEW YORK. THE COMMISSIONER
6 AND THE PRESIDENT OF THE AUTHORITY SHALL SERVE AS CO-CHAIRS OF THE
7 BOARD. THE TEMPORARY PRESIDENT OF THE SENATE SHALL APPOINT THREE
8 MEMBERS, AND THE SPEAKER OF THE ASSEMBLY SHALL APPOINT THREE MEMBERS.
9 THE REMAINING SEVEN MEMBERS OF THE BOARD SHALL BE APPOINTED BY THE
10 GOVERNOR BY AND WITH THE ADVICE AND CONSENT OF THE SENATE. MEMBERS
11 APPOINTED TO THE BOARD SHALL HAVE EXPERTISE IN ONE OR MORE OF THE
12 FOLLOWING AREAS: HEALTH CARE POLICY AND RESEARCH; HEALTH CARE FACILITY
13 OPERATIONS; CLINIC OPERATIONS; HEALTH CARE FINANCING AND REIMBURSEMENT;
14 THE PUBLIC HEALTH SYSTEM; THE CLINICAL AND ADMINISTRATIVE ASPECTS OF
15 HEALTH CARE DELIVERY; HEALTH CARE CONSUMER ACTIVITIES; IN-PATIENT LONG-
16 TERM SUBSTANCE ABUSE DISORDER SERVICES; AND HEALTH PLANNING.

17 (B) MEMBERS OF THE BOARD, OTHER THAN THE CO-CHAIRS, SHALL SERVE AT THE
18 PLEASURE OF THEIR APPOINTING AUTHORITY.

19 (C) THE MEMBERS OF THE BOARD SHALL RECEIVE NO COMPENSATION FOR THEIR
20 SERVICES, BUT SHALL BE REIMBURSED FOR EXPENSES ACTUALLY AND NECESSARILY
21 INCURRED IN THE PERFORMANCE OF THEIR DUTIES.

22 (D) A MAJORITY OF THE VOTING MEMBERSHIP OF THE BOARD SHALL CONSTITUTE
23 A QUORUM, AS REQUIRED TO VOTE ON THE AWARD OF CAPITAL GRANTS.

24 (E) THE BOARD SHALL MEET AS NEEDED, BUT NO LESS THAN ONCE EACH QUAR-
25 TER, AND MAKE DETERMINATIONS REGARDING THE AWARDED, DISTRIBUTING AND
26 ADMINISTERING OF FUNDS MADE AVAILABLE PURSUANT TO THIS SECTION. THE
27 BOARD SHALL MAKE SUCH DETERMINATIONS BY AN AFFIRMATIVE VOTE OF A MAJORI-
28 TY OF VOTING MEMBERS. SUCH DETERMINATIONS SHALL BE MADE BASED ON CRITE-
29 RIA INCLUDING, BUT NOT LIMITED TO:

30 (I) ELIGIBILITY REQUIREMENTS FOR APPLICANTS;

31 (II) TO THE EXTENT PRACTICABLE, EQUITABLE STATEWIDE DISTRIBUTION OF
32 FUNDS BETWEEN VARIOUS REGIONS OF THE STATE;

33 (III) MINIMUM AND MAXIMUM AMOUNTS OF FUNDING TO BE AWARDED UNDER THE
34 PROGRAM;

35 (IV) THE RELATIONSHIP BETWEEN THE PROJECTS PROPOSED BY AN APPLICANT
36 AND IDENTIFIED COMMUNITY NEED;

37 (V) THE EXTENT TO WHICH THE PROPOSED PROJECT MEETS PUBLIC NEED;

38 (VI) THE EXTENT TO WHICH THE APPLICANT HAS ACCESS TO ALTERNATIVE
39 FINANCING; AND

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

42 (F) THE BOARD SHALL BE SUPPORTED BY APPROPRIATE STAFF OF BOTH THE
43 DEPARTMENT AND THE DORMITORY AUTHORITY OF THE STATE OF NEW YORK.

44 (G) THE MEMBERS OF THE BOARD SHALL BE DEEMED A STATE OFFICER OR
45 EMPLOYEE FOR PURPOSES OF SECTION SEVENTY-THREE-A OF THE PUBLIC OFFICERS
46 LAW AND SUCH BOARD SHALL BE A STATE AGENCY FOR PURPOSES OF SECTION
47 SEVENTY-FOUR OF THE PUBLIC OFFICERS LAW.

48 (H) THE MEMBERS OF THE BOARD SHALL RECEIVE AN AGENDA SETTING FORTH THE
49 APPLICATIONS AND RESOLUTIONS TO BE CONSIDERED NO LATER THAN ONE WEEK
50 PRIOR TO ANY SCHEDULED MEETING. ADDITIONAL ITEMS MAY ONLY BE ADDED IF
51 TWO-THIRDS OF THE MEMBERS OF SUCH BOARD CONSENT, AND IN NO EVENT SHALL
52 ITEMS BE ADDED WITHIN TWENTY-FOUR HOURS OF SUCH MEETING.

53 (I) ALL MEETINGS OF SUCH BOARD SHALL BE SUBJECT TO THE OPEN MEETINGS
54 LAW, PURSUANT TO ARTICLE SEVEN OF THE PUBLIC OFFICER'S LAW.

55 4. IN EVALUATING SUCH APPLICATIONS AND MAKING AWARD DETERMINATIONS THE
56 BOARD SHALL SEEK, TO THE EXTENT PRACTICABLE, TO COMPLEMENT AND COORDI-

NATE FUNDING AVAILABLE UNDER THIS SUBDIVISION WITH FUNDING FROM NEW YORK'S MEDICAID REDESIGN TEAM WAIVER DELIVERY SYSTEM REFORM INCENTIVE PAYMENT PROGRAM, FUNDING AVAILABLE TO ELIGIBLE VITAL ACCESS PROVIDERS PURSUANT TO SECTION TWENTY-EIGHT HUNDRED TWENTY-SIX OF THIS TITLE, AS ADDED BY A CHAPTER OF THE LAWS OF TWO THOUSAND FOURTEEN, HEALTH FACILITY RESTRUCTURING PROGRAM FUNDING PURSUANT TO SECTION TWENTY-EIGHT HUNDRED FIFTEEN OF THIS TITLE AND OTHER TRANSFORMATIONAL PROGRAMS AS DETERMINED BY THE COMMISSIONER AND THE PRESIDENT OF THE AUTHORITY.

5. NO AWARD SHALL BE MADE WITHOUT TEN BUSINESS DAYS PRIOR NOTIFICATION TO THE CHAIR OF THE SENATE FINANCE COMMITTEE AND THE CHAIR OF THE ASSEMBLY WAYS AND MEANS COMMITTEE. AWARDS AND TERMS OF THE AGREEMENTS SHALL BE POSTED ON BOTH THE DEPARTMENT'S AND THE AUTHORITY'S OFFICIAL WEBSITES.

6. THE COMMISSIONER AND THE PRESIDENT OF THE AUTHORITY SHALL PROVIDE AN ANNUAL WRITTEN REPORT TO THE CHAIR OF THE SENATE FINANCE COMMITTEE, THE CHAIR OF THE ASSEMBLY WAYS AND MEANS COMMITTEE, THE CHAIR OF THE SENATE STANDING COMMITTEE ON HEALTH, AND THE CHAIR OF THE ASSEMBLY HEALTH COMMITTEE NO LATER THAN JULY FIRST OF EACH YEAR. SUCH REPORT SHALL INCLUDE, BUT NOT BE LIMITED TO, A LIST AND DESCRIPTION OF EACH APPLICATION RECEIVED, A LIST AND DESCRIPTION OF EACH PROJECT AWARDED IN EACH REGION, A DETAILED STATUS OF EACH CAPITAL WORKS PROJECT OR PURPOSE FOR WHICH FUNDING WAS AWARDED PURSUANT TO THIS SECTION, AND ANY OTHER INFORMATION DEEMED NECESSARY AND APPROPRIATE.

S 9. The issuance of any bonds or notes pursuant to this act shall further be subject to the approval of the director of the division of the budget, and any awards for projects funded in whole or in part through the issuance of bonds or notes pursuant to this act shall be approved by the New York state public authorities control board, as required under section fifty-one of the public authorities law.

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

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

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

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

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

1 incurred by the authority or the agency to fund loans to one or more
2 participating [general hospitals] BORROWERS;

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

9 3-a. Any participating [general hospital] BORROWER may apply for
10 restructuring pool funds to the extent such funds are derived from
11 deposits made pursuant to paragraph (d) of subdivision one of section
12 twenty-eight hundred seven-1 of this article, provided, however, that,
13 in reviewing such applications, the commissioner and the authority shall
14 consider the extent to which the applicant hospital has alternative
15 available sources of funds, including, but not limited to, funds avail-
16 able through affiliation agreements with other hospitals OR ENTITIES.

17 4. To the extent funds are available from a participating [general
18 hospital] BORROWER therefor, expenditures from the restructuring pool
19 shall be repaid to the restructuring pool from repayments received by
20 the authority, or the agency where applicable, from a participating
21 [general hospital] BORROWER pursuant to the terms of any financing
22 agreement, mortgage or loan document permitting the recovery from the
23 participating [general hospital] BORROWER of such expenditures. The
24 authority shall record and account for all such payments, which shall be
25 deposited in the restructuring pool.

26 5. Loans from the restructuring pool shall be made pursuant to an
27 agreement with the participating [general hospital] BORROWER specifying
28 the terms thereof, including repayment terms. The authority shall record
29 and account for all such repayments, which shall be deposited in the
30 restructuring pool. The authority shall [notify] NOT MAKE A LOAN FROM
31 THE RESTRUCTURING POOL UNLESS IT HAS NOTIFIED the chair of the senate
32 finance committee, the director of the division of budget, the chair of
33 the assembly ways and means committee, THE CHAIR OF THE SENATE STANDING
34 COMMITTEE ON HEALTH, AND THE CHAIR OF THE ASSEMBLY HEALTH COMMITTEE AT
35 LEAST five days prior to the making of [a] SUCH loan [from the restruc-
36 turing pool]. The authority shall also report quarterly to such chair-
37 persons on the transactions in the pool, including but not limited to
38 RECEIPTS OR deposits to the pool, DISBURSEMENTS OR loans made from the
39 pool, investment income, and the balance on hand as of the end of the
40 month for each such quarter.

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

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

46 17. (A) THE COMMISSIONER IS AUTHORIZED TO ESTABLISH A PILOT PROGRAM TO
47 ASSIST IN RESTRUCTURING HEALTH CARE DELIVERY SYSTEMS BY ALLOWING FOR
48 INCREASED CAPITAL INVESTMENT IN HEALTH CARE FACILITIES. PURSUANT TO THE
49 PILOT PROGRAM, THE PUBLIC HEALTH AND HEALTH PLANNING COUNCIL SHALL
50 APPROVE THE ESTABLISHMENT, IN ACCORDANCE WITH THE PROVISIONS OF SUBDIVI-
51 SION THREE OF THIS SECTION, OF NO MORE THAN TEN BUSINESS CORPORATIONS
52 FORMED UNDER THE BUSINESS CORPORATION LAW. SUCH BUSINESS CORPORATIONS
53 SHALL AFFILIATE, THE EXTENT OF THE AFFILIATION TO BE DETERMINED BY THE
54 COMMISSIONER, WITH AT LEAST ONE ACADEMIC MEDICAL INSTITUTION OR TEACHING
55 HOSPITAL APPROVED BY THE COMMISSIONER. A BUSINESS CORPORATION SHALL NOT
56 BE ELIGIBLE TO PARTICIPATE IN THIS PROGRAM IF THE NUMBER OF ITS STOCK

HOLDERS EXCEEDS THIRTY-FIVE, OR IF ANY OF ITS STOCK, OR THAT OF ANY OF ITS DIRECT OR INDIRECT OWNERS, IS OR WILL BE TRADED ON A PUBLIC STOCK EXCHANGE OR ON AN OVER-THE-COUNTER MARKET.

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

(C) THE FOLLOWING PROVISIONS OF THIS CHAPTER SHALL NOT APPLY TO BUSINESS CORPORATIONS ESTABLISHED PURSUANT TO THIS SUBDIVISION: (I) PARAGRAPH (B) OF SUBDIVISION THREE OF THIS SECTION, RELATING TO STOCKHOLDERS, OTHER THAN PRINCIPAL STOCKHOLDERS; (II) PARAGRAPH (C) OF SUBDIVISION FOUR OF THIS SECTION, RELATING TO THE DISPOSITION OF STOCK OR VOTING RIGHTS; (III) PARAGRAPHS (D) AND (E) OF SUBDIVISION FOUR OF THIS SECTION, RELATING TO THE OWNERSHIP OF STOCK; AND (IV) PARAGRAPH (A) OF SUBDIVISION THREE OF SECTION FOUR THOUSAND FOUR OF THIS CHAPTER, RELATING TO THE OWNERSHIP OF STOCK. NOTWITHSTANDING THE FOREGOING, THE PUBLIC HEALTH AND HEALTH PLANNING COUNCIL MAY REQUIRE THE DISCLOSURE OF THE IDENTITY OF STOCKHOLDERS.

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

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

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

(B) THE SHAREHOLDERS OF THE BUSINESS CORPORATION;

(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.

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

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

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

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

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

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

27 S 15. Intentionally omitted.

28 S 16. Intentionally omitted.

29 S 17. Intentionally omitted.

30 S 18. Intentionally omitted.

31 S 19. Intentionally omitted.

32 S 20. Intentionally omitted.

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

35 17. (A) DIAGNOSTIC OR TREATMENT CENTERS ESTABLISHED TO PROVIDE HEALTH
36 CARE SERVICES WITHIN THE SPACE OF A RETAIL BUSINESS OPERATION, SUCH AS A
37 PHARMACY, A STORE OPEN TO THE GENERAL PUBLIC OR A SHOPPING MALL, OR
38 WITHIN SPACE USED BY AN EMPLOYER FOR PROVIDING HEALTH CARE SERVICES TO
39 ITS EMPLOYEES, MAY BE OPERATED BY LEGAL ENTITIES FORMED UNDER THE LAWS
40 OF NEW YORK WHOSE STOCKHOLDERS OR MEMBERS, AS APPLICABLE, ARE NOT
41 NATURAL PERSONS AND WHOSE PRINCIPAL STOCKHOLDERS AND MEMBERS, AS APPLI-
42 CABLE, AND CONTROLLING PERSONS COMPLY WITH ALL APPLICABLE REQUIREMENTS
43 OF THIS SECTION AND DEMONSTRATE, TO THE SATISFACTION OF THE PUBLIC
44 HEALTH AND HEALTH PLANNING COUNCIL, SUFFICIENT EXPERIENCE AND EXPERTISE
45 IN DELIVERING HIGH QUALITY HEALTH CARE SERVICES. SUCH DIAGNOSTIC AND
46 TREATMENT CENTERS SHALL BE REFERRED TO IN THIS SECTION AS "LIMITED
47 SERVICES CLINICS." FOR PURPOSES OF THIS SUBDIVISION, THE PUBLIC HEALTH
48 AND HEALTH PLANNING COUNCIL SHALL ADOPT AND AMEND RULES AND REGULATIONS,
49 NOTWITHSTANDING ANY INCONSISTENT PROVISION OF THIS SECTION, TO ADDRESS
50 ANY MATTER IT DEEMS PERTINENT TO THE ESTABLISHMENT OF LIMITED SERVICES
51 CLINICS; PROVIDED THAT SUCH RULES AND REGULATIONS SHALL INCLUDE, BUT NOT
52 BE LIMITED TO, PROVISIONS GOVERNING OR RELATING TO: (I) ANY DIRECT OR
53 INDIRECT CHANGES OR TRANSFERS OF OWNERSHIP INTERESTS OR VOTING RIGHTS IN
54 SUCH ENTITIES OR THEIR STOCKHOLDERS OR MEMBERS, AS APPLICABLE, AND
55 PROVIDE FOR PUBLIC HEALTH AND HEALTH PLANNING COUNCIL APPROVAL OF ANY
56 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 OF THE LIMITED SERVICES CLINICS; AND (III) RELATING TO THE CHARACTER AND COMPETENCE AND QUALIFICATIONS OF, AND CHANGES RELATING TO, THE DIRECTORS AND OFFICERS OF THE OPERATOR AND ITS PRINCIPAL STOCKHOLDERS, CONTROLLING PERSONS, PARENT COMPANY OR SPONSORS.

(B) THE FOLLOWING PROVISIONS OF THIS SECTION SHALL NOT APPLY TO LIMITED SERVICES CLINICS OPERATED PURSUANT TO THIS SUBDIVISION: (I) PARAGRAPH (A) OF SUBDIVISION THREE OF THIS SECTION; (II) PARAGRAPH (B) OF SUBDIVISION THREE OF THIS SECTION, RELATING TO STOCKHOLDERS AND MEMBERS OTHER THAN PRINCIPAL STOCKHOLDERS AND PRINCIPAL MEMBERS; (III) PARAGRAPH (C) OF SUBDIVISION FOUR OF THIS SECTION, RELATING TO THE DISPOSITION OF STOCK OR VOTING RIGHTS; AND (IV) PARAGRAPH (E) OF SUBDIVISION FOUR OF THIS SECTION, RELATING TO THE OWNERSHIP OF STOCK OR MEMBERSHIP.

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

(D) THE COMMISSIONER SHALL PROMULGATE REGULATIONS SETTING FORTH OPERATIONAL AND PHYSICAL PLANT STANDARDS FOR LIMITED SERVICES CLINICS, WHICH MAY BE DIFFERENT FROM THE REGULATIONS OTHERWISE APPLICABLE TO DIAGNOSTIC OR TREATMENT CENTERS, INCLUDING, BUT NOT LIMITED TO: REQUIRING ACCREDITATION; DESIGNATING OR LIMITING THE TREATMENTS AND SERVICES THAT MAY BE PROVIDED; PROHIBITING THE PROVISION OF SERVICES TO PATIENTS TWENTY-FOUR MONTHS OF AGE OR YOUNGER; THE PROVISION OF SPECIFIC IMMUNIZATIONS TO PATIENTS YOUNGER THAN EIGHTEEN YEARS OF AGE; AND REQUIREMENTS OR GUIDELINES FOR ADVERTISING AND SIGNAGE, DISCLOSURE OF OWNERSHIP INTERESTS, INFORMED CONSENT, RECORD KEEPING, REFERRAL FOR TREATMENT AND CONTINUITY OF CARE, CASE REPORTING TO THE PATIENT'S PRIMARY CARE OR OTHER HEALTH CARE PROVIDERS, DESIGN, CONSTRUCTION, FIXTURES, AND EQUIPMENT. SUCH REGULATIONS ALSO SHALL PROMOTE AND STRENGTHEN PRIMARY CARE THROUGH: (I) THE INTEGRATION OF SERVICES PROVIDED BY LIMITED SERVICES CLINICS WITH THE SERVICES PROVIDED BY THE PATIENT'S OTHER HEALTH CARE PROVIDERS; AND (II) THE REFERRAL OF PATIENTS TO APPROPRIATE HEALTH CARE PROVIDERS, INCLUDING APPROPRIATE TRANSMISSION OF PATIENT HEALTH RECORDS.

(E) NOTWITHSTANDING THIS SUBDIVISION AND ANY OTHER LAW OR REGULATION TO THE CONTRARY AND SUBJECT TO THE PROVISIONS OF SECTION TWENTY-EIGHT HUNDRED TWO OF THIS ARTICLE, A DIAGNOSTIC AND TREATMENT CENTER, COMMUNITY HEALTH CENTER OR FEDERALLY QUALIFIED HEALTH CENTER MAY OPERATE A LIMITED SERVICES CLINIC WHICH MEETS THE REGULATION PROMULGATED PURSUANT TO PARAGRAPH (D) OF THIS SUBDIVISION REGARDING OPERATIONAL AND PHYSICAL PLANT STANDARDS FOR LIMITED SERVICES CLINICS.

S 21-a. Section 2802 of the public health law is amended by adding a new subdivision 8 to read as follows:

8. NOTWITHSTANDING ANY LAW, RULE OR REGULATION TO THE CONTRARY, A GENERAL HOSPITAL ESTABLISHED PURSUANT TO SECTION TWENTY-EIGHT HUNDRED ONE-A OF THIS ARTICLE MAY SUBMIT AN APPLICATION PURSUANT TO THIS SECTION TO OPERATE A LIMITED SERVICES CLINIC THAT MEETS THE REGULATIONS PROMULGATED PURSUANT TO PARAGRAPH (D) OF SUBDIVISION SEVENTEEN OF SECTION TWENTY-EIGHT HUNDRED ONE-A OF THIS ARTICLE REGARDING OPERATIONAL AND PHYSICAL PLANT STANDARDS.

S 22. Intentionally omitted.

S 23. Intentionally omitted.

S 24. Intentionally omitted.

1 S 25. Intentionally omitted.

2 S 26. Intentionally omitted.

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

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

15 2. THE COMMISSIONER SHALL ENTER INTO A MULTI-YEAR CONTRACT FOR THE
16 OPERATION AND PROMOTION OF THE DONATE LIFE REGISTRY SUBJECT TO SUCH
17 TERMS AND CONDITIONS AS MAY BE CONTAINED WITHIN SUCH CONTRACT WITH A
18 STATEWIDE NOT-FOR-PROFIT ORGANIZATION THAT HAS EXPERIENCE WORKING WITH
19 ORGAN, EYE AND TISSUE PROCUREMENT ORGANIZATIONS, HAS EXPERTISE IN
20 CONDUCTING ORGAN, EYE AND TISSUE DONOR PROMOTIONAL CAMPAIGNS, AND IS
21 AFFILIATED WITH THE ORGAN, EYE AND TISSUE DONATION COMMUNITY THROUGHOUT
22 THE STATE. THE CONTRACTOR MAY SUBCONTRACT AS NEEDED FOR THE EFFECTIVE
23 PERFORMANCE OF THE CONTRACT. THE CONTRACTOR SHALL INFORM THE COMMISSION-
24 ER OF SUCH SUBCONTRACTORS AND SHALL SUBMIT THE TERMS OF SUCH SUBCON-
25 TRACTS TO THE COMMISSIONER. ANY APPLICABLE STATE AGENCY, INCLUDING, BUT
26 NOT LIMITED TO, THE DEPARTMENT, THE DEPARTMENT OF MOTOR VEHICLES, AND
27 THE BOARD OF ELECTIONS SHALL COOPERATE IN THE COLLECTION AND TRANSFER OF
28 REGISTRANT DATA TO THE DONATE LIFE REGISTRY.

29 3. THE DUTIES OF THE CONTRACTOR OR CONTRACTORS SHALL INCLUDE, BUT NOT
30 BE LIMITED TO, THE FOLLOWING:

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

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

38 (C) PROVISION OF WRITTEN OR ELECTRONIC NOTIFICATION OF REGISTRATION IN
39 THE DONATE LIFE REGISTRY TO AN INDIVIDUAL ENROLLING IN THE DONATE LIFE
40 REGISTRY; AND

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

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

47 (II) THE CHARACTERISTICS OF REGISTRANTS AS DETERMINED FROM THE DONATE
48 LIFE REGISTRY INFORMATION;

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

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

54 (V) ACCOUNTING STATEMENTS OF EXPENDITURES FOR THE PURPOSES OF MAIN-
55 TAINING THE DONATE LIFE REGISTRY AND PROMOTIONAL CAMPAIGNS AND INITI-
56 ATIVES.

1 4. FOR THE PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN THROUGH MARCH
2 THIRTY-FIRST, TWO THOUSAND FIFTEEN, PAYMENTS TO THE CONTRACTOR FOR THE
3 OPERATION OF THE DONATE LIFE REGISTRY SHALL BE PAID PURSUANT TO AN
4 APPROPRIATION WITHIN THE DEPARTMENT OF HEALTH. BEGINNING APRIL FIRST,
5 TWO THOUSAND FIFTEEN AND THEREAFTER, PAYMENTS TO THE CONTRACTOR FOR THE
6 OPERATION OF THE DONATE LIFE REGISTRY MAY BE PAID BY THE DEPARTMENT FROM
7 FUNDS DEPOSITED INTO THE LIFE PASS IT ON TRUST FUND PURSUANT TO SECTION
8 NINETY-FIVE-D OF THE STATE FINANCE LAW, AS ADDED BY CHAPTER FOUR HUNDRED
9 FIFTEEN OF THE LAWS OF TWO THOUSAND THREE, WHICH ARE DESIGNATED FOR
10 MAINTAINING AND OPERATING THE DONATE LIFE REGISTRY AS DEEMED APPROPRIATE
11 BY THE COMMISSIONER. IN ADDITION, THE CONTRACTOR MAY RECEIVE AND USE
12 VOLUNTARY CONTRIBUTIONS.

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

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

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

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

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

4. If the department had an established registry prior to the effective date of this section, it shall be deemed to meet the requirements of this section.

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

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

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

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

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

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

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

(B) ACCESS TO THE DONATE LIFE REGISTRY SHALL HAVE REASONABLE SECURITY MEASURES SET FORTH IN THE CONTRACT, COMPARABLE TO THOSE COMMONLY EMPLOYED BY ORGAN DONOR REGISTRIES IN OTHER STATES TO PROTECT THE INTEGRITY OF THE IDENTIFIABLE DATA IN THE DONATE LIFE REGISTRY, WHICH MAY ONLY BE ACCESSED BY THE PARTIES DESCRIBED IN PARAGRAPH (A) OF THIS SUBDIVISION AND ONLY FOR THE PURPOSES OF DETERMINING DONOR STATUS AT OR NEAR THE TIME OF DEATH OF AN INDIVIDUAL, BY THE DEPARTMENT FOR ANY PURPOSE, AND BY THE CONTRACTOR ONLY FOR PURPOSES OF QUALITY ASSESSMENT AND IMPROVEMENT, TECHNICAL SUPPORT AND DONOR SERVICES, OR BY INDIVIDUAL REGISTRANTS FOR THE PURPOSES OF CONFIRMING THE ACCURACY AND VALIDITY OF THEIR REGISTRATION OR MAKING, AMENDING OR REVOKING THEIR REGISTRATION.

(C) DE-IDENTIFIED AND DEMOGRAPHIC INFORMATION MAY BE ACCESSED BY THE ENTITIES LISTED IN PARAGRAPH (A) OF THIS SUBDIVISION OR THEIR DESIGNEES

1 FOR PURPOSES OF ANALYSIS, PROMOTION, EDUCATION, QUALITY IMPROVEMENT AND
2 TECHNICAL SUPPORT.

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

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

10 10. AN INTERAGENCY WORKGROUP, COMPOSED OF THE COMMISSIONER, THE
11 COMMISSIONER OF THE DEPARTMENT OF MOTOR VEHICLES, A CHAIR OF THE BOARD
12 OF ELECTIONS, OR THEIR DESIGNEES, AND SUCH OTHER INDIVIDUALS AS MAY BE
13 DESIGNATED BY THE COMMISSIONER, SHALL BE ESTABLISHED TO MEET WITH THE
14 CONTRACTOR AT LEAST ANNUALLY TO REVIEW THE STATUS OF THE DONOR REGISTRY,
15 TO EXAMINE STEPS THAT MIGHT BE TAKEN BY STATE AGENCIES TO ENHANCE ITS
16 PERFORMANCE AND TO MAKE RECOMMENDATIONS TO THE CONTRACTOR.

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

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

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

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

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

41 9. (A) THE PRIOR WRITTEN APPROVAL OF THE DEPARTMENT IS REQUIRED FOR:
42 (I) ANY TRANSFER, ASSIGNMENT OR OTHER DISPOSITION OF TEN PERCENT OR MORE
43 OF AN INTEREST OR VOTING RIGHTS IN A PARTNERSHIP, BUSINESS CORPORATION
44 OR LIMITED LIABILITY COMPANY WHICH IS THE OPERATOR OF AN ADULT CARE
45 FACILITY TO A NEW PARTNER, SHAREHOLDER OR MEMBER; OR (II) ANY TRANSFER,
46 ASSIGNMENT OR OTHER DISPOSITION OF INTEREST OR VOTING RIGHTS IN A PART-
47 NERSHIP, BUSINESS CORPORATION OR LIMITED LIABILITY COMPANY WHICH IS THE
48 OPERATOR OF AN ADULT CARE FACILITY WHICH RESULTS IN THE OWNERSHIP OR
49 CONTROL OF MORE THAN TEN PERCENT OF THE INTEREST OR VOTING RIGHTS THERE-
50 UNDER BY ANY PERSON WHO HAS NOT BEEN PREVIOUSLY APPROVED BY THE DEPART-
51 MENT FOR THAT OPERATOR.

52 (B) WITH RESPECT TO A TRANSFER, ASSIGNMENT OR DISPOSITION INVOLVING
53 LESS THAN TEN PERCENT OF AN INTEREST OR VOTING RIGHTS IN SUCH PARTNER-
54 SHIP, BUSINESS CORPORATION OR LIMITED LIABILITY COMPANY TO A NEW PART-
55 NER, SHAREHOLDER OR MEMBER, NO PRIOR APPROVAL OF THE DEPARTMENT SHALL BE
56 REQUIRED. HOWEVER, NO SUCH TRANSACTION SHALL BE EFFECTIVE UNLESS AT

1 LEAST NINETY DAYS PRIOR TO THE INTENDED EFFECTIVE DATE THEREOF, THE
2 PARTNERSHIP, BUSINESS CORPORATION OR LIMITED LIABILITY COMPANY FULLY
3 COMPLETES AND FILES WITH THE DEPARTMENT NOTICE ON A FORM, TO BE DEVEL-
4 OPED BY THE DEPARTMENT, WHICH SHALL DISCLOSE SUCH INFORMATION AS MAY
5 REASONABLY BE NECESSARY FOR THE DEPARTMENT TO DETERMINE WHETHER IT
6 SHOULD PROHIBIT THE TRANSACTION. WITHIN NINETY DAYS FROM THE DATE OF
7 RECEIPT OF SUCH NOTICE, THE DEPARTMENT MAY PROHIBIT ANY SUCH TRANSACTION
8 UNDER THIS SUBPARAGRAPH IF IT FINDS: (I) THERE ARE REASONABLE GROUNDS
9 TO BELIEVE THE PROPOSED TRANSACTION DOES NOT SATISFY THE CHARACTER AND
10 COMPETENCE REVIEW, AS MAY BE APPROPRIATE; OR (II) IF THE TRANSACTION,
11 TOGETHER WITH ALL OTHER SUCH TRANSACTIONS DURING ANY FIVE YEAR PERIOD,
12 WOULD IN THE AGGREGATE, INVOLVE TWENTY-FIVE PERCENT OR MORE OF THE
13 INTEREST IN THE ENTITY THAT CONSTITUTES THE OPERATOR. THE DEPARTMENT
14 SHALL STATE THE SPECIFIC REASONS FOR PROHIBITING ANY TRANSACTION UNDER
15 THIS SUBPARAGRAPH AND SHALL SO NOTIFY EACH PARTY TO THE PROPOSED TRANS-
16 ACTION.

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

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

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

55 1. (a) "Services for non-residents in adult homes, residences for
56 adults and enriched housing programs" shall mean an organized program of

1 services which the facility is authorized to provide to residents of
2 such facility but which are provided to non-residents for the purpose of
3 restoring, maintaining or developing the capacity of aged or disabled
4 persons to remain in or return to the community. Such services may
5 include but shall not be limited to day programs and temporary residen-
6 tial care as defined herein. A person participating in a program of
7 services for non-residents in an adult care facility shall be considered
8 a resident of the facility and shall be afforded all the rights and
9 protections afforded residents of the facility under this chapter except
10 that the provisions of sections four hundred sixty-one-g and four
11 hundred sixty-one-h of this title relating to termination of admission
12 agreements shall not apply and that persons receiving services pursuant
13 to this section shall not be considered to be receiving residential care
14 as defined in section two hundred nine of this chapter for purposes of
15 determining eligibility for and the amount of supplemental security
16 income benefits and additional state payments.

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

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

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

41 S 32. Intentionally omitted.

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

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

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

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

52 2. A hospital, residential health care facility, or certified home
53 health agency seeking authorization to provide a long term home health
54 care program shall transmit to the commissioner an application setting
55 forth the scope of the proposed program. Such application shall be in a
56 format and shall be submitted in a quantity determined by the commis-

1 sioner. The commissioner shall transmit the application to the public
2 health and health planning council and to the health systems agency, if
3 any, having geographic jurisdiction of the area where the proposed
4 program is to be located. The application shall include a detailed
5 description of the proposed program including, but not limited to, the
6 following:

- 7 (a) an outline of the institution's or agency's plans for the program;
- 8 (b) the need for the proposed program;
- 9 (c) the number and types of personnel to be employed;
- 10 (d) the ability of the agency, hospital, or facility to provide the
11 program;
- 12 (e) the estimated number of visits to be provided;
- 13 (f) the geographic area in which the proposed programs will be
14 provided;
- 15 (g) any special or unusual services, programs, or equipment to be
16 provided;
- 17 (h) a demonstration that the proposed program is feasible and adequate
18 in terms of both short range and long range goals;
- 19 (i) such other information as the commissioner may require.

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

- 28 (a) the public need for the program at the time and place and under
29 the circumstances proposed;
- 30 (b) the financial resources of the provider of the proposed program
31 and its sources of future revenues;
- 32 (c) the ability of the proposed program to meet those standards estab-
33 lished for participation as a home health agency under title XVIII of
34 the federal Social Security Act; and
- 35 (d) such other matters as it shall deem pertinent.

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

- 47 (a) the public need for the existence of the program at the time and
48 place and under the circumstances proposed;
- 49 (b) the financial resources of the provider of the proposed program
50 and its sources of future revenues;
- 51 (c) the ability of the proposed program to meet those standards estab-
52 lished for participation as a home health agency under title XVIII of
53 the federal Social Security Act; and
- 54 (d) such other matters as he or she shall deem pertinent.

55 If the application is approved, the applicant shall be so notified in
56 writing. The commissioner's written approval of the application shall

1 constitute authorization to provide a long term home health care
2 program. [In making his or her authorization, the commissioner shall
3 stipulate the maximum number of persons which a provider of a long term
4 home health care program may serve.] If the commissioner proposes to
5 disapprove the application, he or she shall notify the applicant in
6 writing, stating his or her reasons for disapproval, and afford the
7 applicant an opportunity for a public hearing.

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

10 S 37. Section 32 of part A of chapter 58 of the laws of 2008, amending
11 the elder law and other laws relating to reimbursement to particular
12 provider pharmacies and prescription drug coverage, as amended by
13 section 26 of part A of chapter 59 of the laws of 2011, is amended to
14 read as follows:

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

34 S 38. Intentionally omitted.

35 S 39. Subdivision 6 of section 2899 of the public health law, as
36 amended by chapter 331 of the laws of 2006, is amended to read as
37 follows:

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

43 S 40. Paragraph (a) of subdivision 9 of section 2899-a of the public
44 health law, as amended by chapter 331 of the laws of 2006, is amended to
45 read as follows:

46 (a) In the event that funds are appropriated in any given fiscal year
47 for the reimbursement for the costs of providing such criminal history
48 information, reimbursement shall be made available in an equitable and
49 direct manner for the projected cost of the fee established pursuant to
50 law by the division of criminal justice services for processing a crimi-
51 nal history information check, the fee imposed by the federal bureau of
52 investigation for a national criminal history check, and costs associ-
53 ated with obtaining the fingerprints to all providers licensed, but not
54 certified under article thirty-six of this chapter, AND ALL ADULT CARE
55 FACILITIES LICENSED UNDER ARTICLE SEVEN OF THE SOCIAL SERVICES LAW,
56 including those that are subject to this article and are unable to

1 access direct reimbursement from state and/or federal funded health
2 programs.

3 S 41. The social services law is amended by adding a new section 461-t
4 to read as follows:

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

10 S 42. Subdivision 1 of section 2557 of the public health law, as
11 amended by section 4 of part C of chapter 1 of the laws of 2002, is
12 amended to read as follows:

13 1. The approved costs for an eligible child who receives an evaluation
14 and early intervention services pursuant to this title shall be a charge
15 upon the municipality wherein the eligible child resides AND THE STATE
16 or, where the services are covered by the medical assistance program,
17 upon the social services district of fiscal responsibility with respect
18 to those eligible children who are also eligible for medical assistance.
19 All approved costs shall be paid IN FULL AT THE STATE APPROVED EARLY
20 INTERVENTION RATE in the first instance [and at least quarterly by the
21 appropriate governing body or officer of the municipality upon vouchers
22 presented and audited in the same manner as the case of other claims
23 against the municipality] BY THE STATE OR ITS DESIGNATED FISCAL AGENT TO
24 A PROVIDER WITHIN THIRTY DAYS OF THE RECEIPT BY THE STATE OR ITS DESIG-
25 NATED STATE FISCAL AGENT OF AN INITIAL CLAIM FROM A PROVIDER. THE STATE
26 OR ITS DESIGNATED FISCAL AGENT SHALL ONLY SEEK PAYMENT FROM MUNICI-
27 PALITIES FOR THE MEDICAL ASSISTANCE PROGRAM OR THIRD PARTY PAYOR CLAIMS
28 AFTER THE STATE OR ITS DESIGNATED FISCAL AGENT HAS RECEIVED PAYMENT FROM
29 ALL THIRD PARTY PAYORS AND THE MEDICAL ASSISTANCE PROGRAM, AND CONDUCTED
30 ALL APPEALS OF PAYMENT DENIALS BY ALL THIRD PARTY PAYORS. WHERE A
31 PROVIDER'S ASSIGNMENT IS CALLED FOR UNDER PARAGRAPH (D) OF SUBDIVISION
32 THREE OF SECTION TWENTY-FIVE HUNDRED FIFTY-NINE OF THIS TITLE, THE
33 ASSIGNMENT SHALL BE PART OF THE PROVIDER'S CLAIM. Notwithstanding the
34 insurance law or regulations thereunder relating to the permissible
35 exclusion of payments for services under governmental programs, no such
36 exclusion shall apply with respect to payments made pursuant to this
37 title. Notwithstanding the insurance law or any other law or agreement
38 to the contrary, benefits under this title shall be considered secondary
39 to any plan of insurance or state government benefit program under which
40 an eligible child may have coverage. Nothing in this section shall
41 increase or enhance coverages provided for within an insurance contract
42 subject to the provisions of this title.

43 S 43. The opening paragraph of paragraph (a) of subdivision 3 of
44 section 2559 of the public health law, as amended by section 11 of part
45 A of chapter 56 of the laws of 2012, is amended to read as follows:

46 [Providers of evaluations and early intervention services, hereinafter
47 collectively referred to in this subdivision as "provider" or "provid-
48 ers",] THE STATE OR ITS DESIGNATED FISCAL AGENT shall [in the first
49 instance and], where applicable, seek payment from all third party
50 payors including governmental agencies [prior to claiming payment from a
51 given municipality] for evaluations conducted under the program and for
52 services rendered to eligible children, provided that, the obligation to
53 seek payment shall not apply to a payment from a third party payor who
54 is not prohibited from applying such payment, and will apply such
55 payment, to an annual or lifetime limit specified in the insured's poli-
56 cy. THE STATE OR ITS DESIGNATED FISCAL AGENT SHALL BE RESPONSIBLE FOR

1 FILING AND CONDUCTING ALL APPEALS OF PAYMENT DENIALS BY ALL THIRD PARTY
2 PAYORS INCLUDING GOVERNMENTAL AGENCIES, AND TRACKING CLAIMS SUBMITTED TO
3 ALL THIRD PARTY PAYORS INCLUDING GOVERNMENTAL AGENCIES.

4 S 44. Paragraph (a) of subdivision 3 of section 2559 of the public
5 health law is amended by adding a new subparagraph (iv) to read as
6 follows:

7 (IV) THE FISCAL AGENT SHALL, AT LEAST QUARTERLY, CONDUCT A RECONCIL-
8 IATION OF THIRD PARTY REIMBURSEMENT PURSUANT TO THIS SUBDIVISION AND
9 PROVIDE REIMBURSEMENT AT LEVELS IN ACCORDANCE WITH THIS TITLE TO THE
10 STATE AND MUNICIPALITIES.

11 S 45. Paragraph (d) of subdivision 3 of section 2559 of the public
12 health law, as amended by section 11 of part A of chapter 56 of the laws
13 of 2012, is amended to read as follows:

14 (d) A municipality, or its designee, and [a provider] THE STATE OR ITS
15 DESIGNATED FISCAL AGENT shall be subrogated, to the extent of the
16 expenditures by such municipality or for early intervention services
17 furnished to persons eligible for benefits under this title, to any
18 rights such person may have or be entitled to from third party
19 reimbursement. The [provider] STATE OR ITS DESIGNATED FISCAL AGENT shall
20 submit notice to the insurer or plan administrator of [his or her] ITS
21 exercise of such right of subrogation [upon the provider's assignment as
22 the early intervention service provider for the child]. The right of
23 subrogation does not attach to benefits paid or provided under any
24 health insurance policy or health benefits plan prior to receipt of
25 written notice of the exercise of subrogation rights by the insurer or
26 plan administrator providing such benefits.

27 S 46. Intentionally omitted.

28 S 47. Intentionally omitted.

29 S 48. Notwithstanding any law, rule or regulation to the contrary, the
30 commissioner of health may accept, as evidence of compliance with perti-
31 nent public health law requirements and other applicable laws, rules and
32 regulations, accreditation of a clinical laboratory by an organization
33 with deeming status granted by the Centers for Medicare and Medicaid
34 Services pursuant to Clinical Laboratory Improvement Amendments (CLIA).
35 The commissioner of health may exempt any such accredited laboratory
36 from inspection and/or proficiency testing requirements established by
37 the public health law. Nothing herein shall be construed to prohibit the
38 department of health from investigating complaints made against clinical
39 laboratories.

40 S 49. Section 2802 of the public health law is amended by adding a new
41 subdivision 9 to read as follows:

42 9. NOTWITHSTANDING ANY LAW, RULE, OR REGULATION TO THE CONTRARY, THIS
43 SUBDIVISION SHALL APPLY TO ANY APPLICATION FOR CONSTRUCTION REQUIRED
44 UNDER THIS SECTION WITH THE EXCEPTION OF THOSE FEDERALLY QUALIFIED
45 HEALTH CENTER CAPITAL PROJECTS SUBJECT TO SECTION TWENTY-EIGHT HUNDRED
46 SEVEN-Z OF THIS ARTICLE.

47 (A) THE DEPARTMENT SHALL HAVE THIRTY DAYS OF RECEIPT OF ANY APPLICA-
48 TION TO DEEM SUCH APPLICATION COMPLETE. IF THE DEPARTMENT DETERMINES THE
49 APPLICATION IS INCOMPLETE OR THAT MORE INFORMATION IS REQUIRED, THE
50 DEPARTMENT SHALL NOTIFY THE APPLICANT IN WRITING WITHIN THIRTY DAYS OF
51 THE DATE OF THE APPLICATION'S SUBMISSION, AND THE APPLICANT SHALL HAVE
52 TWENTY BUSINESS DAYS TO PROVIDE ADDITIONAL INFORMATION OR OTHERWISE
53 CORRECT THE DEFICIENCY IN THE APPLICATION.

54 (B) FOR AN APPLICATION REQUIRING A LIMITED OR ADMINISTRATIVE REVIEW,
55 WITHIN NINETY DAYS OF THE DEPARTMENT DEEMING THE APPLICATION COMPLETE,
56 THE COMMISSIONER SHALL MAKE A DECISION TO APPROVE OR DISAPPROVE THE

APPLICATION. IF THE COMMISSIONER DETERMINES TO DISAPPROVE THE APPLICATION, THE BASIS FOR SUCH DISAPPROVAL SHALL BE PROVIDED IN WRITING; HOWEVER, DISAPPROVAL SHALL NOT BE BASED ON THE INCOMPLETENESS OF THE APPLICATION. IF THE COMMISSIONER FAILS TO TAKE ACTION TO APPROVE OR DISAPPROVE THE APPLICATION WITHIN NINETY DAYS OF THE APPLICATION BEING DEEMED COMPLETE, THE APPLICATION SHALL BE DEEMED APPROVED.

(C) FOR AN APPLICATION REQUIRING FULL REVIEW BY THE COUNCIL, THE APPLICATION SHALL BE PLACED ON THE NEXT COUNCIL AGENDA FOLLOWING THE DEPARTMENT DEEMING THE APPLICATION COMPLETE.

(D) WHERE THE COMMISSIONER OR DEPARTMENT REQUIRES THE APPLICANT TO SUBMIT INFORMATION TO SATISFY A CONTINGENCY FOR A CONSTRUCTION PROJECT, THE COMMISSIONER OR DEPARTMENT SHALL HAVE THIRTY DAYS TO REVIEW AND APPROVE OR DISAPPROVE THE SUBMITTED INFORMATION. IF THE COMMISSIONER OR DEPARTMENT DETERMINES THAT THE SUBMITTED INFORMATION IS INCOMPLETE, IT SHALL SO NOTIFY THE APPLICANT IN WRITING AND PROVIDE THE APPLICANT WITH TEN BUSINESS DAYS TO CORRECT THE DEFICIENCY OR PROVIDE ADDITIONAL INFORMATION. IF THE COMMISSIONER OR DEPARTMENT DETERMINES THAT THE SUBMITTED INFORMATION DOES NOT SATISFY THE CONTINGENCY, THE BASIS FOR SUCH DISAPPROVAL SHALL BE PROVIDED IN WRITING; HOWEVER, DISAPPROVAL SHALL NOT BE BASED ON THE INCOMPLETENESS OF THE APPLICATION. WITHIN FIFTEEN DAYS OF COMPLETE SATISFACTION OF A CONTINGENCY, THE COMMISSIONER OR DEPARTMENT SHALL TRANSMIT THE FINAL APPROVAL LETTER TO THE APPLICANT.

(E) THE DEPARTMENT SHALL DEVELOP EXPEDITED PRE-OPENING SURVEY PROCESSES FOR APPLICATIONS APPROVED UNDER THIS SECTION, BUT UNDER NO CIRCUMSTANCES SHALL PRE-OPENING SURVEY REVIEWS BE SCHEDULED LATER THAN THIRTY DAYS AFTER FINAL APPROVAL, CONSTRUCTION COMPLETION AND NOTIFICATION OF SUCH COMPLETION OF THE DEPARTMENT.

S 50. Section 2802 of the public health law is amended by adding a new subdivision 10 to read as follows:

10. WITH REGARD TO ANY CONSTRUCTION PROJECT REQUIRING SUBMISSION OF AN APPLICATION PURSUANT TO THIS SECTION WHERE THE COMMISSIONER HAS DETERMINED THAT A WRITTEN CERTIFICATION BY AN ARCHITECT OR ENGINEER LICENSED BY THE STATE OF NEW YORK THAT THE PROJECT MEETS APPLICABLE REGULATIONS OF THE DEPARTMENT CAN BE ACCEPTED, THE SUBMISSION BY THE APPLICANT OF SUCH CERTIFICATION BY CERTIFIED OR REGISTERED MAIL WITH A RETURN RECEIPT SIGNED BY THE DEPARTMENT SHALL CONSTITUTE A FULFILLMENT OF THE CERTIFICATION REQUIREMENT AND THE DEPARTMENT SHALL PROCEED WITH THE PROCESSING OF SUCH APPLICATION. NOTHING HEREIN SHALL BE CONSTRUED AS PROHIBITING THE DEPARTMENT UPON SURVEY FROM REQUIRING SUBSEQUENT CORRECTIONS TO THE PROJECT TO MEET THE APPLICABLE REGULATIONS.

S 51. Section 2904-b of the public health law is REPEALED.

S 52. Intentionally omitted.

S 53. Intentionally omitted.

S 54. Intentionally omitted.

S 55. Intentionally omitted.

S 56. Intentionally omitted.

S 57. Intentionally omitted.

S 58. Intentionally omitted.

S 58-a. The public health law is amended by adding a new section 2997-e to read as follows:

S 2997-E. PROVISION OF CONTACT INFORMATION RELATING TO LONG TERM CARE. WHENEVER A HEALTH CARE PROVIDER OR PRACTITIONER MAKES A RECOMMENDATION REGARDING THE NECESSITY OF LONG TERM CARE SERVICES OR A REFERRAL FOR THE RECEIPT OF LONG TERM CARE SERVICES TO A PATIENT, THE PATIENT OR PATIENT'S DESIGNATED REPRESENTATIVE SHALL BE PROVIDED BY THE HEALTH CARE PROVIDER OR PRACTITIONER THE CONTACT INFORMATION FOR NY CONNECTS: CHOIC-

1 ES FOR LONG TERM CARE, ESTABLISHED PURSUANT TO SUBDIVISION EIGHT OF
2 SECTION TWO HUNDRED THREE OF THE ELDER LAW, THAT CORRESPONDS TO THE
3 PATIENT'S COUNTY OF RESIDENCE OR PROSPECTIVE COUNTY OF RESIDENCE BASED
4 ON THE PREFERENCE OF THE PATIENT.

5 S 59. Section 6802 of the education law is amended by adding three new
6 subdivisions 24, 25 and 26 to read as follows:

7 24. "COMPOUNDING" MEANS THE COMBINING, ADMIXING, MIXING, DILUTING,
8 POOLING, RECONSTITUTING, OR OTHERWISE ALTERING OF A DRUG OR BULK DRUG
9 SUBSTANCE TO CREATE A DRUG.

10 25. "OUTSOURCING FACILITY" MEANS A FACILITY THAT:

11 A. IS ENGAGED IN THE COMPOUNDING OF STERILE DRUGS;

12 B. IS CURRENTLY REGISTERED AS AN OUTSOURCING FACILITY WITH THE SECRE-
13 TARY OF HEALTH AND HUMAN SERVICES; AND

14 C. COMPLIES WITH ALL APPLICABLE REQUIREMENTS OF FEDERAL AND STATE LAW,
15 INCLUDING THE FEDERAL FOOD, DRUG AND COSMETIC ACT.

16 26. "STERILE DRUG" MEANS A DRUG THAT IS INTENDED FOR A PARENTERAL
17 ADMINISTRATION, AN OPHTHALMIC OR ORAL INHALATION DRUG IN AQUEOUS FORMAT,
18 OR A DRUG THAT IS REQUIRED TO BE STERILE UNDER FEDERAL OR STATE LAW.

19 S 60. Subdivision 1 of section 6808 of the education law, as added by
20 chapter 987 of the laws of 1971, is amended to read as follows:

21 1. No person, firm, corporation or association shall possess drugs,
22 prescriptions or poisons for the purpose of compounding, dispensing,
23 retailing, wholesaling, or manufacturing, or shall offer drugs,
24 prescriptions or poisons for sale at retail or wholesale unless regis-
25 tered by the department as a pharmacy, [store,] wholesaler, [or]
26 manufacturer OR OUTSOURCING FACILITY.

27 S 61. Subdivisions 5, 6 and 7 of section 6808 of the education law are
28 renumbered as subdivisions 6, 7 and 8 and a new subdivision 5 is added
29 to read as follows:

30 5. OUTSOURCING FACILITY'S REGISTRATION.

31 I. OBTAINING A REGISTRATION. AN OUTSOURCING FACILITY SHALL BE REGIS-
32 TERED AS FOLLOWS:

33 II. AN APPLICATION FOR INITIAL REGISTRATION OR RENEWAL OF REGISTRATION
34 SHALL BE MADE ON A FORM PRESCRIBED BY THE DEPARTMENT.

35 2. AN APPLICATION FOR INITIAL REGISTRATION SHALL BE ACCOMPANIED BY A
36 FEE OF EIGHT HUNDRED TWENTY-FIVE DOLLARS.

37 B. RENEWAL OF REGISTRATION. ALL OUTSOURCING FACILITIES' REGISTRATIONS
38 SHALL BE RENEWED ON A DATE SET BY THE DEPARTMENT. THE TRIENNIAL REGIS-
39 TRATION FEE SHALL BE FIVE HUNDRED TWENTY DOLLARS OR A PRO RATED PORTION
40 THEREOF AS DETERMINED BY THE DEPARTMENT.

41 C. DISPLAY OF REGISTRATION. THE REGISTRATION SHALL BE DISPLAYED
42 CONSPICUOUSLY IN THE PLACE OF BUSINESS.

43 D. CHANGE OF LOCATION. IN THE EVENT THAT THE LOCATION OF SUCH PLACE OF
44 BUSINESS SHALL BE CHANGED, THE OWNER SHALL APPLY TO THE DEPARTMENT FOR
45 INSPECTION OF THE NEW LOCATION AND ENDORSEMENT OF THE REGISTRATION FOR
46 THE NEW LOCATION. THE FEE FOR INSPECTION AND ENDORSEMENT SHALL BE ONE
47 HUNDRED SEVENTY-FIVE DOLLARS, UNLESS IT APPEARS TO THE SATISFACTION OF
48 THE DEPARTMENT THAT THE CHANGE IN LOCATION IS OF A TEMPORARY NATURE DUE
49 TO FIRE, FLOOD OR OTHER DISASTER.

50 E. UPON INITIALLY REGISTERING AS AN OUTSOURCING FACILITY AND EVERY SIX
51 MONTHS THEREAFTER, EACH OUTSOURCING FACILITY SHALL SUBMIT TO THE EXECU-
52 TIVE SECRETARY OF THE STATE BOARD OF PHARMACY A REPORT:

53 I. IDENTIFYING THE DRUGS COMPOUNDED BY SUCH OUTSOURCING FACILITY
54 DURING THE PREVIOUS SIX-MONTH PERIOD; AND

55 II. WITH RESPECT TO EACH DRUG IDENTIFIED UNDER SUBPARAGRAPH I, PROVID-
56 ING THE ACTIVE INGREDIENT; THE SOURCE OF SUCH ACTIVE INGREDIENT; THE

1 NATIONAL DRUG CODE NUMBER OF THE SOURCE DRUG OR BULK ACTIVE INGREDIENT,
2 IF AVAILABLE; THE STRENGTH OF THE ACTIVE INGREDIENT PER UNIT; THE DOSAGE
3 FORM AND ROUTE OF ADMINISTRATION; THE PACKAGE DESCRIPTION; THE NUMBER OF
4 INDIVIDUAL UNITS PRODUCED; AND THE NATIONAL DRUG CODE NUMBER OF THE
5 FINAL PRODUCT, IF ASSIGNED.

6 F. CONDUCT OF OUTSOURCING FACILITY. EVERY OWNER OF AN OUTSOURCING
7 FACILITY IS RESPONSIBLE FOR THE STRENGTH, QUALITY, PURITY AND LABELING
8 THEREOF OF ALL COMPOUNDED DRUGS, SUBJECT TO THE GUARANTY PROVISIONS OF
9 THIS ARTICLE AND THE PUBLIC HEALTH LAW. EVERY OUTSOURCING FACILITY SHALL
10 BE UNDER THE IMMEDIATE SUPERVISION AND MANAGEMENT OF A PHARMACIST
11 LICENSED TO PRACTICE IN NEW YORK STATE.

12 G. AN APPLICANT FOR REGISTRATION OF AN OUTSOURCING FACILITY SHALL BE
13 OF GOOD MORAL CHARACTER, AS DETERMINED BY THE DEPARTMENT. IN THE CASE OF
14 A CORPORATE APPLICANT, THE REQUIREMENT SHALL EXTEND TO ALL OFFICERS AND
15 DIRECTORS AND STAKEHOLDERS HAVING A TEN PERCENT OR GREATER INTEREST IN
16 THE CORPORATION.

17 S 62. Subdivisions 6 and 7 of section 6808 of the education law, as
18 added by chapter 987 of the laws of 1971 and renumbered by section 61 of
19 this act, are amended to read as follows:

20 6. Inspection. The state board of pharmacy and the department of
21 education, and their employees designated by the commissioner, shall
22 have the right to enter any pharmacy, wholesaler, manufacturer[, or
23 registered store,] OR OUTSOURCING FACILITY or vehicle and to inspect, at
24 reasonable times, such factory, warehouse, establishment or vehicle and
25 all records required by this article, pertinent equipment, finished and
26 unfinished materials, containers, and labels.

27 7. [Revocation or suspension.] PENALTIES. A pharmacy, [store,] whole-
28 saler [or], manufacturer [registration may be revoked or suspended by
29 the committee on professional conduct of the state board of pharmacy in
30 accordance with the provisions of article one hundred thirty] OR
31 OUTSOURCING FACILITY REGISTERED UNDER THIS SECTION SHALL BE UNDER THE
32 SUPERVISION OF THE BOARD OF REGENTS AND SHALL BE SUBJECT TO DISCIPLINARY
33 PROCEEDINGS AND PENALTIES IN ACCORDANCE WITH ARTICLE ONE HUNDRED THIRTY
34 OF THIS CHAPTER IN THE SAME MANNER AND TO THE SAME EXTENT AS INDIVIDUALS
35 AND PROFESSIONAL SERVICE CORPORATIONS WITH RESPECT TO THEIR LICENSES AND
36 REGISTRATIONS, PROVIDED THAT FAILURE TO COMPLY WITH THE REQUIREMENTS OF
37 THIS SECTION SHALL CONSTITUTE PROFESSIONAL MISCONDUCT.

38 S 63. Subdivision 1 of section 6808-b of the education law, as amended
39 by chapter 567 of the laws of 2002, is amended to read as follows:

40 1. Definition. The term "nonresident establishment" shall mean any
41 pharmacy, manufacturer [or], wholesaler OR OUTSOURCING FACILITY located
42 outside of the state that ships, mails or delivers prescription drugs or
43 devices, INCLUDING COMPOUNDED DRUGS, to other establishments, authorized
44 prescribers and/or patients residing in this state. Such establishments
45 shall include, but not be limited to, pharmacies that transact business
46 through the use of the internet.

47 S 64. Paragraph f of subdivision 4 of section 6808-b of the education
48 law, as amended by chapter 567 of the laws of 2002, is amended to read
49 as follows:

50 f. The application of establishments to be registered as a manufactur-
51 er [or], wholesaler OR OUTSOURCING FACILITY of drugs and/or devices
52 shall be accompanied by a fee as provided in section sixty-eight hundred
53 eight of this article; and

54 S 65. Section 6810 of the education law is amended by adding a new
55 subdivision 14 to read as follows:

14. NOTWITHSTANDING ANY OTHER PROVISION OF LAW TO THE CONTRARY, NO OUTSOURCING FACILITY MAY DISTRIBUTE OR DISPENSE ANY DRUG TO ANY PERSON PURSUANT TO A PRESCRIPTION UNLESS IT IS ALSO REGISTERED AS A PHARMACY IN THIS STATE AND MEETS ALL OTHER APPLICABLE REQUIREMENTS OF FEDERAL AND STATE LAW.

S 66. Section 6811 of the education law is amended by adding a new subdivision 26 to read as follows:

26. ANY OUTSOURCING FACILITY TO SELL OR OFFER TO SELL ANY DRUG THAT IS NOT BOTH COMPOUNDED UNDER THE PERSONAL SUPERVISION OF A LICENSED PHARMACIST AND LABELED WITH THE FULL NAME OF THE OUTSOURCING FACILITY.

S 67. Subdivisions 1 and 2 of section 6811-a of the education law, as added by chapter 729 of the laws of 1981, are amended to read as follows:

1. [No] EXCEPT AS IS OTHERWISE AUTHORIZED IN THE FEDERAL FOOD, DRUG, AND COSMETIC ACT, NO drug for which a prescription is required by the provisions of the Federal Food, Drug and Cosmetic Act or by the commissioner of health may be manufactured or commercially distributed within this state in tablet or capsule form unless it has clearly marked or imprinted on each such tablet or capsule in conformance with the applicable plan required by subdivision three of this section:

(a) an individual symbol, number, company name, words, letters, marking or National Drug Code (hereinafter referred to as N. D. C.) number identifying the manufacturer or distributor of the drug; and

(b) an N. D. C. number, symbol, number, letters, words or marking identifying such drug or combination of drugs.

2. [No] EXCEPT AS IS OTHERWISE AUTHORIZED IN THE FEDERAL FOOD, DRUG, AND COSMETIC ACT, NO drug for which any prescription is required by the provisions of the Federal Food, Drug and Cosmetic Act or by the commissioner of health contained within a bottle, vial, carton or other container, or in any way affixed or appended to or enclosed within a package of any kind, and designed or intended for delivery in such container or package to an ultimate consumer, shall be manufactured or distributed within this state unless such container or package has clearly and permanently marked or imprinted upon it in conformance with the applicable plan required by subdivision three of this section:

(a) an individual symbol, N. D. C. number, company name, number, letters, words or marking identifying the manufacturer or distributor of the drug;

(b) an N. D. C. number, symbol, number, letters, words or marking identifying such drug or combination of drugs; and

(c) whenever the distributor of the prescription drug product does not also manufacture the product the names and places of business of both shall appear on the label in words clearly distinguishing each.

S 68. Subdivision 1 of section 6812 of the education law, as added by chapter 987 of the laws of 1971, is amended to read as follows:

1. Where any pharmacy, MANUFACTURER, WHOLESALER OR OUTSOURCING FACILITY registered by the department is damaged by fire, the board shall be notified within a period of forty-eight hours, and the board shall have power to impound all drugs for analysis and condemnation, if found unfit for use. Where a pharmacy is discontinued, the owner of its prescription records shall notify the department as to the disposition of said prescription records, and in no case shall records be sold or given away to a person who does not currently possess a registration to operate a pharmacy.

1 S 69. The opening paragraph of subdivision 1 of section 6817 of the
2 education law, as added by chapter 987 of the laws of 1971, is amended
3 to read as follows:

4 [No] EXCEPT AS IS OTHERWISE PROVIDED IN THE FEDERAL FOOD, DRUG, AND
5 COSMETIC ACT, person shall sell, deliver, offer for sale, hold for sale,
6 or give away any new drug, unless

7 S 70. The education law is amended by adding a new section 6831 to
8 read as follows:

9 S 6831. SPECIAL PROVISIONS RELATING TO OUTSOURCING FACILITIES. 1.
10 REGISTRATION. ANY OUTSOURCING FACILITY THAT IS ENGAGED IN THE COMPOUND-
11 ING OF STERILE DRUGS IN THIS STATE SHALL BE REGISTERED AS AN OUTSOURCING
12 FACILITY UNDER THE FEDERAL FOOD, DRUG, AND COSMETIC ACT AND BE REGIS-
13 TERED AS AN OUTSOURCING FACILITY PURSUANT TO THIS ARTICLE.

14 2. NEW DRUGS. SECTIONS 502(F)(1), 505 AND 582 OF THE FEDERAL FOOD,
15 DRUG, AND COSMETIC ACT SHALL NOT APPLY TO A DRUG COMPOUNDED IN AN
16 OUTSOURCING FACILITY REGISTERED UNDER THE FEDERAL FOOD, DRUG, AND
17 COSMETIC ACT.

18 3. PRESCRIPTIONS. NOTWITHSTANDING ANY OTHER PROVISION OF LAW TO THE
19 CONTRARY, NO OUTSOURCING FACILITY MAY DISTRIBUTE OR DISPENSE ANY DRUG TO
20 ANY PERSON PURSUANT TO A PRESCRIPTION UNLESS IT IS ALSO REGISTERED AS A
21 PHARMACY IN THIS STATE AND MEETS ALL OTHER APPLICABLE REQUIREMENTS OF
22 FEDERAL AND STATE LAW.

23 4. RESTRICTIONS. ANY DRUGS COMPOUNDED IN AN OUTSOURCING FACILITY
24 REGISTERED PURSUANT TO THIS ARTICLE SHALL BE COMPOUNDED IN ACCORDANCE
25 WITH ALL APPLICABLE FEDERAL AND STATE LAWS.

26 5. LABELING. NOTWITHSTANDING ANY OTHER PROVISION OF LAW TO THE CONTRA-
27 RY, THE LABEL OF ANY DRUG COMPOUNDED BY AN OUTSOURCING FACILITY SHALL
28 INCLUDE, BUT NOT BE LIMITED TO THE FOLLOWING:

29 A. A STATEMENT THAT THE DRUG IS A COMPOUNDED DRUG OR A REASONABLE
30 COMPARABLE ALTERNATIVE STATEMENT THAT PROMINENTLY IDENTIFIES THE DRUG AS
31 A COMPOUNDED DRUG;

32 B. THE NAME, ADDRESS, AND PHONE NUMBER OF THE APPLICABLE OUTSOURCING
33 FACILITY; AND

34 C. WITH RESPECT TO THE DRUG:

35 I. THE LOT OR BATCH NUMBER;

36 II. THE ESTABLISHED NAME OF THE DRUG;

37 III. THE DOSAGE FORM AND STRENGTH;

38 IV. THE STATEMENT OF QUANTITY OR VOLUME, AS APPROPRIATE;

39 V. THE DATE THAT THE DRUG WAS COMPOUNDED;

40 VI. THE EXPIRATION DATE;

41 VII. STORAGE AND HANDLING INSTRUCTIONS;

42 VIII. THE NATIONAL DRUG CODE NUMBER, IF AVAILABLE;

43 IX. THE STATEMENT THAT THE DRUG IS NOT FOR RESALE, AND THE STATEMENT
44 "OFFICE USE ONLY"; AND

45 X. A LIST OF THE ACTIVE AND INACTIVE INGREDIENTS, IDENTIFIED BY ESTAB-
46 LISHED NAME, AND THE QUANTITY OR PROPORTION OF EACH INGREDIENT.

47 6. CONTAINER. THE CONTAINER FROM WHICH THE INDIVIDUAL UNITS OF THE
48 DRUG ARE REMOVED FOR DISPENSING OR FOR ADMINISTRATION (SUCH AS A PLASTIC
49 BAG CONTAINING INDIVIDUAL PRODUCT SYRINGES) SHALL INCLUDE:

50 A. A LIST OF ACTIVE AND INACTIVE INGREDIENTS, IDENTIFIED BY ESTAB-
51 LISHED NAME, AND THE QUANTITY OR PROPORTION OF EACH INGREDIENT; AND

52 B. ANY OTHER INFORMATION REQUIRED BY REGULATIONS PROMULGATED BY THE
53 COMMISSIONER TO FACILITATE ADVERSE EVENT REPORTING IN ACCORDANCE WITH
54 THE REQUIREMENTS ESTABLISHED IN SECTION 310.305 OF TITLE 21 OF THE CODE
55 OF FEDERAL REGULATIONS.

1 7. BULK DRUGS. A DRUG MAY ONLY BE COMPOUNDED IN AN OUTSOURCING FACILI-
2 TY THAT DOES NOT COMPOUND USING BULK DRUG SUBSTANCES AS DEFINED IN
3 SECTION 207.3(A)(4) OF TITLE 21 OF THE CODE OF FEDERAL REGULATIONS OR
4 ANY SUCCESSOR REGULATION UNLESS:

5 A. THE BULK DRUG SUBSTANCE APPEARS ON A LIST ESTABLISHED BY THE SECRE-
6 TARY OF HEALTH AND HUMAN SERVICES IDENTIFYING BULK DRUG SUBSTANCES FOR
7 WHICH THERE IS A CLINICAL NEED;

8 B. THE DRUG IS COMPOUNDED FROM A BULK DRUG SUBSTANCE THAT APPEARS ON
9 THE FEDERAL DRUG SHORTAGE LIST IN EFFECT AT THE TIME OF COMPOUNDING,
10 DISTRIBUTING, AND DISPENSING;

11 C. IF AN APPLICABLE MONOGRAPH EXISTS UNDER THE UNITED STATES PHARMA-
12 COPEIA, THE NATIONAL FORMULARY, OR ANOTHER COMPENDIUM OR PHARMACOPEIA
13 RECOGNIZED BY THE SECRETARY OF HEALTH AND HUMAN SERVICES AND THE BULK
14 DRUG SUBSTANCES EACH COMPLY WITH THE MONOGRAPH;

15 D. THE BULK DRUG SUBSTANCES ARE EACH MANUFACTURED BY AN ESTABLISHMENT
16 THAT IS REGISTERED WITH THE FEDERAL GOVERNMENT.

17 8. INGREDIENTS. IF AN OUTSOURCING FACILITY USES INGREDIENTS, OTHER
18 THAN BULK DRUG SUBSTANCES, SUCH INGREDIENTS MUST COMPLY WITH THE STAND-
19 ARDS OF THE APPLICABLE UNITED STATES PHARMACOPEIA OR NATIONAL FORMULARY
20 MONOGRAPH, IF SUCH MONOGRAPH EXISTS, OR OF ANOTHER COMPENDIUM OR PHARMA-
21 COPEIA RECOGNIZED BY THE SECRETARY OF HEALTH AND HUMAN SERVICES FOR
22 PURPOSES OF THIS SUBDIVISION, IF ANY.

23 9. UNSAFE OR INEFFECTIVE DRUGS. NO OUTSOURCING FACILITY MAY COMPOUND A
24 DRUG THAT APPEARS ON A LIST PUBLISHED BY THE SECRETARY OF HEALTH AND
25 HUMAN SERVICES THAT HAS BEEN WITHDRAWN OR REMOVED FROM THE MARKET
26 BECAUSE SUCH DRUGS OR COMPONENTS OF SUCH DRUGS HAVE BEEN FOUND TO BE
27 UNSAFE OR NOT EFFECTIVE.

28 10. PROHIBITION ON WHOLESALING. NO COMPOUNDED DRUG WILL BE SOLD OR
29 TRANSFERRED BY ANY ENTITY OTHER THAN THE OUTSOURCING FACILITY THAT
30 COMPOUNDED SUCH DRUG. THIS DOES NOT PROHIBIT THE ADMINISTRATION OF A
31 DRUG IN A HEALTH CARE SETTING OR DISPENSING A DRUG PURSUANT TO A PROPER-
32 LY EXECUTED PRESCRIPTION.

33 11. PROHIBITION AGAINST COPYING AN APPROVED DRUG. NO OUTSOURCING
34 FACILITY MAY COMPOUND A DRUG THAT IS ESSENTIALLY A COPY OF ONE OR MORE
35 APPROVED DRUGS.

36 12. PROHIBITION AGAINST COMPOUNDING DRUGS PRESENTING DEMONSTRABLE
37 DIFFICULTIES. NO OUTSOURCING FACILITY MAY COMPOUND A DRUG:

38 A. THAT IS IDENTIFIED, DIRECTLY OR AS PART OF A CATEGORY OF DRUGS, ON
39 A LIST PUBLISHED BY THE SECRETARY OF HEALTH AND HUMAN SERVICES THAT
40 PRESENT DEMONSTRABLE DIFFICULTIES FOR COMPOUNDING THAT ARE REASONABLY
41 LIKELY TO LEAD TO AN ADVERSE EFFECT ON THE SAFETY OR EFFECTIVENESS OF
42 THE DRUG OR CATEGORY OF DRUGS, TAKING INTO ACCOUNT THE RISKS AND BENE-
43 FITS TO PATIENTS; OR

44 B. THAT IS COMPOUNDED IN ACCORDANCE WITH ALL APPLICABLE CONDITIONS
45 IDENTIFIED ON THE DRUG LIST AS CONDITIONS THAT ARE NECESSARY TO PREVENT
46 THE DRUG OR CATEGORY OF DRUGS FROM PRESENTING DEMONSTRABLE DIFFICULTIES.

47 13. ADVERSE EVENT REPORTS. OUTSOURCING FACILITIES SHALL SUBMIT A COPY
48 OF ALL ADVERSE EVENT REPORTS SUBMITTED TO THE SECRETARY OF HEALTH AND
49 HUMAN SERVICES IN ACCORDANCE WITH THE CONTENT AND FORMAT REQUIREMENTS
50 ESTABLISHED IN SECTION 310.305 OF TITLE 21 OF THE CODE OF FEDERAL REGU-
51 LATIONS, OR ANY SUCCESSOR REGULATION, TO THE EXECUTIVE SECRETARY FOR THE
52 STATE BOARD OF PHARMACY.

53 14. REPORTS. THE COMMISSIONER OF EDUCATION, IN CONSULTATION WITH THE
54 COMMISSIONER OF HEALTH, SHALL PREPARE AND SUBMIT A REPORT TO THE GOVER-
55 NOR AND THE LEGISLATURE, DUE EIGHTEEN MONTHS FROM THE EFFECTIVE DATE OF

THIS SECTION, EVALUATING THE EFFECTIVENESS OF THE REGISTRATION AND OVER-SIGHT OF OUTSOURCING FACILITIES RELATED TO COMPOUNDING.

S 71. Section 3302 of the public health law is amended by adding two new subdivisions 42 and 43 to read as follows:

42. "COMPOUNDING" MEANS THE COMBINING, ADMIXING, MIXING, DILUTING, POOLING, RECONSTITUTING, OR OTHERWISE ALTERING OF A DRUG OR BULK DRUG SUBSTANCE TO CREATE A DRUG.

43. "OUTSOURCING FACILITY" MEANS A FACILITY THAT:

A. IS ENGAGED IN THE COMPOUNDING OF STERILE DRUGS AS DEFINED IN SECTION SIX THOUSAND EIGHT HUNDRED TWO OF THE EDUCATION LAW;

B. IS CURRENTLY REGISTERED AS AN OUTSOURCING FACILITY PURSUANT TO ARTICLE ONE HUNDRED THIRTY-SEVEN OF THE EDUCATION LAW; AND

C. COMPLIES WITH ALL APPLICABLE REQUIREMENTS OF FEDERAL AND STATE LAW, INCLUDING THE FEDERAL FOOD, DRUG, AND COSMETIC ACT.

NOTWITHSTANDING ANY OTHER PROVISION OF LAW TO THE CONTRARY, WHEN AN OUTSOURCING FACILITY DISTRIBUTES OR DISPENSES ANY DRUG TO ANY PERSON PURSUANT TO A PRESCRIPTION, SUCH OUTSOURCING FACILITY SHALL BE DEEMED TO BE PROVIDING PHARMACY SERVICES AND SHALL BE SUBJECT TO ALL LAWS, RULES AND REGULATIONS GOVERNING PHARMACIES AND PHARMACY SERVICES.

S 72. Subdivision 2 of section 3318 of the public health law, as added by chapter 878 of the laws of 1972, is amended to read as follows:

2. No controlled substance contained within a bottle, vial, carton or other container, or in any way affixed or appended to or enclosed within a package of any kind, and designed or intended for delivery in such container or package to an ultimate consumer, shall be manufactured, DELIVERED or distributed within this state unless such container or package has clearly and permanently marked or imprinted upon it:

(a) an individual symbol or number assigned to the person who packaged the controlled substance in such form; and

(b) a code number or symbol assigned by the commissioner identifying such substance or combination of substances.

S 73. Subdivision 1 of section 3320 of the public health law, as added by chapter 878 of the laws of 1972, is amended to read as follows:

1. Controlled substances may be lawfully distributed within this state only to licensed distributors or manufacturers, practitioners, pharmacists, pharmacies, institutional dispensers, REGISTERED OUTSOURCING FACILITIES, and laboratory, research or instructional facilities authorized by law to possess the particular substance distributed.

S 74. Paragraph (a) of subdivision 1 of section 3321 of the public health law, as added by chapter 878 of the laws of 1972, is amended to read as follows:

(a) the return of controlled substances to a manufacturer, REGISTERED OUTSOURCING FACILITY or distributor by a practitioner or pharmacy;

S 75. Section 3322 of the public health law, as added by chapter 878 of the laws of 1972, subdivision 2 as amended by chapter 108 of the laws of 1975, is amended to read as follows:

S 3322. Reports and records. 1. Persons licensed under this title OR OPERATING A REGISTERED OUTSOURCING FACILITY shall maintain records of all controlled substances manufactured, COMPOUNDED, received, disposed of, DELIVERED or distributed by them. The record shall show the date of receipt or delivery, the name and address, and registration number of the person from whom received or to whom DELIVERED OR distributed, the kind and quantity of substance received and DELIVERED OR distributed, the kind and quantity of substance produced or removed from the process of manufacture and the date thereof.

1 2. Any person licensed under this title OR OPERATING A REGISTERED
2 OUTSOURCING FACILITY shall prepare and maintain a biennial report
3 setting forth the current inventory of controlled substances, the quan-
4 tities of controlled substances manufactured, COMPOUNDED, DELIVERED or
5 distributed within the state during the period covered by the report and
6 such other information as the commissioner shall [be] BY regulation
7 prescribe. Maintaining for inspection a biennial inventory of controlled
8 substances prepared and maintained in compliance with federal statutes
9 and regulations shall be deemed in compliance with this section.

10 3. Any person licensed under this title OR OPERATING A REGISTERED
11 OUTSOURCING FACILITY shall forthwith notify the department of any inci-
12 dent involving the theft, loss or possible diversion of controlled
13 substances manufactured, COMPOUNDED, DELIVERED or distributed by the
14 licensee OR OPERATOR.

15 4. The records and reports required by this section shall be prepared,
16 preserved, or filed in such manner and detail as the commissioner shall
17 by regulation prescribe.

18 S 76. Paragraph (c) of subdivision 1 of section 3397 of the public
19 health law, as amended by chapter 547 of the laws of 1981, is amended to
20 read as follows:

21 (c) falsely assume the title of, or represent himself to be a licensed
22 manufacturer, distributor, pharmacy, pharmacist, practitioner, research-
23 er, approved institutional dispenser, OWNER OR EMPLOYEE OF A REGISTERED
24 OUTSOURCING FACILITY or other authorized person, for the purpose of
25 obtaining a controlled substance;

26 S 77. Subdivision 3 of section 241 of the elder law is amended to read
27 as follows:

28 3. "Income" shall mean "household gross income" as defined in the real
29 property tax circuit breaker credit program, pursuant to subparagraph
30 (C) of paragraph one of subsection (e) of section six hundred six of the
31 tax law, [but] EXCLUDING ANY PAYMENTS RECEIVED UNDER THE FEDERAL SOCIAL
32 SECURITY ACT, AND only shall include the income of program applicants
33 and spouses and shall exclude the income of other members of the house-
34 hold.

35 S 78. Subdivision 2 of section 242 of the elder law, as added by
36 section 5 of part T of chapter 56 of the laws of 2012, is amended to
37 read as follows:

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

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

47 (b) any married resident who is at least sixty-five years of age and
48 whose income for the calendar year immediately preceding the effective
49 date of the annual coverage period when combined with the income in the
50 same calendar year of such married person's spouse beginning on or after
51 January first, two thousand one, is more than twenty-six thousand
52 dollars and less than or equal to [fifty] ONE HUNDRED thousand dollars.
53 After the initial determination of eligibility, each eligible individual
54 must be redetermined eligible at least every twenty-four months.

1 S 79. Paragraphs (a) and (b) of subdivision 2 of section 248 of the
 2 elder law, as added by section 17 of part T of chapter 56 of the laws of
 3 2012, are amended to read as follows:

4 (a) Annual personal covered drug expenditures for unmarried individual
 5 eligible program participants:

6 individual income of \$20,001 to [\$21,000]	\$42,000	\$530
7 individual income of [\$21,001]	\$42,001	\$550
8 to [\$22,000]	\$44,000	
9 individual income of [\$22,001]	\$44,001	\$580
10 to [\$23,000]	\$46,000	
11 individual income of [\$23,001]	\$46,001	\$720
12 to [\$24,000]	\$48,000	
13 individual income of [\$24,001]	\$48,001	\$750
14 to [\$25,000]	\$50,000	
15 individual income of [\$25,001]	\$50,001	\$780
16 to [\$26,000]	\$52,000	
17 individual income of [\$26,001]	\$52,001	\$810
18 to [\$27,000]	\$54,000	
19 individual income of [\$27,001]	\$54,001	\$840
20 to [\$28,000]	\$56,000	
21 individual income of [\$28,001]	\$56,001	\$870
22 to [\$29,000]	\$58,000	
23 individual income of [\$29,001]	\$58,001	\$900
24 to [\$30,000]	\$60,000	
25 individual income of [\$30,001]	\$60,001	\$930
26 to [\$31,000]	\$62,000	
27 individual income of [\$31,001]	\$62,001	\$960
28 to [\$32,000]	\$64,000	
29 individual income of [\$32,001]	\$64,001	\$1,160
30 to [\$33,000]	\$66,000	
31 individual income of [\$33,001]	\$66,001	\$1,190
32 to [\$34,000]	\$68,000	
33 individual income of [\$34,001]	\$68,001	\$1,230
34 to [\$35,000]	\$75,000	

35 (b) Annual personal covered drug expenditures for each married
 36 individual eligible program participant:

37 joint income of \$26,001 to [\$27,000]	\$54,000	\$650
38 joint income of [\$27,001]	\$54,001	\$675
39 to [\$28,000]	\$56,000	
40 joint income of [\$28,001]	\$56,001	\$700
41 to [\$29,000]	\$58,000	
42 joint income of [\$29,001]	\$58,001	\$725
43 to [\$30,000]	\$60,000	
44 joint income of [\$30,001]	\$60,001	\$900
45 to [\$31,000]	\$62,000	
46 joint income of [\$31,001]	\$62,001	\$930
47 to [\$32,000]	\$64,000	
48 joint income of [\$32,001]	\$64,001	\$960
49 to [\$33,000]	\$66,000	
50 joint income of [\$33,001]	\$66,001	\$990
51 to [\$34,000]	\$68,000	
52 joint income of [\$34,001]	\$68,001	\$1,020
53 to [\$35,000]	\$70,000	
54 joint income of [\$35,001]	\$70,001	\$1,050
55 to [\$36,000]	\$72,000	

1	joint income of [\$36,001]	\$72,001	\$1,080
2	to [\$37,000]	\$74,000	
3	joint income of [\$37,001]	\$74,001	\$1,110
4	to [\$38,000]	\$76,000	
5	joint income of [\$38,001]	\$76,001	\$1,140
6	to [\$39,000]	\$78,000	
7	joint income of [\$39,001]	\$78,001	\$1,170
8	to [\$40,000]	\$80,000	
9	joint income of [\$40,001]	\$80,001	\$1,200
10	to [\$41,000]	\$82,000	
11	joint income of [\$41,001]	\$82,001	\$1,230
12	to [\$42,000]	\$84,000	
13	joint income of [\$42,001]	\$84,001	\$1,260
14	to [\$43,000]	\$86,000	
15	joint income of [\$43,001]	\$86,001	\$1,290
16	to [\$44,000]	\$88,000	
17	joint income of [\$44,001]	\$88,001	\$1,320
18	to [\$45,000]	\$90,000	
19	joint income of [\$45,001]	\$90,001	\$1,575
20	to [\$46,000]	\$92,000	
21	joint income of [\$46,001]	\$92,001	\$1,610
22	to [\$47,000]	\$94,000	
23	joint income of [\$47,001]	\$94,001	\$1,645
24	to [\$48,000]	\$96,000	
25	joint income of [\$48,001]	\$96,001	\$1,680
26	to [\$49,000]	\$98,000	
27	joint income of [\$49,001]	\$98,001	\$1,715
28	to [\$50,000]	\$100,000	

29 S 80. Paragraphs (a) and (b) of subdivision 4 of section 248 of the
 30 elder law, as added by section 17 of part T of chapter 56 of the laws of
 31 2012, are amended to read as follows:

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

34	individual income of \$20,001	
35	to [\$21,000]	\$42,000
36	individual income of [\$21,001]	\$42,001
37	to [\$22,000]	\$44,000
38	individual income of [\$22,001]	\$44,001
39	to [\$23,000]	\$46,000
40	individual income of [\$23,001]	\$46,001
41	to [\$24,000]	\$48,000
42	individual income of [\$24,001]	\$48,001
43	to [\$25,000]	\$50,000
44	individual income of [\$25,001]	\$50,001
45	to [\$26,000]	\$52,000
46	individual income of [\$26,001]	\$52,001
47	to [\$27,000]	\$54,000
48	individual income of [\$27,001]	\$54,001
49	to [\$28,000]	\$56,000
50	individual income of [\$28,001]	\$56,001
51	to [\$29,000]	\$58,000
52	individual income of [\$29,001]	\$58,001
53	to [\$30,000]	\$60,000
54	individual income of [\$30,001]	\$60,001
55	to [\$31,000]	\$62,000
56	individual income of [\$31,001]	\$62,001

no more than \$1,050

no more than \$1,100

no more than \$1,150

no more than \$1,200

no more than \$1,250

no more than \$1,300

no more than \$1,350

no more than \$1,400

no more than \$1,450

no more than \$1,500

no more than \$1,550

1	to [\$32,000] \$64,000	no more than \$1,600
2	individual income of [\$32,001] \$64,001	
3	to [\$33,000] \$66,000	no more than \$1,650
4	individual income of [\$33,001] \$66,001	
5	to [\$34,000] \$68,000	no more than \$1,700
6	individual income of [\$34,001] \$68,001	
7	to [\$35,000] \$75,000	no more than \$1,750
8	(b) Limits on co-payments by each married individual eligible program	
9	participant:	
10	joint income of \$26,001	
11	to [\$27,000] \$54,000	no more than \$1,08
12	joint income of [\$27,001] \$54,001	
13	to [\$28,000] \$56,000	no more than \$1,120
14	joint income of [\$28,001] \$56,001	
15	to [\$29,000] \$58,000	no more than \$1,160
16	joint income of [\$29,001] \$58,001	
17	to [\$30,000] \$60,000	no more than \$1,200
18	joint income of [\$30,001] \$60,001	
19	to [\$31,000] \$62,000	no more than \$1,240
20	joint income of [\$31,001] \$62,001	
21	to [\$32,000] \$64,000	no more than \$1,280
22	joint income of [\$32,001] \$64,001	
23	to [\$33,000] \$66,000	no more than \$1,320
24	joint income of [\$33,001] \$66,001	
25	to [\$34,000] \$68,000	no more than \$1,360
26	joint income of [\$34,001] \$68,001	
27	to [\$35,000] \$70,000	no more than \$1,400
28	joint income of [\$35,001] \$70,001	
29	to [\$36,000] \$72,000	no more than \$1,440
30	joint income of [\$36,001] \$72,001	
31	to [\$37,000] \$74,000	no more than \$1,480
32	joint income of [\$37,001] \$74,001	
33	to [\$38,000] \$76,000	no more than \$1,520
34	joint income of [\$38,001] \$76,001	
35	to [\$39,000] \$78,000	no more than \$1,560
36	joint income of [\$39,001] \$78,001	
37	to [\$40,000] \$80,000	no more than \$1,600
38	joint income of [\$40,001] \$80,001	
39	to [\$41,000] \$82,000	no more than \$1,640
40	joint income of [\$41,001] \$82,001	
41	to [\$42,000] \$84,000	no more than \$1,680
42	joint income of [\$42,001] \$84,001	
43	to [\$43,000] \$86,000	no more than \$1,720
44	joint income of [\$43,001] \$86,001	
45	to [\$44,000] \$88,000	no more than \$1,760
46	joint income of [\$44,001] \$88,001	
47	to [\$45,000] \$90,000	no more than \$1,800
48	joint income of [\$45,001] \$90,001	
49	to [\$46,000] \$92,000	no more than \$1,840
50	joint income of [\$46,001] \$92,001	
51	to [\$47,000] \$94,000	no more than \$1,880
52	joint income of [\$47,001] \$94,001	
53	to [\$48,000] \$96,000	no more than \$1,920
54	joint income of [\$48,001] \$96,001	
55	to [\$49,000] \$98,000	no more than \$1,960
56	joint income of [\$49,001] \$98,001	

to [\$50,000] \$100,000 no more than \$2,000

S 81. Section 31.08 of the mental hygiene law, as added by section 55 of part H of chapter 59 of the laws of 2011, is amended to read as follows:

S 31.08 Compliance with operational standards by [hospitals] CERTAIN PROVIDERS OF SERVICES.

(a) Notwithstanding the provisions of section 31.07 of this article, with respect to a [hospital] PROVIDER OF SERVICES as defined in section 1.03 of this chapter, which is a ward, wing, unit, or other part of a hospital, as defined in article twenty-eight of the public health law, which provides INPATIENT SERVICES, OUTPATIENT services, OR BOTH for persons with mental illness pursuant to an operating certificate issued by the commissioner, the requirements of section 31.07 of this article may be deemed to be met if such hospital has been accredited by The Joint Commission, or any other hospital accrediting organization to which the Centers for Medicare and Medicaid Services has granted deeming status, and which the commissioner shall have determined has accrediting standards sufficient to assure the commissioner that hospitals so accredited are in compliance with the provisions of this chapter and applicable laws, rules and regulations in regard to services provided at such wing, ward, unit or other part of a hospital. Such accreditation shall have the same legal effect as a determination by the commissioner under section 31.07 of this article that the hospital is in compliance with such provisions. The commissioner may exempt any such hospital from the annual inspection and visitation requirements established in section 31.07 of this article, provided that:

1. such hospital has a history of compliance with such provisions of law, rules and regulations and a record of providing good quality care, as determined by the commissioner;

2. a copy of the survey report and the certificate of accreditation of The Joint Commission or other approved accrediting organization is submitted by the accrediting body or the hospital to the commissioner, within seven days of issuance to the hospital;

3. The Joint Commission or other accrediting organization has agreed to and does evaluate, as part of its accreditation survey, any minimal operational standards established by the commissioner which are in addition to the minimal operational standards of accreditation of The Joint Commission or other accrediting organization; and

4. there are no constraints placed upon access by the commissioner to The Joint Commission or other approved accrediting organization survey reports, plans of correction, interim self-evaluation reports, notices of noncompliance, progress reports on correction of areas of noncompliance, or any other related reports, information, communications or materials regarding such hospital.

(b) Any hospital AS DEFINED IN ARTICLE TWENTY-EIGHT OF THE PUBLIC HEALTH LAW, WHICH IS governed by the provisions of subdivision (a) of this section shall at all times be subject to inspection or visitation by the commissioner to determine compliance with applicable law, regulations, standards or conditions as deemed necessary by the commissioner. Any such hospital shall be subject to the full range of licensing enforcement authority of the commissioner.

(c) Any hospital AS DEFINED IN ARTICLE TWENTY-EIGHT OF THE PUBLIC HEALTH LAW, WHICH IS governed by the provisions of subdivision (a) of this section shall notify the commissioner immediately upon receipt of notice by The Joint Commission or other approved accrediting organization, or any communication the hospital may receive that such organiza-

tion will be recommending that such hospital not be accredited, not have its accreditation renewed, or have its accreditation terminated, or upon receipt of notice or other communication from the Centers for Medicare and Medicaid Services regarding a determination that the hospital will be terminated from participation in the Medicare program because it is not in compliance with one or more conditions of participation in such program, or has deficiencies that either individually or in combination jeopardize the health and safety of patients or are of such character as to seriously limit the provider's capacity to render adequate care.

S 82. Section 32.14 of the mental hygiene law, as added by section 56 of part H of chapter 59 of the laws of 2011, is amended to read as follows:

S 32.14 Compliance with operational standards by CERTAIN providers of services [in hospitals].

(a) Notwithstanding the provisions of section 32.13 of this article, with respect to a provider of services as defined in section 1.03 of this chapter that occupies a ward, wing, unit, or other part of a hospital, as defined in article twenty-eight of the public health law, which provides INPATIENT SERVICES, OUTPATIENT services OR BOTH for persons with mental disabilities pursuant to an operating certificate issued by the commissioner, the requirements of section 32.13 of this article may be deemed to be met if such hospital has been accredited by The Joint Commission, or any other accrediting organization to which the Centers for Medicare and Medicaid Services has granted deeming status, and which the commissioner shall have determined has accrediting standards sufficient to assure the commissioner that providers of services occupying a ward, wing, unit or other part of such hospital so accredited are in compliance with the provisions of this chapter and applicable laws, rules and regulations in regard to services provided at such ward, wing, unit or other part of a hospital. Such accreditation shall have the same legal effect as a determination by the commissioner under section 32.13 of this article that the provider of services is in compliance with such provisions. The commissioner may exempt any such provider of services, in regard to services provided at such ward, wing, unit or other part of a hospital, from the annual inspection and visitation requirements established in section 32.13 of this article, provided that:

1. such provider of services has a history of compliance with such provisions of law, rules and regulations and a record of providing good quality care, as determined by the commissioner;

2. a copy of the survey report and the certificate of accreditation of The Joint Commission or other approved accrediting organization is submitted by the accrediting body or the provider of services to the commissioner, within seven days of issuance to such provider of services;

3. The Joint Commission or other approved accrediting organization has agreed to and does evaluate, as part of its accreditation survey, any minimal operational standards established by the commissioner which are in addition to the minimal operational standards of accreditation of The Joint Commission or other accrediting organization; and

4. there are no constraints placed upon access by the commissioner to The Joint Commission or other approved accrediting organization survey reports, plans of correction, interim self-evaluation reports, notices of noncompliance, progress reports on correction of areas of noncompliance, or any other related reports, information, communications or materials regarding such provider of services.

1 S 83. Legislative intent. The legislature hereby finds that the goals
2 of the state include providing individuals with mental illnesses the
3 tools necessary to: (a) make informed choices and decisions; and (b)
4 achieve equality of opportunity, full inclusion and integration in soci-
5 ety, employment, independent living, and economic and social self-suffi-
6 ciency. The legislature further finds that such goals are best achieved
7 by providing individuals with mental illnesses a variety of residential
8 options that are both integrated and appropriate to the needs of each
9 person. Therefore, the legislature finds it appropriate and prudent to
10 continue overseeing the regulation of adult homes as the state develops
11 community based settings sufficient to meet the desires and needs of
12 individuals with mental illnesses.

13 S 84. Definitions. For the purposes of this act, the following terms
14 shall have the following meanings:

15 (a) "Administrative action" means any decision or action by a state
16 agency, including but not limited to the promulgation, implementation or
17 enforcement of regulations.

18 (b) "Adult home" means an adult care facility established and oper-
19 ated, pursuant to article 7 of the social services law, for the purpose
20 of providing long-term residential care, room, board, housekeeping,
21 personal care and supervision to five or more adults who are unrelated
22 to the operator.

23 (c) "Mental health census" means the number or percentage of residents
24 in a facility who are persons with serious mental illness.

25 (d) "Persons with serious mental illness" means persons who have a
26 designated diagnosis of mental illness under the most recent edition of
27 the Diagnostic and Statistical Manual of Mental Disorders, but not a
28 primary diagnosis of alcohol or drug disorders, organic brain syndromes,
29 developmental disabilities or social conditions, and whose severity and
30 duration of mental illness results in substantial functional disability.

31 (e) "Substantial functional disability" means an individual with a
32 mental illness who: (i) received treatment from a mental health service
33 provider operated, licensed, or funded by the office of Mental Health
34 (unless a health home or managed long term care plan determines, based
35 on documented evidence, that the individual's mental illness has not
36 resulted in a substantial functional disability); or (ii) is under the
37 age of 65 and receives supplementary security income ("SSI") or Social
38 Security Disability Income ("SSDI") due to mental illness (but not a
39 primary diagnosis of alcohol or drug disorders, organic brain syndromes,
40 developmental disabilities, or social conditions) and, according to the
41 Social Security Administration, is awarded SSI or SSDI due to mental
42 illness.

43 (f) "Transitional adult home" means an adult home with a licensed
44 capacity of greater than 80 beds and a mental health census of 25
45 percent or more of the resident population. Notwithstanding any
46 provision of law or regulation to the contrary, an adult home shall not
47 be considered a transitional adult home if it is authorized to operate
48 55 percent or more of its total licensed capacity as assisted living
49 program beds, pursuant to section 461-1 of the social services law.

50 S 85. Notwithstanding any provision of law, rule or regulation to the
51 contrary, no state agency shall undertake any administrative action
52 designed to limit or reduce the mental health census of an adult home
53 unless such administrative action:

54 (a) ensures that all persons with serious mental illness are provided
55 with the opportunity to choose to live in the most integrated setting

1 appropriate to their needs, as determined by individual assessments
2 conducted by managed long term care providers or health homes;

3 (b) facilitates informed decision making by persons with serious
4 mental illness by requiring that current residents are presented with
5 fair, objective and unbiased information about their housing options;

6 (c) prohibits the discharge of an adult home resident into community
7 based settings without department certification that appropriate alter-
8 native housing options and supportive services are available in such
9 resident's preferred geographic location;

10 (d) clearly defines "persons with serious mental illness" in a manner
11 consistent with the provisions of subdivision (d) of section 84 of this
12 act;

13 (e) provides adequate timeframes to transition persons with serious
14 mental illness into the most integrated setting appropriate to their
15 needs, and does not impose penalties or restrictions on adult home oper-
16 ators making good faith efforts during the transition of such residents;

17 (f) comports with the state goal of providing persons with serious
18 mental illness with care in the most integrated setting appropriate to
19 their needs by permitting discharges from inpatient psychiatric centers
20 or facilities, that are subject to the provisions of article 28 of the
21 public health law, with in-patient psychiatric services to adult homes,
22 where no less-restrictive and appropriate housing alternative is avail-
23 able;

24 (g) is subsequent to the award of assisted living program beds pursu-
25 ant to paragraph (j) of subdivision 3 of section 461-1 of the social
26 services law; and

27 (h) applies only to transitional adult homes.

28 S 86. Within thirty days of the effective date of this act, the
29 commissioner of health and the commissioner of mental health, shall
30 jointly convene a workgroup to address the transition of persons with
31 serious mental illness into the most integrated setting appropriate to
32 their needs. The workgroup shall be co-chaired by such commissioners,
33 and shall include: a representative sample of adult home operators,
34 including operators of assisted living program beds; representatives of
35 associations of adult home operators; members of adult home resident
36 councils; advocacy organizations working on behalf of adult home resi-
37 dents; individuals with mental illness; providers of alternative housing
38 accommodations and other support services; and institutions that make
39 referrals to adult homes, including hospitals and local governmental
40 units.

41 (a) The workgroup shall provide recommendations for legislative and
42 regulatory actions, which shall address the following:

43 (1) the need to promote and respect informed choice by individuals
44 with serious mental illness, through means including the performance of
45 independent assessments and the provision of objective information;

46 (2) the appropriate scope of regulations, including the propriety of
47 definition of "transitional adult home";

48 (3) a reasonable time period for compliance with regulations, which
49 shall take into account the need to discharge inpatients into less-res-
50 trictive settings, and the availability of alternative housing accommo-
51 dations and other support services. Alternative housing shall include,
52 but not be limited to, supported housing, supportive housing, community
53 residences, enriched housing and other housing alternatives that may be
54 appropriate for impacted residents;

1 (4) an examination of possible costs related to transitioning resi-
2 dents of impacted adult homes, as well as strategies by which such costs
3 may be mitigated;

4 (5) the ability of an impacted adult home to provide appropriate
5 accommodations and services for its residents;

6 (6) the development of long-term quality improvement for all adult
7 home residents; and

8 (7) the financial impact of regulations on adult homes, and other
9 licensure options or models of care to which transitional adult homes
10 may transition.

11 (b) The workgroup shall submit a report of its findings and recommen-
12 dations to the governor, the temporary president of the senate, the
13 speaker of the assembly, and the chairs of the senate and assembly
14 health committees no later than October 1, 2014.

15 S 87. Notwithstanding any provision of law, rule or regulation to the
16 contrary, no state agency shall undertake any administrative action
17 designed to limit or reduce the mental health census of an adult home
18 authorized to operate 55 percent or more of its total licensed capacity
19 of beds as assisted living program beds, pursuant to section 461-l of
20 the social services law, until 120 days after submission of the work-
21 group report pursuant to section four of this act.

22 S 88. The commissioner of health shall permit a transitional adult
23 home to request to amend a previously submitted or approved compliance
24 plan by December 1, 2014, to reflect recommendations made by the work-
25 group. Such request shall be granted if, in the discretion of such
26 commissioner, the compliance plan, as amended, would constitute an
27 approvable plan and the amendment would not cause an undue and substan-
28 tial delay in progress.

29 S 89. 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:

32 (a) the amendments to paragraph (d) of subdivision 1 of section 2411
33 of the public health law made by section five of this act shall take
34 effect January 1, 2015;

35 (b) sections twelve, thirteen, and fourteen of this act shall expire
36 and be deemed repealed April 1, 2019;

37 (c) section eight of this act shall expire and be deemed repealed
38 March 31, 2021;

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

43 (e) Sections thirty-nine, forty and forty-one of this act shall take
44 effect the first of January next succeeding the date on which it shall
45 have become a law and effective immediately, the department of health is
46 authorized and directed to promulgate, amend and/or repeal, on an emer-
47 gency basis, any rules and regulations necessary to implement the
48 provisions of this act; and

49 (f) Sections forty-two, forty-three, forty-four and forty-five of this
50 act shall take effect on the sixtieth day after it shall have become a
51 law, and (a) shall apply to any claim for payment by a provider for
52 services under title 2-A of article 25 of the public health law that has
53 not been fully paid pursuant to such title on or after such effective
54 date, whether filed before or after the effective date of this act and
55 (b) effective immediately, the commissioner of health is authorized and
56 directed to promulgate regulations and take all actions necessary and

appropriate to implement the provisions of this act on its effective date.

(g) Sections fifty-nine through seventy-six of this act shall take effect on the ninetieth day after it shall have become a law.

PART B

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

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

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

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

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

The amount allocated to each region for purposes of calculating the regional allowance percentage pursuant to this section for each year during the period January first, nineteen hundred ninety-seven through December thirty-first, nineteen hundred ninety-nine and the regional assessments pursuant to section twenty-eight hundred seven-t of this

1 article for each year during the period January first, nineteen hundred
2 ninety-seven through December thirty-first, nineteen hundred ninety-nine
3 and for each year on and after January first, two thousand, shall be the
4 sum of the factors computed in paragraphs (b), (d) and (f) of this
5 subdivision, IF SUCH FACTORS ARE APPLICABLE TO A GIVEN YEAR, as follows:

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

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

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

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

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

23 S 4. Subparagraph (xiii) of paragraph (a) of subdivision 7 of section
24 2807-s of the public health law, as added by section 30 of part H of
25 chapter 59 of the laws of 2011, is amended to read as follows:

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

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

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

35 (v) one hundred ninety-one million two hundred fifty thousand dollars
36 of the funds accumulated for the period January first, two thousand
37 [fourteen] SEVENTEEN through March thirty-first, two thousand [fourteen]
38 SEVENTEEN.

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

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

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

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

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

41 (5) Notwithstanding any inconsistent provision of law, rule or regu-
42 lation and effective April 1, 2008 through March 31, [2014] 2017, the
43 commissioner of health is authorized to transfer and the comptroller is
44 authorized to deposit, within amounts appropriated each year, those
45 funds allocated pursuant to paragraph (j) of subdivision 1 of section
46 2807-v of the public health law for the purpose of payment for adminis-
47 trative costs of the department of health related to administration of
48 the state's tobacco control programs and cancer services provided pursu-
49 ant to sections 2807-r and 1399-ii of the public health law into such
50 accounts established within the department of health for such purposes.

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

trative costs of the department of health related to the programs funded pursuant to section 2807-1 of the public health law into the special revenue funds - other, health care reform act (HCRA) resources fund - 061, pilot health insurance account, established within the department of health.

(7) Notwithstanding any inconsistent provision of law, rule or regulation and effective April 1, 2008 through March 31, [2014] 2017, the commissioner of health is authorized to transfer and the comptroller is authorized to deposit, within amounts appropriated each year, those funds authorized for distribution in accordance with the provisions of subparagraph (ii) of paragraph (f) of subdivision 19 of section 2807-c of the public health law from monies accumulated and interest earned in the bad debt and charity care and capital statewide pools through an assessment charged to general hospitals pursuant to the provisions of subdivision 18 of section 2807-c of the public health law and those funds authorized for distribution in accordance with the provisions of section 2807-1 of the public health law for the purposes of payment for administrative costs of the department of health related to programs funded under section 2807-1 of the public health law into the special revenue funds - other, health care reform act (HCRA) resources fund - 061, primary care initiatives account, established within the department of health.

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

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

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

S 2807-1. Health care initiatives pool distributions. 1. Funds accumulated in the health care initiatives pools pursuant to paragraph (b) of subdivision nine of section twenty-eight hundred seven-j of this article, or the health care reform act (HCRA) resources fund established pursuant to section ninety-two-dd of the state finance law, whichever is applicable, including income from invested funds, shall be distributed

1 or retained by the commissioner or by the state comptroller, as applica-
2 ble, in accordance with the following.

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

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

13 (ii) from the pool for the period January first, nineteen hundred
14 ninety-eight through December thirty-first, nineteen hundred ninety-
15 eight, up to one hundred sixty-four million five hundred thousand
16 dollars;

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

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

22 (v) from the pool for the period January first, two thousand one
23 through December thirty-first, two thousand one, two hundred thirty-five
24 million dollars;

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

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

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

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

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

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

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

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

54 (xiv) from the health care reform act (HCRA) resources fund for the
55 period April first, two thousand eleven, through March thirty-first, two

1 thousand twelve, up to three hundred twenty-four million seven hundred
2 forty-four thousand dollars;

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

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

11 (XVII) FROM THE HEALTH CARE REFORM ACT (HCRA) RESOURCES FUND FOR THE
12 PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN, THROUGH MARCH THIRTY-FIRST,
13 TWO THOUSAND FIFTEEN, UP TO FOUR HUNDRED SEVENTY-FOUR MILLION FOUR
14 HUNDRED EIGHTY-SIX THOUSAND DOLLARS;

15 (XVIII) FROM THE HEALTH CARE REFORM ACT (HCRA) RESOURCES FUND FOR THE
16 PERIOD APRIL FIRST, TWO THOUSAND FIFTEEN, THROUGH MARCH THIRTY-FIRST,
17 TWO THOUSAND SIXTEEN, UP TO FOUR HUNDRED SEVENTY-FOUR MILLION FOUR
18 HUNDRED EIGHTY-SIX THOUSAND DOLLARS; AND

19 (XVIX) FROM THE HEALTH CARE REFORM ACT (HCRA) RESOURCES FUND FOR THE
20 PERIOD APRIL FIRST, TWO THOUSAND SIXTEEN, THROUGH MARCH THIRTY-FIRST,
21 TWO THOUSAND SEVENTEEN, UP TO FOUR HUNDRED SEVENTY-FOUR MILLION FOUR
22 HUNDRED EIGHTY-SIX THOUSAND DOLLARS.

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

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

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

1 December thirty-first, two thousand three, and two million dollars for
2 the period January first, two thousand four through December thirty-
3 first, two thousand four, and two million dollars for the period January
4 first, two thousand five through June thirtieth, two thousand five shall
5 be allocated to the catastrophic health care expense program.

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

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

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

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

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

1 thousand dollars for the period January first, two thousand five through
2 December thirty-first, two thousand five, up to twenty-four million two
3 hundred fifty thousand dollars for the period January first, two thou-
4 sand six through December thirty-first, two thousand six, up to twenty
5 million four hundred ninety-two thousand dollars annually for the period
6 January first, two thousand seven through December thirty-first, two
7 thousand ten, up to five million one hundred twenty-three thousand
8 dollars for the period January first, two thousand eleven through March
9 thirty-first, two thousand eleven, up to eighteen million three hundred
10 fifty thousand dollars for the period April first, two thousand eleven
11 through March thirty-first, two thousand twelve, up to eighteen million
12 nine hundred fifty thousand dollars for the period April first, two
13 thousand twelve through March thirty-first, two thousand thirteen, [and
14 up to nineteen million four hundred nineteen thousand dollars for the
15 period April first, two thousand thirteen through March thirty-first,
16 two thousand fourteen] UP TO NINETEEN MILLION SIX HUNDRED FIFTY-NINE
17 THOUSAND SEVEN HUNDRED DOLLARS FOR THE PERIOD APRIL FIRST, TWO THOUSAND
18 FOURTEEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND FIFTEEN, UP TO NINE-
19 TEEN MILLION SIX HUNDRED FIFTY-NINE THOUSAND SEVEN HUNDRED DOLLARS FOR
20 THE PERIOD APRIL FIRST, TWO THOUSAND FIFTEEN THROUGH MARCH THIRTY-FIRST,
21 TWO THOUSAND SIXTEEN, AND UP TO NINETEEN MILLION SIX HUNDRED FIFTY-NINE
22 THOUSAND SEVEN HUNDRED DOLLARS FOR THE PERIOD APRIL FIRST, TWO THOUSAND
23 SIXTEEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND SEVENTEEN;

24 (iii) priority distributions by the commissioner up to thirty-two
25 million dollars on an annualized basis for the period January first, two
26 thousand through December thirty-first, two thousand four, up to thir-
27 ty-eight million dollars on an annualized basis for the period January
28 first, two thousand five through December thirty-first, two thousand
29 six, up to eighteen million two hundred fifty thousand dollars for the
30 period January first, two thousand seven through December thirty-first,
31 two thousand seven, up to three million dollars annually for the period
32 January first, two thousand eight through December thirty-first, two
33 thousand ten, up to seven hundred fifty thousand dollars for the period
34 January first, two thousand eleven through March thirty-first, two thou-
35 sand eleven, and up to two million nine hundred thousand dollars each
36 state fiscal year for the period April first, two thousand eleven
37 through March thirty-first, two thousand fourteen to be allocated (A)
38 for the purposes established pursuant to subparagraph (ii) of paragraph
39 (f) of subdivision nineteen of section twenty-eight hundred seven-c of
40 this article as in effect on December thirty-first, nineteen hundred
41 ninety-six and as may thereafter be amended, up to fifteen million
42 dollars annually for the periods January first, two thousand through
43 December thirty-first, two thousand four, up to twenty-one million
44 dollars annually for the period January first, two thousand five through
45 December thirty-first, two thousand six, and up to seven million five
46 hundred thousand dollars for the period January first, two thousand
47 seven through March thirty-first, two thousand seven;

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

1 speaker of the assembly, up to eight million five hundred thousand
2 dollars annually for the periods January first, two thousand through
3 December thirty-first, two thousand six, and up to four million two
4 hundred fifty thousand dollars for the period January first, two thou-
5 sand seven through June thirtieth, two thousand seven; and

6 (C) for services and expenses, including grants, related to emergency
7 assistance distributions as designated by the commissioner. Notwith-
8 standing section one hundred twelve or one hundred sixty-three of the
9 state finance law or any other contrary provision of law, such distrib-
10 utions shall be limited to providers or programs where, as determined by
11 the commissioner, emergency assistance is vital to protect the life or
12 safety of patients, to ensure the retention of facility caregivers or
13 other staff, or in instances where health facility operations are jeop-
14 ardized, or where the public health is jeopardized or other emergency
15 situations exist, up to three million dollars annually for the period
16 April first, two thousand seven through March thirty-first, two thousand
17 eleven, [and] up to two million nine hundred thousand dollars each state
18 fiscal year for the period April first, two thousand eleven through
19 March thirty-first, two thousand fourteen, AND UP TO TWO MILLION NINE
20 HUNDRED THOUSAND DOLLARS ANNUALLY FOR THE PERIOD APRIL FIRST, TWO THOU-
21 SAND FOURTEEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND SEVENTEEN. Upon
22 any distribution of such funds, the commissioner shall immediately noti-
23 fy the chair and ranking minority member of the senate finance commit-
24 tee, the assembly ways and means committee, the senate committee on
25 health, and the assembly committee on health;

26 (iv) distributions by the commissioner related to poison control
27 centers pursuant to subdivision seven of section twenty-five hundred-d
28 of this chapter, up to five million dollars for the period January
29 first, nineteen hundred ninety-seven through December thirty-first,
30 nineteen hundred ninety-seven, up to three million dollars on an annual-
31 ized basis for the periods during the period January first, nineteen
32 hundred ninety-eight through December thirty-first, nineteen hundred
33 ninety-nine, up to five million dollars annually for the periods January
34 first, two thousand through December thirty-first, two thousand two, up
35 to four million six hundred thousand dollars annually for the periods
36 January first, two thousand three through December thirty-first, two
37 thousand four, up to five million one hundred thousand dollars for the
38 period January first, two thousand five through December thirty-first,
39 two thousand six annually, up to five million one hundred thousand
40 dollars annually for the period January first, two thousand seven
41 through December thirty-first, two thousand nine, up to three million
42 six hundred thousand dollars for the period January first, two thousand
43 ten through December thirty-first, two thousand ten, up to seven hundred
44 seventy-five thousand dollars for the period January first, two thousand
45 eleven through March thirty-first, two thousand eleven, [and] up to two
46 million five hundred thousand dollars each state fiscal year for the
47 period April first, two thousand eleven through March thirty-first, two
48 thousand fourteen, AND UP TO THREE MILLION DOLLARS EACH FISCAL YEAR FOR
49 THE PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN THROUGH MARCH
50 THIRTY-FIRST, TWO THOUSAND SEVENTEEN; and

51 (v) deposit by the commissioner, within amounts appropriated, and the
52 state comptroller is hereby authorized and directed to receive for
53 deposit to, to the credit of the department of health's special revenue
54 fund - other, miscellaneous special revenue fund - 339 maternal and
55 child HIV services account or the health care reform act (HCRA)
56 resources fund, whichever is applicable, for purposes of a special

1 program for HIV services for women and children, including adolescents
2 pursuant to section twenty-five hundred-f-one of [the public health law]
3 THIS CHAPTER, up to five million dollars annually for the periods Janu-
4 ary first, two thousand through December thirty-first, two thousand two,
5 up to five million dollars for the period January first, two thousand
6 three through December thirty-first, two thousand three, up to two
7 million five hundred thousand dollars for the period January first, two
8 thousand four through December thirty-first, two thousand four, up to
9 two million five hundred thousand dollars for the period January first,
10 two thousand five through December thirty-first, two thousand five, up
11 to five million dollars for the period January first, two thousand six
12 through December thirty-first, two thousand six, up to five million
13 dollars annually for the period January first, two thousand seven
14 through December thirty-first, two thousand ten, up to one million two
15 hundred fifty thousand dollars for the period January first, two thou-
16 sand eleven through March thirty-first, two thousand eleven, and up to
17 five million dollars each state fiscal year for the period April first,
18 two thousand eleven through March thirty-first, two thousand fourteen;

19 (d) (i) An amount of up to twenty million dollars annually for the
20 period January first, two thousand through December thirty-first, two
21 thousand six, up to ten million dollars for the period January first,
22 two thousand seven through June thirtieth, two thousand seven, up to
23 twenty million dollars annually for the period January first, two thou-
24 sand eight through December thirty-first, two thousand ten, up to five
25 million dollars for the period January first, two thousand eleven
26 through March thirty-first, two thousand eleven, [and] up to nineteen
27 million six hundred thousand dollars each state fiscal year for the
28 period April first, two thousand eleven through March thirty-first, two
29 thousand fourteen, AND UP TO NINETEEN MILLION SIX HUNDRED THOUSAND
30 DOLLARS EACH STATE FISCAL YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND
31 FOURTEEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND SEVENTEEN, shall be
32 transferred to the health facility restructuring pool established pursu-
33 ant to section twenty-eight hundred fifteen of this article;

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

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

1 thousand dollars for the period January first, two thousand four through
2 December thirty-first, two thousand four, up to fifty-eight million
3 three hundred sixty thousand dollars for the period January first, two
4 thousand five through December thirty-first, two thousand five, up to
5 fifty-two million three hundred sixty thousand dollars for the period
6 January first, two thousand six through December thirty-first, two thou-
7 sand six, up to thirty-five million four hundred thousand dollars annu-
8 ally for the period January first, two thousand seven through December
9 thirty-first, two thousand ten, up to eight million eight hundred fifty
10 thousand dollars for the period January first, two thousand eleven
11 through March thirty-first, two thousand eleven, [and] up to twenty-
12 eight million four hundred thousand dollars each state fiscal year for
13 the period April first, two thousand eleven through March thirty-first,
14 two thousand fourteen, AND UP TO TWENTY-SIX MILLION EIGHT HUNDRED SEVEN-
15 TEEN THOUSAND DOLLARS EACH STATE FISCAL YEAR FOR THE PERIOD APRIL FIRST,
16 TWO THOUSAND FOURTEEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND SEVEN-
17 TEEN, less the amount of funds available for allocations for rate
18 adjustments for workforce training programs for payments by state
19 governmental agencies for inpatient hospital services.

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

21 (i) from the pool for the period January first, nineteen hundred nine-
22 ty-seven through December thirty-first, nineteen hundred ninety-seven,
23 (A) thirty-four million six hundred thousand dollars shall be trans-
24 ferred to funds reserved and accumulated pursuant to paragraph (b) of
25 subdivision nineteen of section twenty-eight hundred seven-c of this
26 article, and (B) eighty-two million dollars shall be transferred and
27 deposited and credited to the credit of the state general fund medical
28 assistance local assistance account;

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

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

39 (iv) from the pool or the health care reform act (HCRA) resources
40 fund, whichever is applicable, for the period January first, two thou-
41 sand through December thirty-first, two thousand four, eighty-two
42 million dollars annually, and for the period January first, two thousand
43 five through December thirty-first, two thousand five, eighty-two
44 million dollars, and for the period January first, two thousand six
45 through December thirty-first, two thousand six, eighty-two million
46 dollars, and for the period January first, two thousand seven through
47 December thirty-first, two thousand seven, eighty-two million dollars,
48 and for the period January first, two thousand eight through December
49 thirty-first, two thousand eight, ninety million seven hundred thousand
50 dollars shall be deposited by the commissioner, and the state comp-
51 troller is hereby authorized and directed to receive for deposit to the
52 credit of the state special revenue fund - other, HCRA transfer fund,
53 medical assistance account;

54 (v) from the health care reform act (HCRA) resources fund for the
55 period January first, two thousand nine through December thirty-first,
56 two thousand nine, one hundred eight million nine hundred seventy-five

1 thousand dollars, and for the period January first, two thousand ten
2 through December thirty-first, two thousand ten, one hundred twenty-six
3 million one hundred thousand dollars, for the period January first, two
4 thousand eleven through March thirty-first, two thousand eleven, twenty
5 million five hundred thousand dollars, and for each state fiscal year
6 for the period April first, two thousand eleven through March thirty-
7 first, two thousand fourteen, one hundred forty-six million four hundred
8 thousand dollars, shall be deposited by the commissioner, and the state
9 comptroller is hereby authorized and directed to receive for deposit, to
10 the credit of the state special revenue fund - other, HCRA transfer
11 fund, medical assistance account.

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

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

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

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

28 (h) Funds shall be reserved and accumulated from year to year by the
29 commissioner and shall be available, including income from invested
30 funds, for purposes of primary care education and training pursuant to
31 article nine of this chapter from the respective health care initiatives
32 pools established for the following periods in the following percentage
33 amounts of funds remaining after allocations in accordance with para-
34 graphs (a) through (f) of this subdivision and shall be available for
35 distributions as follows:

36 (i) funds shall be reserved and accumulated:

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

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

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

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

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

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

54 (C) for purposes of minority participation in medical education grants
55 in accordance with section nine hundred six of this chapter, up to one
56 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 first, two thousand five through December thirty-first, two thousand five, up to nineteen million two hundred thousand dollars, [and] for the period January first, two thousand six through December thirty-first, two thousand six, up to nineteen million two hundred thousand dollars, for the period January first, two thousand seven through December thirty-first, two thousand ten, up to eighteen million one hundred fifty thousand dollars annually, for the period January first, two thousand eleven through March thirty-first, two thousand eleven, up to four million five hundred thirty-eight thousand dollars, [and] for each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen, up to sixteen million two hundred thousand dollars, AND FOR EACH STATE FISCAL YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND SEVENTEEN, UP TO SIXTEEN MILLION TWO HUNDRED THOUSAND DOLLARS.

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

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

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

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

10 (k) Funds shall be reserved and accumulated from year to year and
11 shall be available, including income from invested funds, for allo-
12 cations and distributions in accordance with section twenty-eight
13 hundred seven-p of this article for diagnostic and treatment center
14 uncompensated care from the respective health care initiatives pools or
15 the health care reform act (HCRA) resources fund, whichever is applica-
16 ble, for the following periods in the following percentage amounts of
17 funds remaining after allocations in accordance with paragraphs (a)
18 through (f) of this subdivision, and for periods on and after January
19 first, two thousand, in the following amounts:

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

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

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

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

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

45 (B) from the health care reform act (HCRA) resources fund for the
46 period January first, two thousand six through December thirty-first,
47 two thousand six, an additional seven million five hundred thousand
48 dollars, for the period January first, two thousand seven through Decem-
49 ber thirty-first, two thousand thirteen, an additional seven million
50 five hundred thousand dollars annually, [and] for the period January
51 first, two thousand fourteen through March thirty-first, two thousand
52 fourteen, an additional one million eight hundred seventy-five thousand
53 dollars, AND FOR THE PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN THROUGH
54 MARCH THIRTY-FIRST, TWO THOUSAND SEVENTEEN, AN ADDITIONAL SEVEN MILLION
55 FIVE HUNDRED THOUSAND DOLLARS ANNUALLY for voluntary non-profit diagnos-

1 tic and treatment center uncompensated care in accordance with subdivi-
2 sion four-c of section twenty-eight hundred seven-p of this article; and
3 (vi) funds reserved and accumulated pursuant to this paragraph for
4 periods on and after July first, two thousand three, shall be deposited
5 by the commissioner, within amounts appropriated, and the state comp-
6 troller is hereby authorized and directed to receive for deposit 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 pursuant to section twenty-eight hundred seven-p
10 of this article, provided, however, that in the event federal financial
11 participation is not available for rate adjustments made pursuant to
12 paragraph (b) of subdivision one of section twenty-eight hundred seven-p
13 of this article, funds shall be distributed pursuant to paragraph (a) of
14 subdivision one of section twenty-eight hundred seven-p of this article
15 from the respective health care initiatives pools or the health care
16 reform act (HCRA) resources fund, whichever is applicable.

17 (1) Funds shall be reserved and accumulated from year to year by the
18 commissioner and shall be available, including income from invested
19 funds, for transfer to and allocation for services and expenses for the
20 payment of benefits to recipients of drugs under the AIDS drug assist-
21 ance program (ADAP) - HIV uninsured care program as administered by
22 Health Research Incorporated from the respective health care initi-
23 atives pools or the health care reform act (HCRA) resources fund, which-
24 ever is applicable, established for the following periods in the follow-
25 ing percentage amounts of funds remaining after allocations in
26 accordance with paragraphs (a) through (f) of this subdivision, and for
27 periods on and after January first, two thousand, in the following
28 amounts:

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

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

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

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

43 (v) from the pool or the health care reform act (HCRA) resources fund,
44 whichever is applicable, for the periods January first, two thousand
45 four through December thirty-first, two thousand four, up to fifty-six
46 million dollars, for the period January first, two thousand five through
47 December thirty-first, two thousand six, up to sixty million dollars
48 annually, for the period January first, two thousand seven through
49 December thirty-first, two thousand ten, up to sixty million dollars
50 annually, for the period January first, two thousand eleven through
51 March thirty-first, two thousand eleven, up to fifteen million dollars,
52 [and] each state fiscal year for the period April first, two thousand
53 eleven through March thirty-first, two thousand fourteen, up to forty-
54 two million three hundred thousand dollars AND UP TO FORTY-ONE MILLION
55 FIFTY THOUSAND DOLLARS EACH STATE FISCAL YEAR FOR THE PERIOD APRIL

1 FIRST, TWO THOUSAND FOURTEEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND
2 SEVENTEEN.

3 (m) Funds shall be reserved and accumulated from year to year and
4 shall be available, including income from invested funds, for purposes
5 of distributions pursuant to section twenty-eight hundred seven-r of
6 this article for cancer related services from the respective health care
7 initiatives pools or the health care reform act (HCRA) resources fund,
8 whichever is applicable, established for the following periods in the
9 following percentage amounts of funds remaining after allocations in
10 accordance with paragraphs (a) through (f) of this subdivision, and for
11 periods on and after January first, two thousand, in the following
12 amounts:

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

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

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

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

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

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

36 (n) Funds shall be accumulated and transferred from the health care
37 reform act (HCRA) resources fund as follows: for the period April first,
38 two thousand seven through March thirty-first, two thousand eight, and
39 on an annual basis for the periods April first, two thousand eight
40 through November thirtieth, two thousand nine, funds within amounts
41 appropriated shall be transferred and deposited and credited to the
42 credit of the state special revenue funds - other, HCRA transfer fund,
43 medical assistance account, for purposes of funding the state share of
44 rate adjustments made to public and voluntary hospitals in accordance
45 with paragraphs (i) and (j) of subdivision one of section twenty-eight
46 hundred seven-c of this article.

47 2. Notwithstanding any inconsistent provision of law, rule or regu-
48 lation, any funds accumulated in the health care initiatives pools
49 pursuant to paragraph (b) of subdivision nine of section twenty-eight
50 hundred seven-j of this article, as a result of surcharges, assessments
51 or other obligations during the periods January first, nineteen hundred
52 ninety-seven through December thirty-first, nineteen hundred ninety-
53 nine, which are unused or uncommitted for distributions pursuant to this
54 section shall be reserved and accumulated from year to year by the
55 commissioner and, within amounts appropriated, transferred and deposited
56 into the special revenue funds - other, miscellaneous special revenue

1 fund - 339, child health insurance account or any successor fund or
2 account, for purposes of distributions to implement the child health
3 insurance program established pursuant to sections twenty-five hundred
4 ten and twenty-five hundred eleven of this chapter for periods on and
5 after January first, two thousand one; provided, however, funds reserved
6 and accumulated for priority distributions pursuant to subparagraph
7 (iii) of paragraph (c) of subdivision one of this section shall not be
8 transferred and deposited into such account pursuant to this subdivi-
9 sion; and provided further, however, that any unused or uncommitted pool
10 funds accumulated and allocated pursuant to paragraph (j) of subdivision
11 one of this section shall be distributed for purposes of the health
12 information and quality improvement act of 2000.

13 3. Revenue from distributions pursuant to this section shall not be
14 included in gross revenue received for purposes of the assessments
15 pursuant to subdivision eighteen of section twenty-eight hundred seven-c
16 of this article, subject to the provisions of paragraph (e) of subdivi-
17 sion eighteen of section twenty-eight hundred seven-c of this article,
18 and shall not be included in gross revenue received for purposes of the
19 assessments pursuant to section twenty-eight hundred seven-d of this
20 article, subject to the provisions of subdivision twelve of section
21 twenty-eight hundred seven-d of this article.

22 S 8. Section 2807-v of the public health law, as amended by section 5
23 of part B of chapter 58 of the laws of 2008, subdivision 1 as amended by
24 section 8 of part C of chapter 59 of the laws of 2011, clause (K) of
25 subparagraph (i) of paragraph (bb) of subdivision 1 as amended by
26 section 35-a, subparagraph (xi) of paragraph (cc) of subdivision 1 as
27 amended by section 35-b and subparagraph (vii) of paragraph (ccc) of
28 subdivision 1 as amended by section 35-c of part D of chapter 56 of the
29 laws of 2012, paragraph (fff) of subdivision 1 as separately amended by
30 section 16 of part A of chapter 59 of the laws of 2011, and paragraph
31 (iii) of subdivision 1 as added by section 52-b of part H of chapter 59
32 of the laws of 2011, is amended to read as follows:

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

40 (a) 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, medicaid fraud hotline and
44 medicaid administration account, or any successor fund or account, for
45 purposes of services and expenses related to the toll-free medicaid
46 fraud hotline established pursuant to section one hundred eight of chap-
47 ter one of the laws of nineteen hundred ninety-nine from the tobacco
48 control and insurance initiatives pool established for the following
49 periods in the following amounts: four hundred thousand dollars annually
50 for the periods January first, two thousand through December thirty-
51 first, two thousand two, up to four hundred thousand dollars for the
52 period January first, two thousand three through December thirty-first,
53 two thousand three, up to four hundred thousand dollars for the period
54 January first, two thousand four through December thirty-first, two
55 thousand four, up to four hundred thousand dollars for the period Janu-
56 ary first, two thousand five through December thirty-first, two thousand

1 five, up to four hundred thousand dollars for the period January first,
2 two thousand six through December thirty-first, two thousand six, up to
3 four hundred thousand dollars for the period January first, two thousand
4 seven through December thirty-first, two thousand seven, up to four
5 hundred thousand dollars for the period January first, two thousand
6 eight through December thirty-first, two thousand eight, up to four
7 hundred thousand dollars for the period January first, two thousand nine
8 through December thirty-first, two thousand nine, up to four hundred
9 thousand dollars for the period January first, two thousand ten through
10 December thirty-first, two thousand ten, up to one hundred thousand
11 dollars for the period January first, two thousand eleven through March
12 thirty-first, two thousand eleven and within amounts appropriated on and
13 after April first, two thousand eleven.

14 (b) Funds shall be reserved and accumulated from year to year and
15 shall be available, including income from invested funds, for purposes
16 of payment of audits or audit contracts necessary to determine payor and
17 provider compliance with requirements set forth in sections twenty-eight
18 hundred seven-j, twenty-eight hundred seven-s and twenty-eight hundred
19 seven-t of this article from the tobacco control and insurance initi-
20 atives pool established for the following periods in the following
21 amounts: five million six hundred thousand dollars annually for the
22 periods January first, two thousand through December thirty-first, two
23 thousand two, up to five million dollars for the period January first,
24 two thousand three through December thirty-first, two thousand three, up
25 to five million dollars for the period January first, two thousand four
26 through December thirty-first, two thousand four, up to five million
27 dollars for the period January first, two thousand five through December
28 thirty first, two thousand five, up to five million dollars for the
29 period January first, two thousand six through December thirty-first,
30 two thousand six, up to seven million eight hundred thousand dollars for
31 the period January first, two thousand seven through December thirty-
32 first, two thousand seven, and up to eight million three hundred twen-
33 ty-five thousand dollars for the period January first, two thousand
34 eight through December thirty-first, two thousand eight, up to eight
35 million five hundred thousand dollars for the period January first, two
36 thousand nine through December thirty-first, two thousand nine, up to
37 eight million five hundred thousand dollars for the period January
38 first, two thousand ten through December thirty-first, two thousand ten,
39 up to two million one hundred twenty-five thousand dollars for the peri-
40 od January first, two thousand eleven through March thirty-first, two
41 thousand eleven, and up to fourteen million seven hundred thousand
42 dollars each state fiscal year for the period April first, two thousand
43 eleven through March thirty-first, two thousand fourteen.

44 (c) Funds shall be deposited by the commissioner, within amounts
45 appropriated, and the state comptroller is hereby authorized and
46 directed to receive for deposit to the credit of the state special
47 revenue funds - other, HCRA transfer fund, enhanced community services
48 account, or any successor fund or account, for mental health services
49 programs for case management services for adults and children; supported
50 housing; home and community based waiver services; family based treat-
51 ment; family support services; mobile mental health teams; transitional
52 housing; and community oversight, established pursuant to articles seven
53 and forty-one of the mental hygiene law and subdivision nine of section
54 three hundred sixty-six of the social services law; and for comprehen-
55 sive care centers for eating disorders pursuant to the former section
56 twenty-seven hundred ninety-nine-1 of this chapter, provided however

1 that, for such centers, funds in the amount of five hundred thousand
2 dollars on an annualized basis shall be transferred from the enhanced
3 community services account, or any successor fund or account, and depos-
4 ited into the fund established by section ninety-five-e of the state
5 finance law; from the tobacco control and insurance initiatives pool
6 established for the following periods in the following amounts:

7 (i) forty-eight million dollars to be reserved, to be retained or for
8 distribution pursuant to a chapter of the laws of two thousand, for the
9 period January first, two thousand through December thirty-first, two
10 thousand;

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

15 (iii) eighty-seven million dollars to be reserved, to be retained or
16 for distribution pursuant to a chapter of the laws of two thousand two,
17 for the period January first, two thousand two through December thirty-
18 first, two thousand two;

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

23 (v) eighty-eight million dollars, plus five hundred thousand dollars,
24 to be reserved, to be retained or for distribution pursuant to a chapter
25 of the laws of two thousand four, and pursuant to the former section
26 twenty-seven hundred ninety-nine-1 of this chapter, for the period Janu-
27 ary first, two thousand four through December thirty-first, two thousand
28 four;

29 (vi) eighty-eight million dollars, plus five hundred thousand dollars,
30 to be reserved, to be retained or for distribution pursuant to a chapter
31 of the laws of two thousand five, and pursuant to the former section
32 twenty-seven hundred ninety-nine-1 of this chapter, for the period Janu-
33 ary first, two thousand five through December thirty-first, two thousand
34 five;

35 (vii) eighty-eight million dollars, plus five hundred thousand
36 dollars, to be reserved, to be retained or for distribution pursuant to
37 a chapter of the laws of two thousand six, and pursuant to FORMER
38 section twenty-seven hundred ninety-nine-1 of this chapter, for the
39 period January first, two thousand six through December thirty-first,
40 two thousand six;

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

47 (ix) twenty-two million nine hundred thirteen thousand dollars, plus
48 one hundred twenty-five thousand dollars, to be reserved, to be retained
49 or for distribution pursuant to a chapter of the laws of two thousand
50 eight and pursuant to the former section twenty-seven hundred ninety-
51 nine-1 of this chapter, for the period January first, two thousand eight
52 through March thirty-first, two thousand eight.

53 (d) 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 services and expenses related to the family health plus program
3 including up to two and one-half million dollars annually for the period
4 January first, two thousand through December thirty-first, two thousand
5 two, for administration and marketing costs associated with such program
6 established pursuant to clause (A) of subparagraph (v) of paragraph (a)
7 of subdivision two of section three hundred sixty-nine-ee of the social
8 services law from the tobacco control and insurance initiatives pool
9 established for the following periods in the following amounts:

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

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

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

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

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

31 (ii) thirty million five hundred thousand dollars for the period Janu-
32 ary first, two thousand one through December thirty-first, two thousand
33 one; and

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

36 (f) Funds shall be deposited by the commissioner, within amounts
37 appropriated, and the state comptroller is hereby authorized and
38 directed to receive for deposit to the credit of the state special
39 revenue funds - other, HCRA transfer fund, medicaid fraud hotline and
40 medicaid administration account, or any successor fund or account, for
41 purposes of payment of administrative expenses of the department related
42 to the family health plus program established pursuant to section three
43 hundred sixty-nine-ee of the social services law from the tobacco
44 control and insurance initiatives pool established for the following
45 periods in the following amounts: five hundred thousand dollars on an
46 annual basis for the periods January first, two thousand through Decem-
47 ber thirty-first, two thousand six, five hundred thousand dollars for
48 the period January first, two thousand seven through December thirty-
49 first, two thousand seven, and five hundred thousand dollars for the
50 period January first, two thousand eight through December thirty-first,
51 two thousand eight, five hundred thousand dollars for the period January
52 first, two thousand nine through December thirty-first, two thousand
53 nine, five hundred thousand dollars for the period January first, two
54 thousand ten through December thirty-first, two thousand ten, one
55 hundred twenty-five thousand dollars for the period January first, two
56 thousand eleven through March thirty-first, two thousand eleven and

1 within amounts appropriated on and after April first, two thousand elev-
2 en.

3 (g) 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 health maintenance organization
6 direct pay market program established pursuant to sections forty-three
7 hundred twenty-one-a and forty-three hundred twenty-two-a of the insur-
8 ance law from the tobacco control and insurance initiatives pool estab-
9 lished for the following periods in the following amounts:

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

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

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

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

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

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

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

1 section four thousand three hundred twenty-two-a of the insurance law;
2 and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

13 (i-1) Notwithstanding the provisions of paragraphs (h) and (i) of this
14 subdivision, the commissioner shall reserve and accumulate up to two
15 million five hundred thousand dollars annually for the periods January
16 first, two thousand four through December thirty-first, two thousand
17 six, one million four hundred thousand dollars for the period January
18 first, two thousand seven through December thirty-first, two thousand
19 seven, two million dollars for the period January first, two thousand
20 eight through December thirty-first, two thousand eight, from funds
21 otherwise available for distribution under such paragraphs for the
22 services and expenses related to the pilot program for entertainment
23 industry employees included in subsection (b) of section one thousand
24 one hundred twenty-two of the insurance law, and an additional seven
25 hundred thousand dollars annually for the periods January first, two
26 thousand four through December thirty-first, two thousand six, an addi-
27 tional three hundred thousand dollars for the period January first, two
28 thousand seven through June thirtieth, two thousand seven for services
29 and expenses related to the pilot program for displaced workers included
30 in subsection (c) of section one thousand one hundred twenty-two of the
31 insurance law.

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

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

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

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

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

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

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

54 (vii) up to eighty-one million nine hundred thousand dollars for the
55 period January first, two thousand six through December thirty-first,
56 two thousand six, provided, however, that within amounts appropriated, a

1 portion of such funds may be transferred to the Roswell Park Cancer
2 Institute Corporation to support costs associated with cancer research;
3 (viii) up to ninety-four million one hundred fifty thousand dollars
4 for the period January first, two thousand seven through December thir-
5 ty-first, two thousand seven, provided, however, that within amounts
6 appropriated, a portion of such funds may be transferred to the Roswell
7 Park Cancer Institute Corporation to support costs associated with
8 cancer research;

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

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

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

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

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

24 (XIV) UP TO THIRTY-THREE MILLION ONE HUNDRED FORTY-FOUR THOUSAND
25 DOLLARS EACH STATE FISCAL YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND
26 FOURTEEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND SEVENTEEN.

27 (k) Funds shall be deposited by the commissioner, within amounts
28 appropriated, and the state comptroller is hereby authorized and
29 directed to receive for deposit to the credit of the state special
30 revenue fund - other, HCRA transfer fund, health care services account,
31 or any successor fund or account, for purposes of services and expenses
32 related to public health programs, including comprehensive care centers
33 for eating disorders pursuant to the former section twenty-seven hundred
34 ninety-nine-1 of this chapter, provided however that, for such centers,
35 funds in the amount of five hundred thousand dollars on an annualized
36 basis shall be transferred from the health care services account, or any
37 successor fund or account, and deposited into the fund established by
38 section ninety-five-e of the state finance law for periods prior to
39 March thirty-first, two thousand eleven, from the tobacco control and
40 insurance initiatives pool established for the following periods in the
41 following amounts:

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

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

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

48 (iv) one hundred twenty-two million five hundred thousand dollars for
49 the period January first, two thousand three through December thirty-
50 first, two thousand three;

51 (v) one hundred eight million five hundred seventy-five thousand
52 dollars, plus an additional five hundred thousand dollars, for the peri-
53 od January first, two thousand four through December thirty-first, two
54 thousand four;

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

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

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

1 (i) up to ninety million dollars for the period January first, two
2 thousand through December thirty-first, two thousand;
3 (ii) up to sixty million dollars for the period January first, two
4 thousand one through December thirty-first, two thousand one;
5 (iii) up to eighty-five million dollars for the period January first,
6 two thousand two through December thirty-first, two thousand two;
7 (iv) eighty-five million two hundred fifty thousand dollars for the
8 period January first, two thousand three through December thirty-first,
9 two thousand three;
10 (v) seventy-eight million dollars for the period January first, two
11 thousand four through December thirty-first, two thousand four;
12 (vi) seventy-eight million dollars for the period January first, two
13 thousand five through December thirty-first, two thousand five;
14 (vii) ninety-one million dollars for the period January first, two
15 thousand six through December thirty-first, two thousand six;
16 (viii) seventy-eight million dollars for the period January first, two
17 thousand seven through December thirty-first, two thousand seven;
18 (ix) seventy-eight million dollars for the period January first, two
19 thousand eight through December thirty-first, two thousand eight;
20 (x) seventy-eight million dollars for the period January first, two
21 thousand nine through December thirty-first, two thousand nine;
22 (xi) seventy-eight million dollars for the period January first, two
23 thousand ten through December thirty-first, two thousand ten;
24 (xii) nineteen 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 (xiii) sixty-nine million eight hundred forty thousand dollars each
28 state fiscal year for the period April first, two thousand eleven
29 through March thirty-first, two thousand fourteen[.]; AND
30 (XIV) NINETY-SIX MILLION SIX HUNDRED THOUSAND DOLLARS EACH STATE
31 FISCAL YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN THROUGH
32 MARCH THIRTY-FIRST, TWO THOUSAND SEVENTEEN.
33 (p) 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 funds - other, indigent care fund - 068, indigent care account,
37 or any successor fund or account, for purposes of providing a medicaid
38 disproportionate share payment from the high need indigent care adjust-
39 ment pool established pursuant to section twenty-eight hundred seven-w
40 of this article, from the tobacco control and insurance initiatives pool
41 established for the following periods in the following amounts:
42 (i) eighty-two million dollars annually for the periods January first,
43 two thousand through December thirty-first, two thousand two;
44 (ii) up to eighty-two million dollars for the period January first,
45 two thousand three through December thirty-first, two thousand three;
46 (iii) up to eighty-two million dollars for the period January first,
47 two thousand four through December thirty-first, two thousand four;
48 (iv) up to eighty-two million dollars for the period January first,
49 two thousand five through December thirty-first, two thousand five;
50 (v) up to eighty-two million dollars for the period January first, two
51 thousand six through December thirty-first, two thousand six;
52 (vi) up to eighty-two million dollars for the period January first,
53 two thousand seven through December thirty-first, two thousand seven;
54 (vii) up to eighty-two million dollars for the period January first,
55 two thousand eight through December thirty-first, two thousand eight;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(XII) UP TO FIVE MILLION TWO HUNDRED EIGHTY-EIGHT THOUSAND DOLLARS EACH STATE FISCAL YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND SEVENTEEN.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

24 (u) Funds shall be deposited by the commissioner, within amounts
25 appropriated, and the state comptroller is hereby authorized and
26 directed to receive for deposit to the credit of the state special
27 revenue funds - other, HCRA transfer fund, medical assistance account,
28 or any successor fund or account, for purposes of funding the state
29 share of services and expenses related to the nursing home quality
30 improvement demonstration program established pursuant to section twen-
31 ty-eight hundred eight-d of this article from the tobacco control and
32 insurance initiatives pool established for the following periods in the
33 following amounts:

34 (i) up to twenty-five million dollars for the period beginning April
35 first, two thousand two and ending December thirty-first, two thousand
36 two, and on an annualized basis, for each annual period thereafter
37 beginning January first, two thousand three and ending December thirty-
38 first, two thousand four;

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

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

45 (v) Funds shall be transferred by the commissioner and shall be depos-
46 ited to the credit of the hospital excess liability pool created pursu-
47 ant to section eighteen of chapter two hundred sixty-six of the laws of
48 nineteen hundred eighty-six, or any successor fund or account, for
49 purposes of expenses related to the purchase of excess medical malprac-
50 tice insurance and the cost of administering the pool, including costs
51 associated with the risk management program established pursuant to
52 section forty-two of part A of chapter one of the laws of two thousand
53 two required by paragraph (a) of subdivision one of section eighteen of
54 chapter two hundred sixty-six of the laws of nineteen hundred eighty-six
55 as may be amended from time to time, from the tobacco control and insur-

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

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

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

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

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

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

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

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

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

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

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

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

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

36 (w) Funds shall be deposited by the commissioner, within amounts
37 appropriated, and the state comptroller is hereby authorized and
38 directed to receive for deposit to the credit of the state special
39 revenue funds - other, HCRA transfer fund, medical assistance account,
40 or any successor fund or account, for purposes of funding the state
41 share of the treatment of breast and cervical cancer pursuant to para-
42 graph (v) of subdivision four of section three hundred sixty-six of the
43 social services law, from the tobacco control and insurance initiatives
44 pool established for the following periods in the following amounts:

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

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

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

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

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

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

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

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

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

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

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

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

25 (x) Funds shall be deposited by the commissioner, within amounts
26 appropriated, and the state comptroller is hereby authorized and
27 directed to receive for deposit to the credit of the state special
28 revenue funds - other, HCRA transfer fund, medical assistance account,
29 or any successor fund or account, for purposes of funding the state
30 share of the non-public general hospital rates increases for recruitment
31 and retention of health care workers from the tobacco control and insur-
32 ance initiatives pool established for the following periods in the
33 following amounts:

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

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

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

43 (iv) sixty-nine million three hundred thousand dollars for the period
44 January first, two thousand five through December thirty-first, two
45 thousand five;

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

49 (vi) sixty-five million three hundred thousand dollars for the period
50 January first, two thousand seven through December thirty-first, two
51 thousand seven;

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

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

(y) Funds shall be reserved and accumulated from year to year and shall be available, including income from invested funds, for purposes of grants to public general hospitals for recruitment and retention of health care workers pursuant to paragraph (b) 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) eighteen million five hundred thousand dollars on an annualized basis for the period January first, two thousand two through December thirty-first, two thousand two;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 (vi) eighty-five million two hundred thousand dollars for the period
2 January first, two thousand seven through December thirty-first, two
3 thousand seven;
4 (vii) eighty-five million two hundred thousand dollars for the period
5 January first, two thousand eight through December thirty-first, two
6 thousand eight;
7 (viii) eighty-five million two hundred thousand dollars for the period
8 January first, two thousand nine through December thirty-first, two
9 thousand nine;
10 (ix) eighty-five million two hundred thousand dollars for the period
11 January first, two thousand ten through December thirty-first, two thou-
12 sand ten;
13 (x) twenty-one million three hundred thousand dollars for the period
14 January first, two thousand eleven through March thirty-first, two thou-
15 sand eleven; and
16 (xi) eighty-five million two hundred thousand dollars each state
17 fiscal year for the period April first, two thousand eleven through
18 March thirty-first, two thousand fourteen.
19 (ee) 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 the free-standing diagnostic and treatment center rate increases for
25 recruitment and retention of health care workers pursuant to subdivision
26 seventeen of section twenty-eight hundred seven of this article from the
27 tobacco control and insurance initiatives pool established for the
28 following periods in the following amounts:
29 (i) three million two hundred fifty thousand dollars for the period
30 April first, two thousand two through December thirty-first, two thou-
31 sand two;
32 (ii) three million two hundred fifty thousand dollars on an annualized
33 basis for the period January first, two thousand three through December
34 thirty-first, two thousand three;
35 (iii) three million two hundred fifty thousand dollars on an annual-
36 ized basis for the period January first, two thousand four through
37 December thirty-first, two thousand four;
38 (iv) three million two hundred fifty thousand dollars for the period
39 January first, two thousand five through December thirty-first, two
40 thousand five;
41 (v) three million two hundred fifty thousand dollars for the period
42 January first, two thousand six through December thirty-first, two thou-
43 sand six;
44 (vi) three million two hundred fifty thousand dollars for the period
45 January first, two thousand seven through December thirty-first, two
46 thousand seven;
47 (vii) three million four hundred thirty-eight thousand dollars for the
48 period January first, two thousand eight through December thirty-first,
49 two thousand eight;
50 (viii) two million four hundred fifty thousand dollars for the period
51 January first, two thousand nine through December thirty-first, two
52 thousand nine;
53 (ix) one million five hundred thousand dollars for the period January
54 first, two thousand ten through December thirty-first, two thousand ten;
55 and

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

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

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

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

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

22 (iv) thirty million six hundred thousand dollars for the period Janu-
23 ary first, two thousand five through December thirty-first, two thousand
24 five;

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

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

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

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

34 (ix) fifteen million dollars for the period January first, two thou-
35 sand ten through December thirty-first, two thousand ten;

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

39 (xi) fifteen million dollars each state fiscal year for the period
40 April first, two thousand eleven through March thirty-first, two thou-
41 sand fourteen[.]; AND

42 (XII) FIFTEEN MILLION DOLLARS EACH STATE FISCAL YEAR FOR THE PERIOD
43 APRIL FIRST, TWO THOUSAND FOURTEEN THROUGH MARCH THIRTY-FIRST, TWO THOU-
44 SAND SEVENTEEN.

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

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

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

1 (iii) up to five million six hundred thousand dollars on an annualized
2 basis for the period January first, two thousand four through December
3 thirty-first, two thousand four;
4 (iv) up to eight million six hundred thousand dollars for the period
5 January first, two thousand five through December thirty-first, two
6 thousand five;
7 (v) up to eight million six hundred thousand dollars on an annualized
8 basis for the period January first, two thousand six through December
9 thirty-first, two thousand six;
10 (vi) up to two million six hundred thousand dollars for the period
11 January first, two thousand seven through December thirty-first, two
12 thousand seven;
13 (vii) up to two million six hundred thousand dollars for the period
14 January first, two thousand eight through December thirty-first, two
15 thousand eight;
16 (viii) up to two million six hundred thousand dollars for the period
17 January first, two thousand nine through December thirty-first, two
18 thousand nine;
19 (ix) up to two million six hundred thousand dollars for the period
20 January first, two thousand ten through December thirty-first, two thou-
21 sand ten; and
22 (x) up to six hundred fifty thousand dollars for the period January
23 first, two thousand eleven through March thirty-first, two thousand
24 eleven.
25 (hh) 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 special revenue
28 fund - other, HCRA transfer fund, medical assistance account for
29 purposes of providing financial assistance to residential health care
30 facilities pursuant to subdivisions nineteen and twenty-one of section
31 twenty-eight hundred eight of this article, from the tobacco control and
32 insurance initiatives pool established for the following periods in the
33 following amounts:
34 (i) for the period April first, two thousand two through December
35 thirty-first, two thousand two, ten million dollars;
36 (ii) for the period January first, two thousand three through December
37 thirty-first, two thousand three, nine million four hundred fifty thou-
38 sand dollars;
39 (iii) for the period January first, two thousand four through December
40 thirty-first, two thousand four, nine million three hundred fifty thou-
41 sand dollars;
42 (iv) up to fifteen million dollars for the period January first, two
43 thousand five through December thirty-first, two thousand five;
44 (v) up to fifteen million dollars for the period January first, two
45 thousand six through December thirty-first, two thousand six;
46 (vi) up to fifteen million dollars for the period January first, two
47 thousand seven through December thirty-first, two thousand seven;
48 (vii) up to fifteen million dollars for the period January first, two
49 thousand eight through December thirty-first, two thousand eight;
50 (viii) up to fifteen million dollars for the period January first, two
51 thousand nine through December thirty-first, two thousand nine;
52 (ix) up to fifteen million dollars for the period January first, two
53 thousand ten through December thirty-first, two thousand ten;
54 (x) up to three million seven hundred fifty thousand dollars for the
55 period January first, two thousand eleven through March thirty-first,
56 two thousand eleven; and

1 (xi) fifteen million dollars each state fiscal year for the period
2 April first, two thousand eleven through March thirty-first, two thou-
3 sand fourteen.

4 (ii) Funds shall be deposited by the commissioner, within amounts
5 appropriated, and the state comptroller is hereby authorized and
6 directed to receive for deposit to the credit of the state special
7 revenue funds - other, HCRA transfer fund, medical assistance account,
8 or any successor fund or account, for the purpose of supporting the
9 state share of Medicaid expenditures for disabled persons as authorized
10 by sections 1619 (a) and (b) of the federal social security act pursuant
11 to the tobacco control and insurance initiatives pool established for
12 the following periods in the following amounts:

13 (i) six million four hundred thousand dollars for the period April
14 first, two thousand two through December thirty-first, two thousand two;
15 (ii) eight million five hundred thousand dollars, for the period Janu-
16 ary first, two thousand three through December thirty-first, two thou-
17 sand three;

18 (iii) eight million five hundred thousand dollars for the period Janu-
19 ary first, two thousand four through December thirty-first, two thousand
20 four;

21 (iv) eight million five hundred thousand dollars for the period Janu-
22 ary first, two thousand five through December thirty-first, two thousand
23 five;

24 (v) eight million five hundred thousand dollars for the period January
25 first, two thousand six through December thirty-first, two thousand six;
26 (vi) eight million six hundred thousand dollars for the period January
27 first, two thousand seven through December thirty-first, two thousand
28 seven;

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

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

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

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

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

44 (XII) EIGHT MILLION FIVE HUNDRED THOUSAND DOLLARS EACH FISCAL YEAR FOR
45 THE PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN THROUGH MARCH
46 THIRTY-FIRST, TWO THOUSAND SEVENTEEN.

47 (jj) Funds shall be reserved and accumulated from year to year and
48 shall be available, including income from invested funds, for the
49 purposes of a grant program to improve access to infertility services,
50 treatments and procedures, from the tobacco control and insurance initi-
51 atives pool established for the period January first, two thousand two
52 through December thirty-first, two thousand two in the amount of nine
53 million one hundred seventy-five thousand dollars, for the period April
54 first, two thousand six through March thirty-first, two thousand seven
55 in the amount of five million dollars, for the period April first, two
56 thousand seven through March thirty-first, two thousand eight in the

1 amount of five million dollars, for the period April first, two thousand
2 eight through March thirty-first, two thousand nine in the amount of
3 five million dollars, and for the period April first, two thousand nine
4 through March thirty-first, two thousand ten in the amount of five
5 million dollars, for the period April first, two thousand ten through
6 March thirty-first, two thousand eleven in the amount of two million two
7 hundred thousand dollars, and for the period April first, two thousand
8 eleven through March thirty-first, two thousand twelve up to one million
9 one hundred thousand dollars.

10 (kk) Funds shall be deposited by the commissioner, within amounts
11 appropriated, and the state comptroller is hereby authorized and
12 directed to receive for deposit to the credit of the state special
13 revenue funds -- other, HCRA transfer fund, medical assistance account,
14 or any successor fund or account, for purposes of funding the state
15 share of Medical Assistance Program expenditures from the tobacco
16 control and insurance initiatives pool established for the following
17 periods in the following amounts:

18 (i) thirty-eight million eight hundred thousand dollars for the period
19 January first, two thousand two through December thirty-first, two thou-
20 sand two;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

25 (mm) 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 specified
30 percentages of the state share of services and expenses related to the
31 family health plus program in accordance with the following schedule:

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

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

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

40 (ii) Funding for the family health plus program will include up to
41 five million dollars annually for the period January first, two thousand
42 three through December thirty-first, two thousand six, up to five
43 million dollars for the period January first, two thousand seven through
44 December thirty-first, two thousand seven, up to seven million two
45 hundred thousand dollars for the period January first, two thousand
46 eight through December thirty-first, two thousand eight, up to seven
47 million two hundred thousand dollars for the period January first, two
48 thousand nine through December thirty-first, two thousand nine, up to
49 seven million two hundred thousand dollars for the period January first,
50 two thousand ten through December thirty-first, two thousand ten, up to
51 one million eight hundred thousand dollars for the period January first,
52 two thousand eleven through March thirty-first, two thousand eleven, up
53 to six million forty-nine thousand dollars for the period April first,
54 two thousand eleven through March thirty-first, two thousand twelve, up
55 to six million two hundred eighty-nine thousand dollars for the period
56 April first, two thousand twelve through March thirty-first, two thou-

1 sand thirteen, and up to six million four hundred sixty-one thousand
2 dollars for the period April first, two thousand thirteen through March
3 thirty-first, two thousand fourteen, for administration and marketing
4 costs associated with such program established pursuant to clauses (A)
5 and (B) of subparagraph (v) of paragraph (a) of subdivision two of
6 section three hundred sixty-nine-ee of the social services law from the
7 tobacco control and insurance initiatives pool established for the
8 following periods in the following amounts:

9 (A) one hundred ninety million six hundred thousand dollars for the
10 period January first, two thousand three through December thirty-first,
11 two thousand three;

12 (B) three hundred seventy-four million dollars for the period January
13 first, two thousand four through December thirty-first, two thousand
14 four;

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

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

21 (E) four hundred eighty-two million eight hundred thousand dollars for
22 the period January first, two thousand seven through December thirty-
23 first, two thousand seven;

24 (F) five hundred seventy million twenty-five thousand dollars for the
25 period January first, two thousand eight through December thirty-first,
26 two thousand eight;

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

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

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

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

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

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

45 (M) ONE HUNDRED FIFTY-FIVE MILLION TWO HUNDRED NINETY-SEVEN THOUSAND
46 FIVE HUNDRED DOLLARS FOR THE PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN
47 THROUGH MARCH THIRTY-FIRST, TWO THOUSAND SEVENTEEN.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

8 (ss) Funds shall be reserved and accumulated from the tobacco control
9 and insurance initiatives pool and used for a health care stabilization
10 program established by the commissioner for the purposes of stabilizing
11 critical health care providers and health care programs whose ability to
12 continue to provide appropriate services are threatened by financial or
13 other challenges, in the amount of up to twenty-eight million dollars
14 for the period July first, two thousand four through June thirtieth, two
15 thousand five. Notwithstanding the provisions of section one hundred
16 twelve of the state finance law or any other inconsistent provision of
17 the state finance law or any other law, funds available for distribution
18 pursuant to this paragraph may be allocated and distributed by the
19 commissioner, or the state comptroller as applicable without a compet-
20 itive bid or request for proposal process. Considerations relied upon by
21 the commissioner in determining the allocation and distribution of these
22 funds shall include, but not be limited to, the following: (i) the
23 importance of the provider or program in meeting critical health care
24 needs in the community in which it operates; (ii) the provider or
25 program provision of care to under-served populations; (iii) the quality
26 of the care or services the provider or program delivers; (iv) the abil-
27 ity of the provider or program to continue to deliver an appropriate
28 level of care or services if additional funding is made available; (v)
29 the ability of the provider or program to access, in a timely manner,
30 alternative sources of funding, including other sources of government
31 funding; (vi) the ability of other providers or programs in the communi-
32 ty to meet the community health care needs; (vii) whether the provider
33 or program has an appropriate plan to improve its financial condition;
34 and (viii) whether additional funding would permit the provider or
35 program to consolidate, relocate, or close programs or services where
36 such actions would result in greater stability and efficiency in the
37 delivery of needed health care services or programs.

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

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

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

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

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

52 (v) up to two hundred fifty thousand dollars for the period January
53 first, two thousand eight through March thirty-first, two thousand
54 eight.

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

purpose of supporting disease management and telemedicine demonstration programs authorized pursuant to section twenty-one hundred eleven of this chapter for the following periods in the following amounts:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(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 initiatives pool established for the following periods in the following amounts:

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

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

(iii) one hundred seventy-one million dollars for the period January first, two thousand seven through December thirty-first, two thousand seven, provided, however, that within amounts appropriated in the two

1 thousand six through two thousand seven state fiscal year, a portion of
2 such funds may be transferred to the Roswell Park Cancer Institute
3 Corporation to fund capital costs;

4 (iv) one hundred seventy-one million five hundred thousand dollars for
5 the period January first, two thousand eight through December thirty-
6 first, two thousand eight;

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

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

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

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

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

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

25 (aaa) Funds shall be reserved and accumulated from year to year and
26 shall be available, including income from invested funds, for services
27 and expenses related to school based health centers, in an amount up to
28 three million five hundred thousand dollars for the period April first,
29 two thousand six through March thirty-first, two thousand seven, up to
30 three million five hundred thousand dollars for the period April first,
31 two thousand seven through March thirty-first, two thousand eight, up to
32 three million five hundred thousand dollars for the period April first,
33 two thousand eight through March thirty-first, two thousand nine, up to
34 three million five hundred thousand dollars for the period April first,
35 two thousand nine through March thirty-first, two thousand ten, up to
36 three million five hundred thousand dollars for the period April first,
37 two thousand ten through March thirty-first, two thousand eleven, [and]
38 up to two million eight hundred thousand dollars each state fiscal year
39 for the period April first, two thousand eleven through March thirty-
40 first, two thousand fourteen, AND UP TO TWO MILLION SIX HUNDRED
41 FORTY-FOUR THOUSAND DOLLARS FOR THE PERIOD APRIL FIRST, TWO THOUSAND
42 FOURTEEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND SEVENTEEN. The total
43 amount of funds provided herein shall be distributed as grants based on
44 the ratio of each provider's total enrollment for all sites to the total
45 enrollment of all providers. This formula shall be applied to the total
46 amount provided herein.

47 (bbb) Funds shall be reserved and accumulated from year to year and
48 shall be available, including income from invested funds, for purposes
49 of awarding grants to operators of adult homes, enriched housing
50 programs and residences through the enhancing abilities and life experi-
51 ence (EnAbLe) program to provide for the installation, operation and
52 maintenance of air conditioning in resident rooms, consistent with this
53 paragraph, in an amount up to two million dollars for the period April
54 first, two thousand six through March thirty-first, two thousand seven,
55 up to three million eight hundred thousand dollars for the period April
56 first, two thousand seven through March thirty-first, two thousand

1 eight, up to three million eight hundred thousand dollars for the period
2 April first, two thousand eight through March thirty-first, two thousand
3 nine, up to three million eight hundred thousand dollars for the period
4 April first, two thousand nine through March thirty-first, two thousand
5 ten, and up to three million eight hundred thousand dollars for the
6 period April first, two thousand ten through March thirty-first, two
7 thousand eleven. Residents shall not be charged utility cost for the use
8 of air conditioners supplied under the EnAbLe program. All such air
9 conditioners must be operated in occupied resident rooms consistent with
10 requirements applicable to common areas.

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

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

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

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

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

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

35 (vi) twelve million five hundred thousand dollars for the period Janu-
36 ary first, two thousand eleven through March thirty-first, two thousand
37 eleven; and

38 (vii) up to fifty million dollars each state fiscal year for the peri-
39 od April first, two thousand eleven through March thirty-first, two
40 thousand fourteen.

41 (ddd) Funds shall be deposited by the commissioner, within amounts
42 appropriated, and the state comptroller is hereby authorized and
43 directed to receive for the 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 increases in the medical assistance rates for providers for
47 purposes of enhancing the provision, quality and/or efficiency of home
48 care services pursuant to subdivision eleven of section thirty-six
49 hundred fourteen of this chapter from the tobacco control and insurance
50 initiatives pool established for the following period in the amount of
51 eight million dollars for the period April first, two thousand six
52 through December thirty-first, two thousand six.

53 (eee) Funds shall be reserved and accumulated from year to year and
54 shall be available, including income from invested funds, to the Center
55 for Functional Genomics at the State University of New York at Albany,
56 for the purposes of the Adirondack network for cancer education and

1 research in rural communities grant program to improve access to health
2 care and shall be made available from the tobacco control and insurance
3 initiatives pool established for the following period in the amount of
4 up to five million dollars for the period January first, two thousand
5 six through December thirty-first, two thousand six.

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

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

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

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

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

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

39 (ii) two million two hundred ninety-two thousand dollars for the peri-
40 od January first, two thousand nine through November thirtieth, two
41 thousand nine.

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

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

54 2. (a) For periods prior to January first, two thousand five, the
55 commissioner is authorized to contract with the article forty-three
56 insurance law plans, or such other contractors as the commissioner shall

1 designate, to receive and distribute funds from the tobacco control and
2 insurance initiatives pool established pursuant to this section. In the
3 event contracts with the article forty-three insurance law plans or
4 other commissioner's designees are effectuated, the commissioner shall
5 conduct annual audits of the receipt and distribution of such funds. The
6 reasonable costs and expenses of an administrator as approved by the
7 commissioner, not to exceed for personnel services on an annual basis
8 five hundred thousand dollars, for collection and distribution of funds
9 pursuant to this section shall be paid from such funds.

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

20 S 9. Subdivisions 5-a and 7 of section 2807-m of the public health
21 law, as added by section 75-c of part C of chapter 58 of the laws of
22 2008, the paragraph heading of paragraph (b) and the second undesignated
23 paragraph of paragraph (b) of subdivision 5-a as amended by section 4 of
24 part B of chapter 109 of the laws of 2010, the opening paragraph of
25 paragraph (b), subparagraphs (C), (D) and (G) of paragraph (b), and
26 paragraphs (c), (f) and (g) of subdivision 5-a as amended by section 26
27 of part C of chapter 59 of the laws of 2011, subparagraph (H) of para-
28 graph (b) of subdivision 5-a as added by section 60 of part D of chapter
29 56 of the laws of 2012, paragraphs (d) and (e) of subdivision 5-a as
30 amended by section 53 of part D of chapter 56 of the laws of 2012 and
31 paragraph (e-1) of subdivision 5-a as added by section 54 of part D of
32 chapter 56 of the laws of 2012, and subdivision 7 as amended by section
33 26-a of part C of chapter 59 of the laws of 2011, are amended to read as
34 follows:

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

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

1 provisions of section 86-1.89 of title 10 of the codes, rules and regu-
2 lations of the state of New York shall be null and void.

3 (b) Empire clinical research investigator program (ECRIP). Nine
4 million one hundred twenty thousand dollars annually for the period
5 January first, two thousand nine through December thirty-first, two
6 thousand ten, and two million two hundred eighty thousand dollars for
7 the period January first, two thousand eleven, [and] THROUGH MARCH THIR-
8 TY-FIRST, TWO THOUSAND ELEVEN, nine million one hundred twenty thousand
9 dollars each state fiscal year for the period April first, two thousand
10 eleven through March thirty-first, two thousand fourteen, [through March
11 thirty-first, two thousand eleven,] AND EIGHT MILLION SIX HUNDRED TWELVE
12 THOUSAND DOLLARS EACH STATE FISCAL YEAR FOR THE PERIOD APRIL FIRST, TWO
13 THOUSAND FOURTEEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND SEVENTEEN,
14 shall be set aside and reserved by the commissioner from the regional
15 pools established pursuant to subdivision two of this section to be
16 allocated regionally with two-thirds of the available funding going to
17 New York city and one-third of the available funding going to the rest
18 of the state and shall be available for distribution as follows:

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

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

35 (B) Distributions made to a consortium or teaching general hospital
36 shall equal the product of the total number of clinical research posi-
37 tions submitted by a consortium or teaching general hospital and
38 accepted by the commissioner as meeting the criteria set forth in para-
39 graph (b) of subdivision one of this section, subject to the reduction
40 calculation set forth in clause (C) of this subparagraph, times one
41 hundred ten thousand dollars.

42 (C) If the dollar amount for the total number of clinical research
43 positions in the region calculated pursuant to clause (B) of this
44 subparagraph exceeds the total amount appropriated for purposes of this
45 paragraph, including clinical research positions that continue from and
46 were funded in prior distribution periods, the commissioner shall elimi-
47 nate one-half of the clinical research positions submitted by each
48 consortium or teaching general hospital rounded down to the nearest one
49 position. Such reduction shall be repeated until the dollar amount for
50 the total number of clinical research positions in the region does not
51 exceed the total amount appropriated for purposes of this paragraph. If
52 the repeated reduction of the total number of clinical research posi-
53 tions in the region by one-half does not render a total funding amount
54 that is equal to or less than the total amount reserved for that region
55 within the appropriation, the funding for each clinical research posi-
56 tion in that region shall be reduced proportionally in one thousand

1 dollar increments until the total dollar amount for the total number of
2 clinical research positions in that region does not exceed the total
3 amount reserved for that region within the appropriation. Any reduction
4 in funding will be effective for the duration of the award. No clinical
5 research positions that continue from and were funded in prior distrib-
6 ution periods shall be eliminated or reduced by such methodology.

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

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

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

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

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

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

47 (I) For each clinical research position, information on the type,
48 scope, training objectives, institutional support, clinical research
49 experience of the sponsor-mentor, plans for submitting research outcomes
50 to peer reviewed journals and at scientific meetings, including a meet-
51 ing sponsored by the department, the name of a principal contact person
52 responsible for tracking the career development of researchers placed in
53 clinical research positions, as defined in paragraph (c) of subdivision
54 one of this section, and who is authorized to certify to the commission-
55 er that all the requirements of the clinical research training objec-

tives 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

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

(c) Ambulatory care training. Four million nine hundred thousand dollars for the period January first, two thousand eight through December thirty-first, two thousand eight, four million nine hundred thousand dollars for the period January first, two thousand nine through December thirty-first, two thousand nine, four million nine hundred thousand dollars for the period January first, two thousand ten through December thirty-first, two thousand ten, one million two hundred twenty-five thousand dollars for the period January first, two thousand eleven through March thirty-first, two thousand eleven, [and] four million three hundred thousand dollars each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen, AND FOUR MILLION SIXTY THOUSAND DOLLARS EACH STATE FISCAL YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN THROUGH MARCH THIRTY-FIRST, TWO THOUSAND SEVENTEEN, shall be set aside and reserved by the commissioner from the regional pools established pursuant to subdivision two of this section and shall be available for distributions to

1 sponsoring institutions to be directed to support clinical training of
2 medical students and residents in free-standing ambulatory care
3 settings, including community health centers and private practices. Such
4 funding shall be allocated regionally with two-thirds of the available
5 funding going to New York city and one-third of the available funding
6 going to the rest of the state and shall be distributed to sponsoring
7 institutions in each region pursuant to a request for application or
8 request for proposal process with preference being given to sponsoring
9 institutions which provide training in sites located in underserved
10 rural or inner-city areas and those that include medical students in
11 such training.

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

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

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

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

51 (e) Physician practice support. Four million nine hundred thousand
52 dollars for the period January first, two thousand eight through Decem-
53 ber thirty-first, two thousand eight, four million nine hundred thousand
54 dollars annually for the period January first, two thousand nine through
55 December thirty-first, two thousand ten, one million two hundred twen-
56 ty-five thousand dollars for the period January first, two thousand

1 eleven through March thirty-first, two thousand eleven, [and] four
2 million three hundred thousand dollars each state fiscal year for the
3 period April first, two thousand eleven through March thirty-first, two
4 thousand fourteen, AND FOUR MILLION THREE HUNDRED SIXTY THOUSAND DOLLARS
5 EACH STATE FISCAL YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN
6 THROUGH MARCH THIRTY-FIRST, TWO THOUSAND SEVENTEEN, shall be set aside
7 and reserved by the commissioner from the regional pools established
8 pursuant to subdivision two of this section and shall be available for
9 purposes of physician practice support. Notwithstanding any contrary
10 provision of this section, sections one hundred twelve and one hundred
11 sixty-three of the state finance law, or any other contrary provision of
12 law, such funding shall be allocated regionally with one-third of avail-
13 able funds going to New York city and two-thirds of available funds
14 going to the rest of the state and shall be distributed in a manner to
15 be determined by the commissioner without a competitive bid or request
16 for proposal process as follows:

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

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

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

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

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

37 (ii) Subject to available funding, applications shall be accepted on a
38 continuous basis. The department shall provide technical assistance to
39 applicants to facilitate their completion of applications. An applicant
40 shall be notified in writing by the department within ten days of
41 receipt of an application as to whether the application is complete and
42 if the application is incomplete, what information is outstanding. The
43 department shall act on an application within thirty days of receipt of
44 a complete application.

45 (f) Study on physician workforce. Five hundred ninety thousand dollars
46 annually for the period January first, two thousand eight through Decem-
47 ber thirty-first, two thousand ten, one hundred forty-eight thousand
48 dollars for the period January first, two thousand eleven through March
49 thirty-first, two thousand eleven, [and] five hundred sixteen thousand
50 dollars each state fiscal year for the period April first, two thousand
51 eleven through March thirty-first, two thousand fourteen, AND FOUR
52 HUNDRED EIGHTY-SEVEN THOUSAND DOLLARS EACH STATE FISCAL YEAR FOR THE
53 PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN THROUGH MARCH THIRTY-FIRST,
54 TWO THOUSAND SEVENTEEN, shall be set aside and reserved by the commis-
55 sioner from the regional pools established pursuant to subdivision two
56 of this section and shall be available to fund a study of physician

1 workforce needs and solutions including, but not limited to, an analysis
2 of residency programs and projected physician workforce and community
3 needs. The commissioner shall enter into agreements with one or more
4 organizations to conduct such study based on a request for proposal
5 process.

6 (g) Diversity in medicine/post-baccalaureate program. Notwithstanding
7 any inconsistent provision of section one hundred twelve or one hundred
8 sixty-three of the state finance law or any other law, one million nine
9 hundred sixty thousand dollars annually for the period January first,
10 two thousand eight through December thirty-first, two thousand ten, four
11 hundred ninety thousand dollars for the period January first, two thou-
12 sand eleven through March thirty-first, two thousand eleven, [and] one
13 million seven hundred thousand dollars each state fiscal year for the
14 period April first, two thousand eleven through March thirty-first, two
15 thousand fourteen, AND ONE MILLION SIX HUNDRED FIVE THOUSAND DOLLARS
16 EACH STATE FISCAL YEAR FOR THE PERIOD APRIL FIRST, TWO THOUSAND FOURTEEN
17 THROUGH MARCH THIRTY-FIRST, TWO THOUSAND SEVENTEEN, shall be set aside
18 and reserved by the commissioner from the regional pools established
19 pursuant to subdivision two of this section and shall be available for
20 distributions to the Associated Medical Schools of New York to fund its
21 diversity program including existing and new post-baccalaureate programs
22 for minority and economically disadvantaged students and encourage
23 participation from all medical schools in New York. The associated
24 medical schools of New York shall report to the commissioner on an annu-
25 al basis regarding the use of funds for such purpose in such form and
26 manner as specified by the commissioner.

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

32 7. Notwithstanding any inconsistent provision of section one hundred
33 twelve or one hundred sixty-three of the state finance law or any other
34 law, up to one million dollars for the period January first, two thou-
35 sand through December thirty-first, two thousand, one million six
36 hundred thousand dollars annually for the periods January first, two
37 thousand one through December thirty-first, two thousand eight, one
38 million five hundred thousand dollars annually for the periods January
39 first, two thousand nine through December thirty-first, two thousand
40 ten, three hundred seventy-five thousand dollars for the period January
41 first, two thousand eleven through March thirty-first, two thousand
42 eleven, [and] one million three hundred twenty thousand dollars each
43 state fiscal year for the period April first, two thousand eleven
44 through March thirty-first, two thousand fourteen, AND TWO MILLION
45 SEVENTY-SEVEN THOUSAND DOLLARS EACH STATE FISCAL YEAR FOR THE PERIOD
46 APRIL FIRST, TWO THOUSAND FOURTEEN THROUGH MARCH THIRTY-FIRST, TWO THOU-
47 SAND SEVENTEEN, shall be set aside and reserved by the commissioner from
48 the regional pools established pursuant to subdivision two of this
49 section and shall be available for distributions to the New York state
50 area health education center program for the purpose of expanding commu-
51 nity-based training of medical students. In addition, one million
52 dollars annually for the period January first, two thousand eight
53 through December thirty-first, two thousand ten, two hundred fifty thou-
54 sand dollars for the period January first, two thousand eleven through
55 March thirty-first, two thousand eleven, and eight hundred eighty thou-
56 sand dollars each state fiscal year for the period April first, two

1 thousand eleven through March thirty-first, two thousand fourteen, shall
2 be set aside and reserved by the commissioner from the regional pools
3 established pursuant to subdivision two of this section and shall be
4 available for distributions to the New York state area health education
5 center program for the purpose of post-secondary training of health care
6 professionals who will achieve specific program outcomes within the New
7 York state area health education center program. The New York state area
8 health education center program shall report to the commissioner on an
9 annual basis regarding the use of funds for each purpose in such form
10 and manner as specified by the commissioner.

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

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

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

25 S 2. This act shall take effect immediately, except that this act
26 shall expire and be of no further force and effect on and after April 1,
27 [2014] 2017; provided, however, that the commissioner of health shall
28 submit a report to the governor and the legislature detailing the objec-
29 tive, impact, design and computation of any pilot reimbursement program
30 established pursuant to this act, on or before March 31, 1994 and annu-
31 ally thereafter. Such report shall include an assessment of the finan-
32 cial impact of such payment system on providers, as well as the impact
33 of such system on access to care.

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

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

42 S 13. Intentionally omitted.

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

47 (l) for the period April first, two thousand twelve through March
48 thirty-first, two thousand thirteen, up to twenty-eight million five
49 hundred thousand dollars; [and]

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

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

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

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

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

9 6. Prospective adjustments. (A) The commissioner shall annually recon-
10 cile the sum of the actual payments made to the commissioner or the
11 commissioner's designee for each region pursuant to section twenty-eight
12 hundred seven-s of this article and pursuant to this section for the
13 prior year with the regional allocation of the gross annual statewide
14 amount specified in subdivision six of section twenty-eight hundred
15 seven-s of this article for such prior year. The difference between the
16 actual amount raised for a region and the regional allocation of the
17 specified gross annual amount for such prior year shall be applied as a
18 prospective adjustment to the regional allocation of the specified gross
19 annual payment amount for such region for the year next following the
20 calculation of the reconciliation. The authorized dollar value of the
21 adjustments shall be the same as if calculated retrospectively.

22 (B) NOTWITHSTANDING THE PROVISIONS OF PARAGRAPH (A) OF THIS SUBDIVI-
23 SION, FOR COVERED LIVES ASSESSMENT RATE PERIODS ON AND AFTER JANUARY
24 FIRST, TWO THOUSAND FIFTEEN THROUGH DECEMBER THIRTY-FIRST, TWO THOUSAND
25 SEVENTEEN, FOR AMOUNTS COLLECTED IN THE AGGREGATE IN EXCESS OF ONE
26 BILLION FORTY-FIVE MILLION DOLLARS ON AN ANNUAL BASIS, PROSPECTIVE
27 ADJUSTMENTS SHALL BE SUSPENDED IF THE ANNUAL RECONCILIATION CALCULATION
28 FROM THE PRIOR YEAR WOULD OTHERWISE RESULT IN A DECREASE TO THE REGIONAL
29 ALLOCATION OF THE SPECIFIED GROSS ANNUAL PAYMENT AMOUNT FOR THAT REGION,
30 PROVIDED, HOWEVER, THAT SUCH SUSPENSION SHALL BE LIFTED UPON A DETERMI-
31 NATION BY THE COMMISSIONER, IN CONSULTATION WITH THE DIRECTOR OF THE
32 BUDGET, THAT TEN MILLION DOLLARS IN AGGREGATE COLLECTIONS ON AN ANNUAL
33 BASIS OVER AND ABOVE ONE BILLION FORTY-FIVE MILLION DOLLARS ON AN ANNUAL
34 BASIS HAVE BEEN RESERVED AND SET ASIDE FOR DEPOSIT IN THE HCRA RESOURCES
35 FUND FOR THE PURPOSE OF FUNDING THE ALL PAYER CLAIMS DATABASE. ANY
36 AMOUNTS COLLECTED IN THE AGGREGATE AT OR BELOW ONE BILLION FORTY-FIVE
37 MILLION DOLLARS ON AN ANNUAL BASIS, SHALL BE SUBJECT TO REGIONAL ADJUST-
38 MENTS RECONCILING ANY DECREASES OR INCREASES TO THE REGIONAL ALLOCATION
39 IN ACCORDANCE WITH PARAGRAPH (A) OF THIS SUBDIVISION.

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

43 4-c. Notwithstanding any provision of law to the contrary, the commis-
44 sioner shall make additional payments for uncompensated care to volun-
45 tary non-profit diagnostic and treatment centers that are eligible for
46 distributions under subdivision four of this section in the following
47 amounts: for the period June first, two thousand six through December
48 thirty-first, two thousand six, in the amount of seven million five
49 hundred thousand dollars, for the period January first, two thousand
50 seven through December thirty-first, two thousand seven, seven million
51 five hundred thousand dollars, for the period January first, two thou-
52 sand eight through December thirty-first, two thousand eight, seven
53 million five hundred thousand dollars, for the period January first, two
54 thousand nine through December thirty-first, two thousand nine, fifteen
55 million five hundred thousand dollars, for the period January first, two
56 thousand ten through December thirty-first, two thousand ten, seven

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

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

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

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

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

55 S 18. Paragraph (a) of subdivision 1 of section 18 of chapter 266 of
56 the laws of 1986, amending the civil practice law and rules and other

1 laws relating to malpractice and professional medical conduct, as
2 amended by section 15 of part C of chapter 59 of the laws of 2011, is
3 amended to read as follows:

4 (a) The superintendent of insurance and the commissioner of health or
5 their designee shall, from funds available in the hospital excess
6 liability pool created pursuant to subdivision 5 of this section,
7 purchase a policy or policies for excess insurance coverage, as author-
8 ized by paragraph 1 of subsection (e) of section 5502 of the insurance
9 law; or from an insurer, other than an insurer described in section 5502
10 of the insurance law, duly authorized to write such coverage and actual-
11 ly writing medical malpractice insurance in this state; or shall
12 purchase equivalent excess coverage in a form previously approved by the
13 superintendent of insurance for purposes of providing equivalent excess
14 coverage in accordance with section 19 of chapter 294 of the laws of
15 1985, for medical or dental malpractice occurrences between July 1, 1986
16 and June 30, 1987, between July 1, 1987 and June 30, 1988, between July
17 1, 1988 and June 30, 1989, between July 1, 1989 and June 30, 1990,
18 between July 1, 1990 and June 30, 1991, between July 1, 1991 and June
19 30, 1992, between July 1, 1992 and June 30, 1993, between July 1, 1993
20 and June 30, 1994, between July 1, 1994 and June 30, 1995, between July
21 1, 1995 and June 30, 1996, between July 1, 1996 and June 30, 1997,
22 between July 1, 1997 and June 30, 1998, between July 1, 1998 and June
23 30, 1999, between July 1, 1999 and June 30, 2000, between July 1, 2000
24 and June 30, 2001, between July 1, 2001 and June 30, 2002, between July
25 1, 2002 and June 30, 2003, between July 1, 2003 and June 30, 2004,
26 between July 1, 2004 and June 30, 2005, between July 1, 2005 and June
27 30, 2006, between July 1, 2006 and June 30, 2007, between July 1, 2007
28 and June 30, 2008, between July 1, 2008 and June 30, 2009, between July
29 1, 2009 and June 30, 2010, between July 1, 2010 and June 30, 2011,
30 between July 1, 2011 and June 30, 2012, between July 1, 2012 and June
31 30, 2013 [and], between July 1, 2013 and June 30, 2014, AND BETWEEN JULY
32 1, 2014 AND JUNE 30, 2015 or reimburse the hospital where the hospital
33 purchases equivalent excess coverage as defined in subparagraph (i) of
34 paragraph (a) of subdivision 1-a of this section for medical or dental
35 malpractice occurrences between July 1, 1987 and June 30, 1988, between
36 July 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 for physicians or dentists certified as eligi-
52 ble for each such period or periods pursuant to subdivision 2 of this
53 section by a general hospital licensed pursuant to article 28 of the
54 public health law; provided that no single insurer shall write more than
55 fifty percent of the total excess premium for a given policy year; and
56 provided, however, that such eligible physicians or dentists must have

1 in force an individual policy, from an insurer licensed in this state of
2 primary malpractice insurance coverage in amounts of no less than one
3 million three hundred thousand dollars for each claimant and three
4 million nine hundred thousand dollars for all claimants under that poli-
5 cy during the period of such excess coverage for such occurrences or be
6 endorsed as additional insureds under a hospital professional liability
7 policy which is offered through a voluntary attending physician ("chan-
8 neling") program previously permitted by the superintendent of insurance
9 during the period of such excess coverage for such occurrences. During
10 such period, such policy for excess coverage or such equivalent excess
11 coverage shall, when combined with the physician's or dentist's primary
12 malpractice insurance coverage or coverage provided through a voluntary
13 attending physician ("channeling") program, total an aggregate level of
14 two million three hundred thousand dollars for each claimant and six
15 million nine hundred thousand dollars for all claimants from all such
16 policies with respect to occurrences in each of such years provided,
17 however, if the cost of primary malpractice insurance coverage in excess
18 of one million dollars, but below the excess medical malpractice insur-
19 ance coverage provided pursuant to this act, exceeds the rate of nine
20 percent per annum, then the required level of primary malpractice insur-
21 ance coverage in excess of one million dollars for each claimant shall
22 be in an amount of not less than the dollar amount of such coverage
23 available at nine percent per annum; the required level of such coverage
24 for all claimants under that policy shall be in an amount not less than
25 three times the dollar amount of coverage for each claimant; and excess
26 coverage, when combined with such primary malpractice insurance cover-
27 age, shall increase the aggregate level for each claimant by one million
28 dollars and three million dollars for all claimants; and provided
29 further, that, with respect to policies of primary medical malpractice
30 coverage that include occurrences between April 1, 2002 and June 30,
31 2002, such requirement that coverage be in amounts no less than one
32 million three hundred thousand dollars for each claimant and three
33 million nine hundred thousand dollars for all claimants for such occur-
34 rences shall be effective April 1, 2002.

35 S 19. Subdivision 3 of section 18 of chapter 266 of the laws of 1986,
36 amending the civil practice law and rules and other laws relating to
37 malpractice and professional medical conduct, as amended by section 16
38 of part C of chapter 59 of the laws of 2011, is amended to read as
39 follows:

40 (3)(a) The superintendent of insurance shall determine and certify to
41 each general hospital and to the commissioner of health the cost of
42 excess malpractice insurance for medical or dental malpractice occur-
43 rences between July 1, 1986 and June 30, 1987, between July 1, 1988 and
44 June 30, 1989, between July 1, 1989 and June 30, 1990, between July 1,
45 1990 and June 30, 1991, between July 1, 1991 and June 30, 1992, between
46 July 1, 1992 and June 30, 1993, between July 1, 1993 and June 30, 1994,
47 between July 1, 1994 and June 30, 1995, between July 1, 1995 and June
48 30, 1996, between July 1, 1996 and June 30, 1997, between July 1, 1997
49 and June 30, 1998, between July 1, 1998 and June 30, 1999, between July
50 1, 1999 and June 30, 2000, between July 1, 2000 and June 30, 2001,
51 between July 1, 2001 and June 30, 2002, between July 1, 2002 and June
52 30, 2003, between July 1, 2003 and June 30, 2004, between July 1, 2004
53 and June 30, 2005, between July 1, 2005 and June 30, 2006, between July
54 1, 2006 and June 30, 2007, between July 1, 2007 and June 30, 2008,
55 between July 1, 2008 and June 30, 2009, between July 1, 2009 and June
56 30, 2010, between July 1, 2010 and June 30, 2011, between July 1, 2011

1 and June 30, 2012, between July 1, 2012 and June 30, 2013, and between
2 July 1, 2013 and June 30, 2014, AND BETWEEN JULY 1, 2014 AND JUNE 30,
3 2015 allocable to each general hospital for physicians or dentists
4 certified as eligible for purchase of a policy for excess insurance
5 coverage by such general hospital in accordance with subdivision 2 of
6 this section, and may amend such determination and certification as
7 necessary.

8 (b) The superintendent of insurance shall determine and certify to
9 each general hospital and to the commissioner of health the cost of
10 excess malpractice insurance or equivalent excess coverage for medical
11 or dental malpractice occurrences between July 1, 1987 and June 30,
12 1988, between July 1, 1988 and June 30, 1989, between July 1, 1989 and
13 June 30, 1990, between July 1, 1990 and June 30, 1991, between July 1,
14 1991 and June 30, 1992, between July 1, 1992 and June 30, 1993, between
15 July 1, 1993 and June 30, 1994, between July 1, 1994 and June 30, 1995,
16 between July 1, 1995 and June 30, 1996, between July 1, 1996 and June
17 30, 1997, between July 1, 1997 and June 30, 1998, between July 1, 1998
18 and June 30, 1999, between July 1, 1999 and June 30, 2000, between July
19 1, 2000 and June 30, 2001, between July 1, 2001 and June 30, 2002,
20 between July 1, 2002 and June 30, 2003, between July 1, 2003 and June
21 30, 2004, between July 1, 2004 and June 30, 2005, between July 1, 2005
22 and June 30, 2006, between July 1, 2006 and June 30, 2007, between July
23 1, 2007 and June 30, 2008, between July 1, 2008 and June 30, 2009,
24 between July 1, 2009 and June 30, 2010, between July 1, 2010 and June
25 30, 2011, between July 1, 2011 and June 30, 2012, between July 1, 2012
26 and June 30, 2013, [and] between July 1, 2013 and June 30, 2014, AND
27 BETWEEN JULY 1, 2014 AND JUNE 30, 2015 allocable to each general hospi-
28 tal for physicians or dentists certified as eligible for purchase of a
29 policy for excess insurance coverage or equivalent excess coverage by
30 such general hospital in accordance with subdivision 2 of this section,
31 and may amend such determination and certification as necessary. The
32 superintendent of insurance shall determine and certify to each general
33 hospital and to the commissioner of health the ratable share of such
34 cost allocable to the period July 1, 1987 to December 31, 1987, to the
35 period January 1, 1988 to June 30, 1988, to the period July 1, 1988 to
36 December 31, 1988, to the period January 1, 1989 to June 30, 1989, to
37 the period July 1, 1989 to December 31, 1989, to the period January 1,
38 1990 to June 30, 1990, to the period July 1, 1990 to December 31, 1990,
39 to the period January 1, 1991 to June 30, 1991, to the period July 1,
40 1991 to December 31, 1991, to the period January 1, 1992 to June 30,
41 1992, to the period July 1, 1992 to December 31, 1992, to the period
42 January 1, 1993 to June 30, 1993, to the period July 1, 1993 to December
43 31, 1993, to the period January 1, 1994 to June 30, 1994, to the period
44 July 1, 1994 to December 31, 1994, to the period January 1, 1995 to June
45 30, 1995, to the period July 1, 1995 to December 31, 1995, to the period
46 January 1, 1996 to June 30, 1996, to the period July 1, 1996 to December
47 31, 1996, to the period January 1, 1997 to June 30, 1997, to the period
48 July 1, 1997 to December 31, 1997, to the period January 1, 1998 to June
49 30, 1998, to the period July 1, 1998 to December 31, 1998, to the period
50 January 1, 1999 to June 30, 1999, to the period July 1, 1999 to December
51 31, 1999, to the period January 1, 2000 to June 30, 2000, to the period
52 July 1, 2000 to December 31, 2000, to the period January 1, 2001 to June
53 30, 2001, to the period July 1, 2001 to June 30, 2002, to the period
54 July 1, 2002 to June 30, 2003, to the period July 1, 2003 to June 30,
55 2004, to the period July 1, 2004 to June 30, 2005, to the period July 1,
56 2005 and June 30, 2006, to the period July 1, 2006 and June 30, 2007, to

1 the period July 1, 2007 and June 30, 2008, to the period July 1, 2008
2 and June 30, 2009, to the period July 1, 2009 and June 30, 2010, to the
3 period July 1, 2010 and June 30, 2011, to the period July 1, 2011 and
4 June 30, 2012, to the period July 1, 2012 and June 30, 2013, [and] to
5 the period July 1, 2013 and June 30, 2014, AND TO THE PERIOD JULY 1,
6 2014 AND JUNE 30, 2015.

7 S 20. Paragraphs (a), (b), (c), (d) and (e) of subdivision 8 of
8 section 18 of chapter 266 of the laws of 1986, amending the civil prac-
9 tice law and rules and other laws relating to malpractice and profes-
10 sional medical conduct, as amended by section 17 of part C of chapter 59
11 of the laws of 2011, are amended to read as follows:

12 (a) To the extent funds available to the hospital excess liability
13 pool pursuant to subdivision 5 of this section as amended, and pursuant
14 to section 6 of part J of chapter 63 of the laws of 2001, as may from
15 time to time be amended, which amended this subdivision, are insuffi-
16 cient to meet the costs of excess insurance coverage or equivalent
17 excess coverage for coverage periods during the period July 1, 1992 to
18 June 30, 1993, during the period July 1, 1993 to June 30, 1994, during
19 the period July 1, 1994 to June 30, 1995, during the period July 1, 1995
20 to June 30, 1996, during the period July 1, 1996 to June 30, 1997,
21 during the period July 1, 1997 to June 30, 1998, during the period July
22 1, 1998 to June 30, 1999, during the period July 1, 1999 to June 30,
23 2000, during the period July 1, 2000 to June 30, 2001, during the period
24 July 1, 2001 to October 29, 2001, during the period April 1, 2002 to
25 June 30, 2002, during the period July 1, 2002 to June 30, 2003, during
26 the period July 1, 2003 to June 30, 2004, during the period July 1, 2004
27 to June 30, 2005, during the period July 1, 2005 to June 30, 2006,
28 during the period July 1, 2006 to June 30, 2007, during the period July
29 1, 2007 to June 30, 2008, during the period July 1, 2008 to June 30,
30 2009, during the period July 1, 2009 to June 30, 2010, during the period
31 July 1, 2010 to June 30, 2011, during the period July 1, 2011 to June
32 30, 2012, during the period July 1, 2012 to June 30, 2013, [and] during
33 the period July 1, 2013 to June 30, 2014, AND DURING THE PERIOD JULY 1,
34 2014 TO JUNE 30, 2015 allocated or reallocated in accordance with para-
35 graph (a) of subdivision 4-a of this section to rates of payment appli-
36 cable to state governmental agencies, each physician or dentist for whom
37 a policy for excess insurance coverage or equivalent excess coverage is
38 purchased for such period shall be responsible for payment to the
39 provider of excess insurance coverage or equivalent excess coverage of
40 an allocable share of such insufficiency, based on the ratio of the
41 total cost of such coverage for such physician to the sum of the total
42 cost of such coverage for all physicians applied to such insufficiency.

43 (b) Each provider of excess insurance coverage or equivalent excess
44 coverage covering the period July 1, 1992 to June 30, 1993, or covering
45 the period July 1, 1993 to June 30, 1994, or covering the period July 1,
46 1994 to June 30, 1995, or covering the period July 1, 1995 to June 30,
47 1996, or covering the period July 1, 1996 to June 30, 1997, or covering
48 the period July 1, 1997 to June 30, 1998, or covering the period July 1,
49 1998 to June 30, 1999, or covering the period July 1, 1999 to June 30,
50 2000, or covering the period July 1, 2000 to June 30, 2001, or covering
51 the period July 1, 2001 to October 29, 2001, or covering the period
52 April 1, 2002 to June 30, 2002, or covering the period July 1, 2002 to
53 June 30, 2003, or covering the period July 1, 2003 to June 30, 2004, or
54 covering the period July 1, 2004 to June 30, 2005, or covering the peri-
55 od July 1, 2005 to June 30, 2006, or covering the period July 1, 2006 to
56 June 30, 2007, or covering the period July 1, 2007 to June 30, 2008, or

1 covering the period July 1, 2008 to June 30, 2009, or covering the peri-
2 od July 1, 2009 to June 30, 2010, or covering the period July 1, 2010 to
3 June 30, 2011, or covering the period July 1, 2011 to June 30, 2012, or
4 covering the period July 1, 2012 to June 30, 2013, or covering the peri-
5 od July 1, 2013 to June 30, 2014, OR COVERING THE PERIOD JULY 1, 2014 TO
6 JUNE 30, 2015 shall notify a covered physician or dentist by mail,
7 mailed to the address shown on the last application for excess insurance
8 coverage or equivalent excess coverage, of the amount due to such
9 provider from such physician or dentist for such coverage period deter-
10 mined in accordance with paragraph (a) of this subdivision. Such amount
11 shall be due from such physician or dentist to such provider of excess
12 insurance coverage or equivalent excess coverage in a time and manner
13 determined by the superintendent of insurance.

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

44 (d) Each provider of excess insurance coverage or equivalent excess
45 coverage shall notify the superintendent of insurance and the commis-
46 sioner of health or their designee of each physician and dentist eligi-
47 ble for purchase of a policy for excess insurance coverage or equivalent
48 excess coverage covering the period July 1, 1992 to June 30, 1993, or
49 covering the period July 1, 1993 to June 30, 1994, or covering the peri-
50 od July 1, 1994 to June 30, 1995, or covering the period July 1, 1995 to
51 June 30, 1996, or covering the period July 1, 1996 to June 30, 1997, or
52 covering the period July 1, 1997 to June 30, 1998, or covering the peri-
53 od July 1, 1998 to June 30, 1999, or covering the period July 1, 1999 to
54 June 30, 2000, or covering the period July 1, 2000 to June 30, 2001, or
55 covering the period July 1, 2001 to October 29, 2001, or covering the
56 period April 1, 2002 to June 30, 2002, or covering the period July 1,

1 2002 to June 30, 2003, or covering the period July 1, 2003 to June 30,
2 2004, or covering the period July 1, 2004 to June 30, 2005, or covering
3 the period July 1, 2005 to June 30, 2006, or covering the period July 1,
4 2006 to June 30, 2007, or covering the period July 1, 2007 to June 30,
5 2008, or covering the period July 1, 2008 to June 30, 2009, or covering
6 the period July 1, 2009 to June 30, 2010, or covering the period July 1,
7 2010 to June 30, 2011, or covering the period July 1, 2011 to June 30,
8 2012, or covering the period July 1, 2012 to June 30, 2013, or covering
9 the period July 1, 2013 to June 30, 2014, OR COVERING THE PERIOD JULY 1,
10 2014 TO JUNE 30, 2015 that has made payment to such provider of excess
11 insurance coverage or equivalent excess coverage in accordance with
12 paragraph (b) of this subdivision and of each physician and dentist who
13 has failed, refused or neglected to make such payment.

14 (e) A provider of excess insurance coverage or equivalent excess
15 coverage shall refund to the hospital excess liability pool any amount
16 allocable to the period July 1, 1992 to June 30, 1993, and to the period
17 July 1, 1993 to June 30, 1994, and to the period July 1, 1994 to June
18 30, 1995, and to the period July 1, 1995 to June 30, 1996, and to the
19 period July 1, 1996 to June 30, 1997, and to the period July 1, 1997 to
20 June 30, 1998, and to the period July 1, 1998 to June 30, 1999, and to
21 the period July 1, 1999 to June 30, 2000, and to the period July 1, 2000
22 to June 30, 2001, and to the period July 1, 2001 to October 29, 2001,
23 and to the period April 1, 2002 to June 30, 2002, and to the period July
24 1, 2002 to June 30, 2003, and to the period July 1, 2003 to June 30,
25 2004, and to the period July 1, 2004 to June 30, 2005, and to the period
26 July 1, 2005 to June 30, 2006, and to the period July 1, 2006 to June
27 30, 2007, and to the period July 1, 2007 to June 30, 2008, and to the
28 period July 1, 2008 to June 30, 2009, and to the period July 1, 2009 to
29 June 30, 2010, and to the period July 1, 2010 to June 30, 2011, and to
30 the period July 1, 2011 to June 30, 2012, and to the period July 1, 2012
31 to June 30, 2013, and to the period July 1, 2013 to June 30, 2014, AND
32 TO THE PERIOD JULY 1, 2014 TO JUNE 30, 2015 received from the hospital
33 excess liability pool for purchase of excess insurance coverage or
34 equivalent excess coverage covering the period July 1, 1992 to June 30,
35 1993, and covering the period July 1, 1993 to June 30, 1994, and cover-
36 ing the period July 1, 1994 to June 30, 1995, and covering the period
37 July 1, 1995 to June 30, 1996, and covering the period July 1, 1996 to
38 June 30, 1997, and covering the period July 1, 1997 to June 30, 1998,
39 and covering the period July 1, 1998 to June 30, 1999, and covering the
40 period July 1, 1999 to June 30, 2000, and covering the period July 1,
41 2000 to June 30, 2001, and covering the period July 1, 2001 to October
42 29, 2001, and covering the period April 1, 2002 to June 30, 2002, and
43 covering the period July 1, 2002 to June 30, 2003, and covering the
44 period July 1, 2003 to June 30, 2004, and covering the period July 1,
45 2004 to June 30, 2005, and covering the period July 1, 2005 to June 30,
46 2006, and covering the period July 1, 2006 to June 30, 2007, and cover-
47 ing the period July 1, 2007 to June 30, 2008, and covering the period
48 July 1, 2008 to June 30, 2009, and covering the period July 1, 2009 to
49 June 30, 2010, and covering the period July 1, 2010 to June 30, 2011,
50 and covering the period July 1, 2011 to June 30, 2012, and covering the
51 period July 1, 2012 to June 30, 2013, and covering the period July 1,
52 2013 to June 30, 2014, AND COVERING THE PERIOD JULY 1, 2014 TO JUNE 30,
53 2015 for a physician or dentist where such excess insurance coverage or
54 equivalent excess coverage is cancelled in accordance with paragraph (c)
55 of this subdivision.

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

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

1 experience as to the efficacy of such laws and regulations affecting
2 medical, dental or podiatric malpractice enacted or promulgated in 1985,
3 1986, by this act and at any other time. Notwithstanding any provision
4 of the insurance law, rates already established and to be established by
5 the superintendent pursuant to this section are deemed adequate if such
6 rates would be adequate when taken together with the maximum authorized
7 annual surcharges to be imposed for a reasonable period of time whether
8 or not any such annual surcharge has been actually imposed as of the
9 establishment of such rates.

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

15 S 5. The superintendent of insurance and the commissioner of health
16 shall determine, no later than June 15, 2002, June 15, 2003, June 15,
17 2004, June 15, 2005, June 15, 2006, June 15, 2007, June 15, 2008, June
18 15, 2009, June 15, 2010, June 15, 2011, June 15, 2012, June 15, 2013,
19 [and] June 15, 2014, AND JUNE 15, 2015 the amount of funds available in
20 the hospital excess liability pool, created pursuant to section 18 of
21 chapter 266 of the laws of 1986, and whether such funds are sufficient
22 for purposes of purchasing excess insurance coverage for eligible
23 participating physicians and dentists during the period July 1, 2001 to
24 June 30, 2002, or July 1, 2002 to June 30, 2003, or July 1, 2003 to June
25 30, 2004, or July 1, 2004 to June 30, 2005, or July 1, 2005 to June 30,
26 2006, or July 1, 2006 to June 30, 2007, or July 1, 2007 to June 30,
27 2008, or July 1, 2008 to June 30, 2009, or July 1, 2009 to June 30,
28 2010, or July 1, 2010 to June 30, 2011, or July 1, 2011 to June 30,
29 2012, or July 1, 2012 to June 30, 2013, or July 1, 2013 to June 30,
30 2014, OR JULY 1, 2014 TO JUNE 30, 2015, as applicable.

31 (a) This section shall be effective only upon a determination, pursu-
32 ant to section five of this act, by the superintendent of insurance and
33 the commissioner of health, and a certification of such determination to
34 the state director of the budget, the chair of the senate committee on
35 finance and the chair of the assembly committee on ways and means, that
36 the amount of funds in the hospital excess liability pool, created
37 pursuant to section 18 of chapter 266 of the laws of 1986, is insuffi-
38 cient for purposes of purchasing excess insurance coverage for eligible
39 participating physicians and dentists during the period July 1, 2001 to
40 June 30, 2002, or July 1, 2002 to June 30, 2003, or July 1, 2003 to June
41 30, 2004, or July 1, 2004 to June 30, 2005, or July 1, 2005 to June 30,
42 2006, or July 1, 2006 to June 30, 2007, or July 1, 2007 to June 30,
43 2008, or July 1, 2008 to June 30, 2009, or July 1, 2009 to June 30,
44 2010, or July 1, 2010 to June 30, 2011, or July 1, 2011 to June 30,
45 2012, or July 1, 2012 to June 30, 2013, or July 1, 2013 to June 30,
46 2014, OR JULY 1, 2014 TO JUNE 30, 2015, as applicable.

47 (e) The commissioner of health shall transfer for deposit to the
48 hospital excess liability pool created pursuant to section 18 of chapter
49 266 of the laws of 1986 such amounts as directed by the superintendent
50 of insurance for the purchase of excess liability insurance coverage for
51 eligible participating physicians and dentists for the policy year July
52 1, 2001 to June 30, 2002, or July 1, 2002 to June 30, 2003, or July 1,
53 2003 to June 30, 2004, or July 1, 2004 to June 30, 2005, or July 1, 2005
54 to June 30, 2006, or July 1, 2006 to June 30, 2007, as applicable, and
55 the cost of administering the hospital excess liability pool for such
56 applicable policy year, pursuant to the program established in chapter

1 266 of the laws of 1986, as amended, no later than June 15, 2002, June
2 15, 2003, June 15, 2004, June 15, 2005, June 15, 2006, June 15, 2007,
3 June 15, 2008, June 15, 2009, June 15, 2010, June 15, 2011, June 15,
4 2012, June 15, 2013, [and] June 15, 2014, AND JUNE 15, 2015, as applica-
5 ble.

6 S 23. Notwithstanding any law, rule or regulation to the contrary,
7 only physicians or dentists who were eligible, and for whom the super-
8 intendent of financial services and the commissioner of health, or their
9 designee, purchased, with funds available in the hospital excess liabil-
10 ity pool, a full or partial policy for excess coverage or equivalent
11 excess coverage for the coverage period ending the thirtieth of June,
12 two thousand fourteen, shall be eligible to apply for such coverage for
13 the coverage period beginning the first of July, two thousand fourteen.
14 For the coverage period beginning the first of July, two thousand four-
15 teen, the superintendent of financial services and the commissioner of
16 health, or their designee, shall purchase up to one thousand policies
17 for excess coverage or equivalent excess coverage in addition to the
18 number of policies purchased for excess coverage or equivalent excess
19 coverage for the coverage period ending the thirtieth of June, two thou-
20 sand fourteen. A general hospital may certify additional eligible
21 physicians or dentists in a number equal to such general hospital's
22 proportional share of the total number of physicians or dentists for
23 whom excess coverage or equivalent excess coverage was purchased with
24 funds available in the hospital excess liability pool as of the thirti-
25 eth of June, two thousand fourteen, as applied to the greater of one
26 thousand or the difference between the number of eligible physicians or
27 dentists for whom a policy for excess coverage or equivalent excess
28 coverage was purchased for the coverage period ending the thirtieth of
29 June, two thousand fourteen and the number of such eligible physicians
30 or dentists who have applied for excess coverage or equivalent excess
31 coverage for the coverage period beginning the first of July, two thou-
32 sand fourteen.

33 S 24. Notwithstanding any inconsistent provision of law, rule or regu-
34 lation, for purposes of implementing the provisions of the public health
35 law and the social services law, references to titles XIX and XXI of the
36 federal social security act in the public health law and the social
37 services law shall be deemed to include and also to mean any successor
38 titles thereto under the federal social security act.

39 S 25. Notwithstanding any inconsistent provision of law, rule or regu-
40 lation, the effectiveness of the provisions of sections 2807 and 3614 of
41 the public health law, section 18 of chapter 2 of the laws of 1988, and
42 18 NYCRR 505.14(h), as they relate to time frames for notice, approval
43 or certification of rates of payment, are hereby suspended and without
44 force or effect for purposes of implementing the provisions of this act.

45 S 26. Severability clause. If any clause, sentence, paragraph, subdi-
46 vision, section or part of this act shall be adjudged by any court of
47 competent jurisdiction to be invalid, such judgment shall not affect,
48 impair or invalidate the remainder thereof, but shall be confined in its
49 operation to the clause, sentence, paragraph, subdivision, section or
50 part thereof directly involved in the controversy in which such judgment
51 shall have been rendered. It is hereby declared to be the intent of the
52 legislature that this act would have been enacted even if such invalid
53 provisions had not been included herein.

54 S 27. This act shall take effect immediately and shall be deemed to
55 have been in full force and effect on and after April 1, 2014, provided
56 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 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;

(d) 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;

(e) 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

(f) 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. Intentionally omitted.

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

25-a. [Effective] NOTWITHSTANDING ANY PROVISION OF LAW TO THE CONTRARY, EFFECTIVE July first, two thousand thirteen, [notwithstanding any provision of law to the contrary,] managed care providers shall cover medically necessary prescription drugs in [the anti-depressant, anti-retroviral, anti-rejection, seizure, epilepsy, endocrine, hematologic and immunologic therapeutic classes,] ALL DRUG CLASSES, including non-formulary drugs, upon demonstration by the prescriber, after consulting with the managed care provider, that such drugs, in the prescriber's reasonable professional judgment, are medically necessary and warranted.

S 3. Intentionally omitted.

S 4. Paragraph (c) of subdivision 5 of section 272 of the public health law, as amended by section 16 of part A of chapter 56 of the laws of 2013, is amended and a new paragraph (e) is added to read as follows:

(c) The board shall [from time to time] review ON AN ANNUAL BASIS all therapeutic classes included in the preferred drug program, and may recommend that the commissioner add or delete drugs or classes of drugs to or from the preferred drug program, subject to this subdivision.

(E) THE BOARD SHALL MEET MONTHLY, UNLESS THERE ARE NO DRUGS PENDING CONSIDERATION OR REVIEW BY THE BOARD FOR THE PREFERRED DRUG PROGRAM, SUBJECT TO THIS SUBDIVISION.

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

(g-1) drugs provided on an in-patient basis, those drugs contained on the list established by regulation of the commissioner of health pursuant to subdivision four of this section, and those drugs which may not be dispensed without a prescription as required by section sixty-eight hundred ten of the education law and which the commissioner of health

1 shall determine to be reimbursable based upon such factors as the avail-
2 ability of such drugs or alternatives at low cost if purchased by a
3 medicaid recipient, or the essential nature of such drugs as described
4 by such commissioner in regulations, provided, however, that such drugs,
5 exclusive of long-term maintenance drugs, shall be dispensed in quanti-
6 ties no greater than a thirty day supply or one hundred doses, whichever
7 is greater; provided further that the commissioner of health is author-
8 ized to require prior authorization for any refill of a prescription
9 when [less than seventy-five percent of the previously dispensed amount
10 per fill should have been used] MORE THAN A TEN DAY SUPPLY OF THE PREVI-
11 OUSLY DISPENSED AMOUNT SHOULD REMAIN were the product used as normally
12 indicated; provided further that the commissioner of health is author-
13 ized to require prior authorization of prescriptions of opioid analges-
14 ics in excess of four prescriptions in a thirty-day period in accordance
15 with section two hundred seventy-three of the public health law; medical
16 assistance shall not include any drug provided on other than an in-pa-
17 tient basis for which a recipient is charged or a claim is made in the
18 case of a prescription drug, in excess of the maximum reimbursable
19 amounts to be established by department regulations in accordance with
20 standards established by the secretary of the United States department
21 of health and human services, or, in the case of a drug not requiring a
22 prescription, in excess of the maximum reimbursable amount established
23 by the commissioner of health pursuant to paragraph (a) of subdivision
24 four of this section;

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

27 S 7. Intentionally omitted.

28 S 8. Intentionally omitted.

29 S 9. Subparagraph (iii) of paragraph (c) of subdivision 6 of section
30 367-a of the social services law, as amended by section 47 of part C of
31 chapter 58 of the laws of 2009, is amended to read as follows:

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

45 S 10. (a) Notwithstanding any inconsistent provision of law to the
46 contrary, funds shall be made available to the commissioner of the
47 office of mental health or the commissioner of the office of alcoholism
48 and substance abuse services, in consultation with the commissioner of
49 health and approved by the director of the budget, and consistent with
50 appropriations made therefor, to implement allocation plans developed by
51 such commissioners, in consultation with the local governmental units,
52 as defined in section 41.03 of the mental hygiene law, of the areas
53 impacted by reductions of inpatient behavioral health services, and
54 which shall describe mental health or substance use disorder services
55 that are designed to meet service needs resulting from such reductions
56 of inpatient behavioral health services provided under the Medicaid

1 program by programs licensed pursuant to article 31 or 32 of the mental
2 hygiene law. Such programs may include programs that are licensed pursu-
3 ant to both article 31 of the mental hygiene law and article 28 of the
4 public health law, or certified under both article 32 of the mental
5 hygiene law and article 28 of the public health law.

6 (b) No less than thirty days prior to implementation, such allocation
7 plans shall be published on the websites of the office of mental health,
8 the office of alcoholism and substance abuse services, and the depart-
9 ment of health; and notice of such publication shall be provided to the
10 chair of the senate finance committee, the chair of the assembly ways
11 and means committee, the chair of the senate standing committee on
12 health, the chair of the assembly health committee, the chair of the
13 senate standing committee on mental health and developmental disabili-
14 ties, the chair of the assembly mental health committee, the chair of
15 the senate standing committee on alcoholism and drug abuse, and the
16 chair of the assembly alcoholism and drug abuse committee.

17 (c) The commissioner of health shall provide an annual written report
18 to the chair of the senate finance committee, the chair of the assembly
19 ways and means committee, the chair of the senate standing committee on
20 health, the chair of the assembly health committee, the chair of the
21 senate standing committee on mental health and developmental disabili-
22 ties, the chair of the assembly mental health committee, the chair of
23 the senate standing committee on alcoholism and drug abuse, and the
24 chair of the assembly alcoholism and drug abuse committee no later than
25 January first of each year. Such report shall include, but not be limit-
26 ed to, details regarding the implementation of allocation plans, recom-
27 mendations regarding future allocation of plans, and any other informa-
28 tion deemed necessary and appropriate.

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

31 5. (A) THE DEPARTMENT OF HEALTH IS AUTHORIZED TO REINVEST FUNDS ALLO-
32 CATED FOR BEHAVIORAL HEALTH SERVICES, WHICH ARE GENERAL FUND SAVINGS
33 DIRECTLY RELATED TO SAVINGS REALIZED THROUGH THE TRANSITION OF POPU-
34 LATIONS COVERED BY THIS SECTION FROM THE APPLICABLE MEDICAID
35 FEE-FOR-SERVICE SYSTEM TO A MANAGED CARE MODEL, FOR THE PURPOSE OF
36 INCREASING INVESTMENT IN COMMUNITY BASED BEHAVIORAL HEALTH SERVICES,
37 INCLUDING RESIDENTIAL SERVICES CERTIFIED BY THE OFFICE OF ALCOHOLISM AND
38 SUBSTANCE ABUSE SERVICES. SUCH PROGRAM SHALL BE KNOWN AS THE "COMMUNITY
39 BASED BEHAVIORAL HEALTH SERVICES REINVESTMENT PROGRAM". THE AMOUNT OF
40 COMMUNITY BASED BEHAVIORAL HEALTH SERVICES REINVESTMENT FUNDS FOR THE
41 DEPARTMENT SHALL BE SUBJECT TO ANNUAL APPROPRIATION. THE METHODOLOGIES
42 USED TO CALCULATE SAVINGS SHALL BE DEVELOPED BY THE COMMISSIONER OF
43 HEALTH AND THE DIRECTOR OF THE BUDGET IN CONSULTATION WITH THE COMMIS-
44 SIONER OF THE OFFICE OF MENTAL HEALTH AND THE COMMISSIONER OF THE OFFICE
45 OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES. IN NO EVENT SHALL THE FULL
46 ANNUAL VALUE OF THE COMMUNITY BASED BEHAVIORAL HEALTH SERVICES REINVEST-
47 MENT PROGRAM SAVINGS ATTRIBUTABLE TO THE TRANSITION TO MANAGED CARE
48 EXCEED THE TWELVE MONTH VALUE OF THE DEPARTMENT OF HEALTH GENERAL FUND
49 REDUCTIONS RESULTING FROM SUCH TRANSITION. WITHIN ANY FISCAL YEAR WHERE
50 APPROPRIATION INCREASES ARE RECOMMENDED FOR THE COMMUNITY BASED BEHAV-
51 IORAL HEALTH SERVICES REINVESTMENT PROGRAM, INsofar AS MANAGED CARE
52 TRANSITION SAVINGS DO NOT OCCUR AS ESTIMATED, AND GENERAL FUND SAVINGS
53 DO NOT RESULT, THEN SPENDING FOR THE COMMUNITY BASED BEHAVIORAL HEALTH
54 SERVICES REINVESTMENT PROGRAM MAY BE REDUCED IN THE NEXT YEAR'S ANNUAL
55 BUDGET ITEMIZATION. THE COMMISSIONER OF HEALTH SHALL PROMULGATE REGU-
56 LATIONS TO EFFECTUATE THIS SUBDIVISION.

1 (B) NO LESS THAN THIRTY DAYS PRIOR TO THE REINVESTMENT OF FUNDS ALLO-
2 CATED FOR BEHAVIORAL HEALTH SERVICES, THE COMMISSIONER OF HEALTH SHALL
3 PROVIDE A PLAN FOR REINVESTMENT TO THE CHAIR OF THE SENATE FINANCE
4 COMMITTEE, THE CHAIR OF THE ASSEMBLY WAYS AND MEANS COMMITTEE, THE CHAIR
5 OF THE SENATE STANDING COMMITTEE ON HEALTH, THE CHAIR OF THE ASSEMBLY
6 HEALTH COMMITTEE, THE CHAIR OF THE SENATE STANDING COMMITTEE ON MENTAL
7 HEALTH AND DEVELOPMENTAL DISABILITIES, THE CHAIR OF THE ASSEMBLY MENTAL
8 HEALTH COMMITTEE, THE CHAIR OF THE SENATE STANDING COMMITTEE ON ALCOHOL-
9 ISM AND DRUG ABUSE, AND THE CHAIR OF THE ASSEMBLY ALCOHOLISM AND DRUG
10 ABUSE COMMITTEE. SUCH PLAN SHALL INCLUDE THE AMOUNT OF FUNDING TO BE
11 ALLOCATED, BROKEN DOWN BY GEOGRAPHIC REGION, TYPES OF SERVICES, AND
12 DEMOGRAPHICS OF PERSONS LIKELY SERVED BY ENTITIES RECEIVING SUCH FUNDS.

13 (C) THE COMMISSIONER OF HEALTH SHALL PROVIDE AN ANNUAL WRITTEN REPORT
14 TO THE CHAIR OF THE SENATE FINANCE COMMITTEE, THE CHAIR OF THE ASSEMBLY
15 WAYS AND MEANS COMMITTEE, THE CHAIR OF THE SENATE STANDING COMMITTEE ON
16 HEALTH, THE CHAIR OF THE ASSEMBLY HEALTH COMMITTEE, THE CHAIR OF THE
17 SENATE STANDING COMMITTEE ON MENTAL HEALTH AND DEVELOPMENTAL DISABILI-
18 TIES, THE CHAIR OF THE ASSEMBLY MENTAL HEALTH COMMITTEE, THE CHAIR OF
19 THE SENATE STANDING COMMITTEE ON ALCOHOLISM AND DRUG ABUSE, AND THE
20 CHAIR OF THE ASSEMBLY ALCOHOLISM AND DRUG ABUSE COMMITTEE NO LATER THAN
21 JANUARY FIRST OF EACH YEAR. SUCH REPORT SHALL INCLUDE, BUT NOT BE LIMIT-
22 ED TO, DETAILED DESCRIPTIONS OF THE METHODOLOGIES USED TO CALCULATE
23 SAVINGS, THE RESULTS OF APPLYING SUCH METHODOLOGIES, ANY AMOUNT SPENT IN
24 THE PREVIOUS FISCAL YEAR, THE SUBJECT OR SUBJECTS OF SUCH EXPENDITURES,
25 A LIST OF POTENTIAL TARGETS FOR REINVESTMENT FOR THE UPCOMING STATE
26 FISCAL YEAR, AND ANY OTHER INFORMATION DEEMED NECESSARY AND APPROPRIATE.

27 S 12. (a) Notwithstanding any law, rule, or regulation to the contra-
28 ry, the commissioner of the department of health, in consultation with
29 the commissioners of the office of mental health and the office of alco-
30 holism and substance abuse services, is authorized to establish a pilot
31 program to implement an evidence-based, collaborative care clinical
32 delivery model in clinics licensed under article 28 of the public health
33 law, for the purpose of improving the detection of depression and other
34 diagnosed mental or substance use disorders and the treatment of indi-
35 viduals with such conditions in an integrated manner. Such commissioners
36 shall be authorized to develop criteria for the designation of clinics
37 to be providers of collaborative care services. At a minimum, such
38 designated clinics shall provide screening and assessment for depression
39 and substance use disorders, medical diagnosis of patients who screen
40 positive, evidence-based depression care and substance use disorder
41 referrals, ongoing tracking of patient progress, care management, and
42 designated psychiatric and substance use disorder practitioners who
43 consult with the care manager and primary care physician. The rates of
44 payment and billing rules for this service will be developed by the
45 commissioner of the department of health, in consultation with the
46 commissioners of the office of mental health and the office of alcohol-
47 ism and substance abuse services, and with the approval of the director
48 of the budget.

49 (b) The commissioner of health shall provide an annual written report
50 to the chair of the senate finance committee, the chair of the assembly
51 ways and means committee, the chair of the senate standing committee on
52 health, the chair of the assembly health committee, the chair of the
53 senate standing committee on mental health and developmental disabili-
54 ties, the chair of the assembly mental health committee, the chair of
55 the senate standing committee on alcoholism and substance abuse, and the
56 chair of the assembly alcoholism and substance abuse committee no later

1 than January first of each year. Such report shall include, but not be
2 limited to, a list and description of each such clinic planned or estab-
3 lished, a detailed overview of criteria developed and regulations
4 proposed and enacted pursuant to this section, a description of the
5 demographic characteristics of populations served by such collaborative
6 care clinics, an account of future plans regarding collaborative care
7 clinics, and any other information deemed necessary and appropriate.

8 S 12-a. Intentionally omitted.

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

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

1 health may, in consultation with the commissioner of alcoholism and
2 substance abuse services AND THE COMMISSIONER OF THE OFFICE OF MENTAL
3 HEALTH, promulgate regulations[, including emergency regulations,] as
4 are necessary to implement the provisions of this section.

5 (B) THE COMMISSIONER OF HEALTH SHALL PROVIDE AN ANNUAL WRITTEN REPORT
6 TO THE CHAIR OF THE SENATE FINANCE COMMITTEE, THE CHAIR OF THE ASSEMBLY
7 WAYS AND MEANS COMMITTEE, THE CHAIR OF THE SENATE STANDING COMMITTEE ON
8 HEALTH, THE CHAIR OF THE ASSEMBLY HEALTH COMMITTEE, THE CHAIR OF THE
9 SENATE STANDING COMMITTEE ON MENTAL HEALTH AND DEVELOPMENTAL DISABILI-
10 TIES, THE CHAIR OF THE ASSEMBLY MENTAL HEALTH COMMITTEE, THE CHAIR OF
11 THE SENATE STANDING COMMITTEE ON ALCOHOLISM AND SUBSTANCE ABUSE, AND THE
12 CHAIR OF THE ASSEMBLY ALCOHOLISM AND SUBSTANCE ABUSE COMMITTEE NO LATER
13 THAN JANUARY FIRST OF EACH YEAR. SUCH REPORT SHALL INCLUDE, BUT NOT BE
14 LIMITED TO, THE AMOUNT OF FUNDS TRANSFERRED BY THE COMMISSIONERS OF THE
15 OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES AND OFFICE OF MENTAL
16 HEALTH AND RESULTANT IMPACT ON REIMBURSEMENTS FOR AMBULATORY BEHAVIORAL
17 HEALTH SERVICES, AN ACCOUNTING OF REIMBURSEMENT RATES FOR SPECIFIC AMBU-
18 LATORY BEHAVIORAL HEALTH SERVICES AT THE TIME THIS SECTION BECAME EFFEC-
19 TIVE COMPARED TO SUCH RATES AT THE TIME SUCH REPORTS ARE WRITTEN, A
20 DESCRIPTION OF AMBULATORY BEHAVIORAL HEALTH SERVICE UTILIZATION BY
21 REGION, A DESCRIPTION OF ANY ALTERNATIVE RATES APPROVED PURSUANT TO THIS
22 SECTION, AND ANY OTHER INFORMATION DEEMED NECESSARY AND APPROPRIATE.

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

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

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

34 Section 1. (A) Notwithstanding any contrary provision of law, the
35 [commissioner] COMMISSIONERS of mental health [is] AND ALCOHOLISM AND
36 SUBSTANCE ABUSE SERVICES ARE authorized, subject to the approval of the
37 director of the budget, to transfer to the commissioner of health state
38 funds to be utilized as the state share for the purpose of increasing
39 payments under the medicaid program to managed care organizations
40 licensed under article 44 of the public health law or under article 43
41 of the insurance law. Such managed care organizations shall utilize such
42 funds for the purpose of reimbursing [hospital-based and free-standing
43 clinics] PROVIDERS licensed pursuant to article 28 of the public health
44 law, OR pursuant to article 31 OR ARTICLE 32 of the mental hygiene law
45 [or pursuant to both such provisions of law for outpatient mental health
46 services] FOR AMBULATORY BEHAVIORAL HEALTH SERVICES, as determined by
47 the commissioner of health in consultation with the commissioner of
48 mental health AND COMMISSIONER OF ALCOHOLISM AND SUBSTANCE ABUSE
49 SERVICES, provided to medicaid eligible outpatients. Such reimbursement
50 shall be in the form of fees for such services which are equivalent to
51 the payments established for such services under the ambulatory patient
52 group (APG) rate-setting methodology as utilized by the department of
53 health or by the office of mental health OR OFFICE OF ALCOHOLISM AND
54 SUBSTANCE ABUSE SERVICES for rate-setting purposes; provided, however,
55 that the increase to such fees that shall result from the provisions of
56 this section shall not, in the aggregate and as determined by the

1 commissioner of health in consultation with the [commissioner] COMMIS-
2 SIONERS of mental health AND ALCOHOLISM AND SUBSTANCE ABUSE SERVICES, be
3 greater than the increased funds made available pursuant to this
4 section. THE INCREASE OF SUCH BEHAVIORAL HEALTH FEES TO PROVIDERS
5 AVAILABLE UNDER THIS SECTION SHALL BE FOR ALL RATE PERIODS ON AND AFTER
6 THE EFFECTIVE DATE OF THIS SECTION THROUGH DECEMBER THIRTY-FIRST, TWO
7 THOUSAND SIXTEEN FOR PATIENTS IN THE CITY OF NEW YORK, FOR ALL RATE
8 PERIODS ON AND AFTER THE EFFECTIVE DATE OF THIS SECTION THROUGH JUNE
9 THIRTIETH, TWO THOUSAND SEVENTEEN FOR PATIENTS OUTSIDE THE CITY OF NEW
10 YORK, AND FOR ALL RATE PERIODS ON AND AFTER THE EFFECTIVE DATE OF THIS
11 SECTION THROUGH DECEMBER THIRTY-FIRST, TWO THOUSAND SEVENTEEN FOR ALL
12 SERVICES PROVIDED TO PERSONS UNDER THE AGE OF TWENTY-ONE; PROVIDED,
13 HOWEVER, THAT MANAGED CARE ORGANIZATIONS AND PROVIDERS MAY NEGOTIATE
14 DIFFERENT RATES AND METHODS OF PAYMENT DURING SUCH PERIODS DESCRIBED,
15 SUBJECT TO THE APPROVAL OF THE DEPARTMENT OF HEALTH. THE DEPARTMENT OF
16 HEALTH SHALL CONSULT WITH THE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE
17 SERVICES AND THE OFFICE OF MENTAL HEALTH IN DETERMINING WHETHER SUCH
18 ALTERNATIVE RATES SHALL BE APPROVED. The commissioner of health may, in
19 consultation with the [commissioner] COMMISSIONERS of mental health AND
20 ALCOHOLISM AND SUBSTANCE ABUSE SERVICES, promulgate regulations[,
21 including emergency regulations,] as are necessary to implement the
22 provisions of this section.

23 (B) THE COMMISSIONER OF HEALTH SHALL PROVIDE AN ANNUAL WRITTEN REPORT
24 TO THE CHAIR OF THE SENATE FINANCE COMMITTEE, THE CHAIR OF THE ASSEMBLY
25 WAYS AND MEANS COMMITTEE, THE CHAIR OF THE SENATE STANDING COMMITTEE ON
26 HEALTH, THE CHAIR OF THE ASSEMBLY HEALTH COMMITTEE, THE CHAIR OF THE
27 SENATE STANDING COMMITTEE ON MENTAL HEALTH AND DEVELOPMENTAL DISABILI-
28 TIES, THE CHAIR OF THE ASSEMBLY MENTAL HEALTH COMMITTEE, THE CHAIR OF
29 THE SENATE STANDING COMMITTEE ON ALCOHOLISM AND SUBSTANCE ABUSE, AND THE
30 CHAIR OF THE ASSEMBLY ALCOHOLISM AND SUBSTANCE ABUSE COMMITTEE NO LATER
31 THAN JANUARY FIRST OF EACH YEAR. SUCH REPORT SHALL INCLUDE, BUT NOT BE
32 LIMITED TO, THE AMOUNT OF FUNDS TRANSFERRED BY THE COMMISSIONERS OF THE
33 OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES AND OFFICE OF MENTAL
34 HEALTH AND RESULTANT IMPACT ON REIMBURSEMENTS FOR AMBULATORY BEHAVIORAL
35 HEALTH SERVICES, AN ACCOUNTING OF REIMBURSEMENT RATES FOR SPECIFIC AMBU-
36 LATORY BEHAVIORAL HEALTH SERVICES AT THE TIME THIS SECTION BECAME EFFEC-
37 TIVE COMPARED TO SUCH RATES AT THE TIME SUCH REPORTS ARE WRITTEN, A
38 DESCRIPTION OF AMBULATORY BEHAVIORAL HEALTH SERVICE UTILIZATION BY
39 REGION, A DESCRIPTION OF ANY ALTERNATIVE RATES APPROVED PURSUANT TO THIS
40 SECTION, AND ANY OTHER INFORMATION DEEMED NECESSARY AND APPROPRIATE.

41 S 16. Section 2 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, as amended by section 49 of part A of chapter 56 of
45 the laws of 2013, is amended to read as follows:

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

49 S 17. (a) Notwithstanding sections 112 and 163 of the state finance
50 law and any other inconsistent provision of law and subject to the
51 availability of federal financial participation, the commissioner of
52 health is authorized, within amounts appropriated, to distribute funds
53 to local governmental units, as defined in section 41.03 of the mental
54 hygiene law, to Medicaid managed care plans certified by the department
55 of health, health homes designated by such department, and individual
56 behavioral health providers and consortiums of such providers licensed

1 or certified by the office of mental health or the office of alcoholism
2 and substance abuse services to prepare for the transition of adult and
3 children's behavioral health providers and services into managed care.
4 The use of such funds may include, but not be limited to, infrastructure
5 and organizational modifications and investments in health information
6 technology and training and technical assistance. Such funds shall be
7 distributed pursuant to a plan to be developed by the commissioner of
8 health, in consultation with the commissioners of the office of mental
9 health and the office of alcoholism and substance abuse services. In
10 developing such plan, such commissioners may take into account the size
11 and scope of a grantee's operations as a factor relevant to eligibility
12 for, and the amount of, such funds. The commissioner of health is
13 authorized to audit recipients of funds under this section to ensure
14 compliance and to recoup any funds determined to have been used for
15 purposes other than as described herein or otherwise approved by such
16 commissioners.

17 (b) No less than 30 days prior to the distribution of funds, the
18 commissioner of health shall provide such plan to the chair of the
19 senate finance committee, the chair of the assembly ways and means
20 committee, the chair of the senate standing committee on health, the
21 chair of the assembly health committee, the chair of the senate standing
22 committee on mental health and developmental disabilities, the chair of
23 the assembly mental health committee, the chair of the senate standing
24 committee on alcoholism and drug abuse, and the chair of the assembly
25 alcoholism and drug abuse committee. Such plan shall include the amount
26 of funding to be provided to recipients, the proposed uses for such
27 funds, and any other information deemed necessary and appropriate.

28 S 17-a. Section 45-c of part A of chapter 56 of the laws of 2013
29 amending the public health law and other laws relating to the transition
30 of behavioral health services, is amended to read as follows:

31 S 45-c. (A) The commissioner of health in consultation with the
32 commissioners of the office of mental health and the office of alcohol-
33 ism and substance abuse SERVICES shall prepare a report on the transi-
34 tion of behavioral health services as a managed care benefit in the
35 medical assistance program IN THE ADULT POPULATION AGED TWENTY-ONE AND
36 OLDER. Such report shall examine (i) the adequacy of rates; (ii) the
37 ability of managed care plans to arrange and manage covered services for
38 eligible enrollees; (iii) the ability of managed care plans to provide
39 an adequate network of providers to meet the needs of enrollees; (iv)
40 the use of evidence based tools or guidelines by managed care plans when
41 determining the appropriate level of care or coverage for enrollees; (v)
42 the ability of managed care plans to provide eligible enrollees with
43 both the appropriate amount and type of services; (vi) the quality
44 assurance mechanisms used by managed care plans, including processes to
45 ensure enrollee satisfaction; (vii) the manner in which managed care
46 plans address the cultural and linguistic needs of enrollees; and (viii)
47 any other quality of care criteria deemed appropriate by the commission-
48 ers to ensure the adequacy of rates, continuity of care and the quality
49 of life, health, and safety of enrollees during the transition of the
50 behavioral health benefit. The report shall be submitted no later than
51 April first, two thousand sixteen to the governor, the temporary presi-
52 dent of the senate, the speaker of the assembly, the minority leader of
53 the senate, and the minority leader of the assembly.

54 (B) THE COMMISSIONER OF HEALTH, IN CONSULTATION WITH THE COMMISSIONERS
55 OF THE OFFICE OF MENTAL HEALTH AND THE OFFICE OF ALCOHOLISM AND
56 SUBSTANCE ABUSE SERVICES, SHALL PREPARE A REPORT ON THE TRANSITION OF

1 BEHAVIORAL HEALTH SERVICES AS A MANAGED CARE BENEFIT IN THE MEDICAL
2 ASSISTANCE PROGRAM IN THE ADULT POPULATION AGED TWENTY-ONE AND OLDER AND
3 IN THE CHILD POPULATION AGED TWENTY YEARS OF AGE AND YOUNGER. SUCH
4 REPORT SHALL EXAMINE: (I) THE ADEQUACY OF RATES; (II) THE ABILITY OF
5 MANAGED CARE PLANS TO ARRANGE AND MANAGE COVERED SERVICES FOR ELIGIBLE
6 ENROLLEES; (III) THE ABILITY OF MANAGED CARE PLANS TO PROVIDE AN
7 ADEQUATE NETWORK OF PROVIDERS TO MEET THE NEEDS OF ENROLLEES; (IV) THE
8 USE OF EVIDENCE BASED TOOLS OR GUIDELINES BY MANAGED CARE PLANS WHEN
9 DETERMINING THE APPROPRIATE LEVEL OF CARE OR COVERAGE FOR ENROLLEES; (V)
10 THE ABILITY OF MANAGED CARE PLANS TO PROVIDE ELIGIBLE ENROLLEES WITH
11 BOTH THE APPROPRIATE AMOUNT AND TYPE OF SERVICES; (VI) THE QUALITY
12 ASSURANCE MECHANISMS USED BY MANAGED CARE PLANS, INCLUDING PROCESSES TO
13 ENSURE ENROLLEE SATISFACTION; (VII) THE MANNER IN WHICH MANAGED CARE
14 PLANS ADDRESS THE CULTURAL AND LINGUISTIC NEEDS OF ENROLLEES; AND (VIII)
15 ANY OTHER QUALITY OF CARE CRITERIA DEEMED APPROPRIATE BY THE COMMISSION-
16 ERS TO ENSURE THE ADEQUACY OF RATES, CONTINUITY OF CARE AND THE QUALITY
17 OF LIFE, HEALTH, AND SAFETY OF ENROLLEES DURING THE TRANSITION OF THE
18 BEHAVIORAL HEALTH BENEFIT. THE REPORT SHALL BE SUBMITTED NO LATER THAN
19 JANUARY FIRST, TWO THOUSAND SEVENTEEN TO THE GOVERNOR, THE TEMPORARY
20 PRESIDENT OF THE SENATE, THE SPEAKER OF THE ASSEMBLY, THE MINORITY LEAD-
21 ER OF THE SENATE, AND THE MINORITY LEADER OF THE ASSEMBLY.

22 S 18. Intentionally omitted.

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

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

31 S 20. Intentionally omitted.

32 S 21. Intentionally omitted.

33 S 22. Intentionally omitted.

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

36 (E) WITH THE EXCEPTION OF THOSE ENROLLEES COVERED UNDER A PAYMENT RATE
37 METHODOLOGY AGREEMENT NEGOTIATED WITH A RESIDENTIAL HEALTH CARE FACILI-
38 TY, PAYMENTS FOR INPATIENT RESIDENTIAL HEALTH CARE FACILITY SERVICES
39 PROVIDED TO PATIENTS ELIGIBLE FOR MEDICAL ASSISTANCE PURSUANT TO TITLE
40 ELEVEN OF ARTICLE FIVE OF THE SOCIAL SERVICES LAW MADE BY ORGANIZATIONS
41 OPERATING IN ACCORDANCE WITH THE PROVISIONS OF ARTICLE FORTY-FOUR OF
42 THIS CHAPTER OR BY HEALTH MAINTENANCE ORGANIZATIONS ORGANIZED AND OPER-
43 ATING IN ACCORDANCE WITH ARTICLE FORTY-THREE OF THE INSURANCE LAW, SHALL
44 BE NO LESS THAN THE RATES OF PAYMENT THAT WOULD BE PAID FOR SUCH
45 PATIENTS UNDER THE MEDICAL ASSISTANCE PROGRAM AS DETERMINED PURSUANT TO
46 THIS SECTION AND SUBDIVISION TEN OF SECTION TWENTY-EIGHT HUNDRED SEVEN-D
47 OF THIS ARTICLE AND AS IN EFFECT AT THE TIME SUCH SERVICES WERE
48 PROVIDED. THE PROVISIONS OF THIS PARAGRAPH SHALL NOT APPLY TO PAYMENTS
49 FOR PATIENTS WHOSE PLACEMENT IN A RESIDENTIAL HEALTH CARE FACILITY IS
50 FOR THE PURPOSE OF RECEIVING TIME-LIMITED REHABILITATION OR TIME-LIMITED
51 POST ACUTE CARE SERVICES, TO BE FOLLOWED BY DISCHARGE FROM THE FACILITY,
52 DURING THE PERIOD SUCH TIME-LIMITED SERVICES ARE PROVIDED.

53 S 24. Intentionally omitted.

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

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

(A) ELIGIBLE LHCSA PROVIDERS SHALL INCLUDE:

(I) PROVIDERS UNDERGOING CLOSURE;

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

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

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

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

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

(I) PROTECT OR ENHANCE ACCESS TO CARE;

(II) PROTECT OR ENHANCE QUALITY OF CARE;

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

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

(C) (I) SUCH WRITTEN PROPOSAL SHALL BE SUBMITTED TO THE COMMISSIONER AT LEAST SIXTY DAYS PRIOR TO THE REQUESTED COMMENCEMENT OF SUCH MEDICAID PAYMENTS AND SHALL INCLUDE A PROPOSED BUDGET TO ACHIEVE THE GOALS OF THE PROPOSAL. ANY MEDICAID PAYMENTS ISSUED PURSUANT TO THIS SUBDIVISION SHALL BE MADE OVER A SPECIFIED PERIOD OF TIME, AS DETERMINED BY THE COMMISSIONER, OF UP TO THREE YEARS. AT THE END OF THE SPECIFIED TIMEFRAME SUCH PAYMENTS SHALL CEASE. THE COMMISSIONER MAY ESTABLISH, AS A CONDITION OF RECEIVING SUCH MEDICAID PAYMENTS, BENCHMARKS AND GOALS TO BE ACHIEVED IN CONFORMITY WITH THE PROVIDER'S WRITTEN PROPOSAL AS APPROVED BY THE COMMISSIONER AND MAY ALSO REQUIRE THAT THE PROVIDER SUBMIT SUCH PERIODIC REPORTS CONCERNING THE ACHIEVEMENT OF SUCH BENCHMARKS AND GOALS AS THE COMMISSIONER DEEMS NECESSARY. FAILURE TO ACHIEVE SATISFACTORY PROGRESS, AS DETERMINED BY THE COMMISSIONER, IN ACCOMPLISHING SUCH BENCHMARKS AND GOALS SHALL BE A BASIS FOR ENDING THE PROVIDER'S MEDICAID PAYMENTS PRIOR TO THE END OF THE SPECIFIED TIMEFRAME.

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

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

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

1 WITH THE PROVISIONS OF SECTION THIRTY-SIX HUNDRED FOURTEEN-C OF THIS
2 ARTICLE.

3 (B) NOTWITHSTANDING ANY CONTRARY PROVISION OF LAW AND SUBJECT TO THE
4 AVAILABILITY OF FEDERAL FINANCIAL PARTICIPATION, FOR PERIODS ON AND
5 AFTER MARCH FIRST, TWO THOUSAND FOURTEEN THE COMMISSIONER SHALL ADJUST
6 MEDICAID RATES OF PAYMENT FOR SERVICES PROVIDED BY LONG TERM HOME HEALTH
7 CARE PROGRAMS TO ADDRESS COST INCREASES STEMMING FROM THE WAGE INCREASES
8 REQUIRED BY IMPLEMENTATION OF THE PROVISIONS OF SECTION THIRTY-SIX
9 HUNDRED FOURTEEN-C OF THIS ARTICLE. SUCH RATE ADJUSTMENTS SHALL BE BASED
10 ON A COMPARISON, AS DETERMINED BY THE COMMISSIONER, OF THE HOURLY
11 COMPENSATION LEVELS FOR HOME HEALTH AIDES AND PERSONAL CARE AIDES AS
12 REFLECTED IN THE EXISTING MEDICAID RATES FOR LONG TERM HOME HEALTH CARE
13 PROGRAMS TO THE HOURLY COMPENSATION LEVELS INCURRED AS A RESULT OF
14 COMPLYING WITH THE PROVISIONS OF SECTION THIRTY-SIX HUNDRED FOURTEEN-C
15 OF THIS ARTICLE.

16 S 26-a. Intentionally omitted.

17 S 27. Subdivisions 9 and 10 of section 3614 of the public health law
18 are REPEALED and subdivisions 11, 12 and 13 are renumbered subdivisions
19 9, 10 and 11.

20 S 27-a. Subdivision 2 of section 365-a of the social services law is
21 amended by adding a new paragraph (bb) to read as follows:

22 (BB) SUBJECT TO THE AVAILABILITY OF FEDERAL FINANCIAL PARTICIPATION,
23 SERVICES AND SUPPORTS AUTHORIZED BY THE FEDERAL REGULATIONS GOVERNING
24 THE HOME AND COMMUNITY-BASED ATTENDANT SERVICES AND SUPPORTS STATE PLAN
25 OPTION (COMMUNITY FIRST CHOICE) PURSUANT TO 42 U.S.C. S 1396N(K).

26 S 27-b. Section 365-f of the social services law is amended by adding
27 a new subdivision 8 to read as follows:

28 8. SUBJECT TO THE AVAILABILITY OF FEDERAL FINANCIAL PARTICIPATION, THE
29 PROVISIONS OF THIS SECTION GOVERNING CONSUMER DIRECTED PERSONAL ASSIST-
30 ANCE SERVICES SHALL REMAIN APPLICABLE TO SUCH SERVICES TO THE EXTENT
31 OFFERED UNDER THE HOME AND COMMUNITY-BASED ATTENDANT SERVICES AND
32 SUPPORTS STATE PLAN OPTION (COMMUNITY FIRST CHOICE) PURSUANT TO 42
33 U.S.C. S 1396N(K).

34 S 27-c. Subparagraph (iii) of paragraph a of subdivision 1 of section
35 6908 of the education law, as amended by chapter 160 of the laws of
36 2003, is amended to read as follows:

37 (iii) the providing of care by a person acting in the place of a
38 person exempt under clause (i) of this paragraph, but who does hold
39 himself or herself out as one who accepts employment for performing such
40 care, where nursing services are under the instruction of a licensed
41 nurse, or under the instruction of a patient or family or household
42 member determined by a registered professional nurse to be self-direct-
43 ing and capable of providing such instruction, and [any remuneration is]
44 SERVICES ARE provided under section three hundred sixty-five-f of the
45 social services law; or

46 S 27-d. Intentionally omitted.

47 S 27-e. Subdivision 1 of section 6908 of the education law is amended
48 by adding a new paragraph i to read as follows:

49 I. PURSUANT TO FEDERAL FINANCIAL PARTICIPATION AND THE APPROVAL OF
50 APPROPRIATE AMENDMENTS TO THE STATE PLAN FOR MEDICAL ASSISTANCE, AS
51 AUTHORIZED PURSUANT TO PARAGRAPH (BB) OF SUBDIVISION TWO OF SECTION
52 THREE HUNDRED SIXTY-FIVE-A OF THE SOCIAL SERVICES LAW, AS PROHIBITING
53 THE PRACTICE OF NURSING IN THIS STATE BY AN ADVANCED HOME HEALTH AIDE,
54 WITH RESPECT TO SERVICES SPECIFIED IN A MEMORANDUM OF UNDERSTANDING
55 BETWEEN THE COMMISSIONER AND THE COMMISSIONER OF HEALTH AND RENDERED IN
56 ACCORDANCE WITH SUCH STATE PLAN AMENDMENT WHICH SHALL, AT A MINIMUM: (I)

1 SPECIFY THE SERVICES THAT MAY BE PROVIDED BY ADVANCED HOME HEALTH AIDES
2 CERTIFIED PURSUANT TO THIS PARAGRAPH, WHICH SHALL BE LIMITED TO THOSE
3 FOR WHICH REMUNERATION IS PROVIDED PURSUANT TO PARAGRAPH (BB) OF SECTION
4 THREE HUNDRED SIXTY-FIVE-A OF THE SOCIAL SERVICES LAW; (II) PROVIDE THAT
5 SUCH ADVANCED HOME HEALTH AIDES MAY PROVIDE SERVICES ONLY AS ASSIGNED BY
6 AND PERFORMED UNDER THE SUPERVISION OF A REGISTERED PROFESSIONAL NURSE
7 LICENSED IN NEW YORK STATE AND EMPLOYED BY A HOME CARE SERVICES AGENCY
8 LICENSED OR CERTIFIED PURSUANT TO ARTICLE THIRTY-SIX OF THE PUBLIC
9 HEALTH LAW; (III) PROVIDE THAT SUCH SERVICES MAY BE PROVIDED ONLY IN
10 ACCORDANCE WITH, AND PURSUANT TO, AN AUTHORIZED PRACTITIONER'S ORDERED
11 CARE; (IV) PROVIDE THAT ONLY A HOME HEALTH AIDE WHO HAS AT LEAST ONE
12 YEAR OF CONTINUOUS EXPERIENCE AS A CERTIFIED HOME HEALTH AIDE AND MEETS
13 OTHER APPROPRIATE QUALIFICATIONS MAY BE CERTIFIED AS AN ADVANCED HOME
14 HEALTH AIDE; (V) ESTABLISH MINIMUM STANDARDS OF TRAINING FOR ADVANCED
15 HOME HEALTH AIDES, INCLUDING (A) DIDACTIC TRAINING, (B) CLINICAL TRAIN-
16 ING, (C) A SUPERVISED CLINICAL PRACTICUM WITH STANDARDS SET FORTH PURSU-
17 ANT TO THE MEMORANDUM OF UNDERSTANDING BETWEEN THE COMMISSIONER AND THE
18 COMMISSIONER OF HEALTH, AND (D) CASE-SPECIFIC TRAINING ON THE NURSING
19 TASKS TO BE ASSIGNED BY THE SUPERVISING NURSE WITH THE INDIVIDUAL FOR
20 WHOM SERVICES WILL BE ASSIGNED, PROVIDED THAT ADDITIONAL TRAINING SHALL
21 TAKE PLACE WHENEVER ADDITIONAL TASKS, ARE ASSIGNED; (VI) PROVIDE THAT
22 ONLY AN INDIVIDUAL WHO HAS SUCCESSFULLY COMPLETED A COMPETENCY EXAMINA-
23 TION SATISFACTORY TO THE COMMISSIONER MAY BE CERTIFIED AS AN ADVANCED
24 HOME HEALTH AIDE UNDER THIS SUBPARAGRAPH; (VII) PROHIBIT SUCH ADVANCED
25 HOME HEALTH AIDE FROM HOLDING HIMSELF OR HERSELF OUT, OR ACCEPT EMPLOY-
26 MENT AS, A PERSON LICENSED TO PRACTICE NURSING UNDER THE PROVISIONS OF
27 THIS ARTICLE; AND (VIII) PROVIDE THAT THE INDIVIDUAL SUPERVISING REGIS-
28 TERED PROFESSIONAL NURSE SHALL RETAIN THE DISCRETION TO DECIDE WHETHER
29 TO ASSIGN SUCH TASKS TO SUCH ADVANCED HOME HEALTH AIDES. SUCH MEMORANDUM
30 OF UNDERSTANDING SHALL BE CONSISTENT WITH THE REQUIREMENTS OF THE HOME
31 AND COMMUNITY-BASED ATTENDANT SERVICES AND SUPPORTS STATE PLAN OPTION
32 (COMMUNITY FIRST CHOICE) PURSUANT TO 42 U.S.C. S 1396N(K), AND SHALL
33 CONSULT WITH A WORKGROUP OF STAKEHOLDERS CONVENED BY THE COMMISSIONER
34 AND THE COMMISSIONER OF HEALTH FOR THE PURPOSE OF PROVIDING INPUT AND
35 RECOMMENDATIONS ON THE IMPLEMENTATION OF SUCH PROVISIONS.

36 S 27-f. Subdivisions 6 and 7 of section 3612 of the public health law,
37 subdivision 7 as renumbered by chapter 606 of the laws of 2003, are
38 renumbered subdivisions 7 and 8 and a new subdivision 6 is added to read
39 as follows:

40 6. THE COMMISSIONER, IN CONSULTATION WITH THE COMMISSIONER OF EDUCA-
41 TION, SHALL CONVENE A WORKGROUP OF STAKEHOLDERS FOR THE PURPOSE OF
42 PROVIDING GUIDANCE TO THE COMMISSIONER OF EDUCATION ON THE CERTIFICATION
43 OF ADVANCED HOME HEALTH AIDES PURSUANT TO PARAGRAPH I OF SUBDIVISION ONE
44 OF SECTION SIXTY-NINE HUNDRED EIGHT OF THE EDUCATION LAW. THE MEMBERS OF
45 SUCH WORKGROUP SHALL INCLUDE INDIVIDUALS FROM ACADEMIC INSTITUTIONS WITH
46 RELEVANT EXPERTISE, REPRESENTATIVES OF HOME CARE, THE CONSUMER DIRECTED
47 PERSONAL ASSISTANCE PROGRAM, NURSES, REPRESENTATIVES OF INDIVIDUALS WHO
48 MAY BE ELIGIBLE TO RECEIVE SERVICES PROVIDED BY SUCH ADVANCED HOME
49 HEALTH AIDES PURSUANT TO SUCH STATUTE, AND OTHER RELEVANT STAKEHOLDERS.

50 S 27-g. Paragraph (b) of subdivision 1 of section 4403-g of the public
51 health law, as added by section 73 of part A of chapter 56 of the laws
52 of 2013, is amended and a new subdivision 16 is added to read as
53 follows:

54 (b) "Eligible applicant" means an entity THAT EITHER:

(I) IS controlled by one or more non-profit organizations which have a history of providing or coordinating health and long term care services to persons with developmental disabilities[.], OR

(II) HAS RECEIVED A CERTIFICATE OF AUTHORITY PURSUANT TO SECTION FORTY-FOUR HUNDRED THREE OR FORTY-FOUR HUNDRED THREE-F OF THIS ARTICLE, PROVIDED THAT:

(1) THE COMMISSIONER AND THE COMMISSIONER OF THE OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES DETERMINE THAT AN INSUFFICIENT NUMBER OF SUCH NON-PROFIT ORGANIZATIONS HAVE APPLIED FOR AND RECEIVED A DISCO CERTIFICATE OF AUTHORITY IN ANY SPECIFIC GEOGRAPHIC AREA;

(2) SUCH ENTITY HAS THE ABILITY TO PROVIDE OR COORDINATE SERVICES FOR PERSONS WITH DEVELOPMENTAL DISABILITIES, AS DEMONSTRATED BY CRITERIA TO BE DETERMINED BY THE COMMISSIONER AND THE COMMISSIONER OF THE OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES. SUCH CRITERIA SHALL INCLUDE, BUT NOT BE LIMITED TO, ADEQUATE EXPERIENCE PROVIDING OR COORDINATING SERVICES FOR PERSONS WITH DEVELOPMENTAL DISABILITIES; AND

(3) IF THE COMMISSIONER AND THE COMMISSIONER OF THE OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES DETERMINE THAT SUCH ORGANIZATION LACKS THE EXPERIENCE REQUIRED, THE ORGANIZATION SHALL HAVE AN AFFILIATION ARRANGEMENT WITH AN ENTITY OR ENTITIES WITH EXPERIENCE SERVING PERSONS WITH DEVELOPMENTAL DISABILITIES SUCH THAT THE AFFILIATED ENTITY WILL COORDINATE AND PLAN SERVICES OPERATED, CERTIFIED, FUNDED, AUTHORIZED OR APPROVED BY THE OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES OR WILL OVERSEE AND APPROVE SUCH COORDINATION AND PLANNING.

16. IMPLEMENTATION. SUBJECT TO THE PROVISIONS OF THIS SECTION, CERTIFICATES OF AUTHORITY SHALL BE APPROVED AS CONCURRENTLY AS PRACTICABLE FOR ELIGIBLE AND QUALIFIED ENTITIES IN ANY REGION OF THE STATE AND SHALL NOT BE LIMITED TO ANY PARTICULAR GEOGRAPHIC AREAS.

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

(J) NOTWITHSTANDING ANY CONTRARY PROVISION OF LAW, WITH REGARD TO INPATIENT AND OUTPATIENT MEDICAID RATES OF PAYMENT FOR GENERAL HOSPITAL SERVICES, THE COMMISSIONER MAY MAKE SUCH ADJUSTMENTS TO SUCH RATES AND TO THE METHODOLOGY FOR COMPUTING SUCH RATES AS IS NECESSARY TO ACHIEVE NO AGGREGATE, NET INCREASE OR DECREASE 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 TWELVE-MONTH PERIOD IMMEDIATELY PRIOR TO SUCH IMPLEMENTATION.

S 29. Intentionally omitted.

S 30. Intentionally omitted.

S 31. Intentionally omitted.

S 32. Intentionally omitted.

S 33. Intentionally omitted.

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

5. The [department of health] COMMISSIONER OF HEALTH, IN CONSULTATION WITH THE DIRECTOR OF BUDGET, shall prepare a monthly report that sets forth:

(a) known and projected department of health medicaid expenditures as described in subdivision one of this section, and factors that could result in medicaid disbursements for the relevant state fiscal year to exceed the projected department of health state funds disbursements in

1 the enacted budget financial plan pursuant to subdivision 3 of section
2 23 of the state finance law, including spending increases or decreases
3 due to: enrollment fluctuations, rate changes, utilization changes, MRT
4 investments, and shift of beneficiaries to managed care; and variations
5 in offline medicaid payments; [and]

6 (b) the actions taken to implement any medicaid savings allocation
7 plan implemented pursuant to subdivision four of this section, including
8 information concerning the impact of such actions on each category of
9 service and each geographic region of the state. [Each such monthly
10 report shall be provided to the chairs of the senate finance and the
11 assembly ways and means committees and shall be posted on the department
12 of health's website in a timely manner.];

13 (C) THE PRICE, TO INCLUDE THE BASE RATE PLUS ANY UPCOMING RATE ADJUST-
14 MENT; UTILIZATION, TO INCLUDE CURRENT ENROLLMENT, PROJECTED ENROLLMENT
15 CHANGES AND ACUITY; AND MEDICAID REDESIGN TEAM INITIATIVES, ONE-TIME
16 INITIATIVES AND OTHER INITIATIVES DESCRIBING THE PROPOSED BUDGET ACTION
17 IMPACT, ANY PRIOR YEAR INITIATIVE WITH CURRENT AND FUTURE YEAR IMPACTS
18 FOR THE FOLLOWING CATEGORIES OF SPENDING:

19 (I) INPATIENT;
20 (II) OUTPATIENT;
21 (III) EMERGENCY ROOM;
22 (IV) CLINIC;
23 (V) NURSING HOMES;
24 (VI) OTHER LONG TERM CARE;
25 (VII) MEDICAID MANAGED CARE;
26 (VIII) FAMILY HEALTH PLUS;
27 (IX) PHARMACY;
28 (X) TRANSPORTATION;
29 (XI) DENTAL;
30 (XII) NON-INSTITUTIONAL AND ALL OTHER CATEGORIES;
31 (XIII) AFFORDABLE HOUSING;
32 (XIV) VITAL ACCESS PROVIDER SERVICES;
33 (XV) BEHAVIORAL HEALTH VITAL ACCESS PROVIDER SERVICES;
34 (XVI) HEALTH HOME ESTABLISHMENT GRANTS;
35 (XVII) GRANTS FOR FACILITATING TRANSITION OF BEHAVIORAL HEALTH
36 SERVICES TO MANAGED CARE;
37 (XVIII) FINGER LAKES HEALTH SERVICES AGENCY; AND

38 (D) WHERE PRICE AND UTILIZATION ARE NOT APPLICABLE, DETAIL SHALL BE
39 PROVIDED ON SPENDING, TO INCLUDE BUT NOT BE LIMITED TO:

40 (I) DEMOGRAPHIC INFORMATION OF TARGETED RECIPIENTS;
41 (II) NUMBER OF RECIPIENTS;
42 (III) AWARD AMOUNTS;
43 (IV) TIMING OF AWARDS; AND
44 (V) THE IMPACT OF MEDICAID REDESIGN TEAM AND/OR ONE-TIME INITIATIVES.
45 INFORMATION REQUIRED BY PARAGRAPHS (A) AND (B) OF THIS SUBDIVISION
46 SHALL BE PROVIDED TO THE CHAIRS OF THE SENATE FINANCE AND THE ASSEMBLY
47 WAYS AND MEANS COMMITTEES, AND SHALL BE POSTED ON THE DEPARTMENT OF
48 HEALTH'S WEBSITE IN A TIMELY MANNER. BEGINNING ON APRIL 1, 2014, ADDI-
49 TIONAL INFORMATION REQUIRED BY PARAGRAPHS (C) AND (D) OF THIS SUBDIVI-
50 SION SHALL BE PROVIDED TO THE GOVERNOR, THE TEMPORARY PRESIDENT OF THE
51 SENATE, THE SPEAKER OF THE ASSEMBLY, THE CHAIR OF THE SENATE FINANCE
52 COMMITTEE, THE CHAIR OF THE ASSEMBLY WAYS AND MEANS COMMITTEE, THE CHAIR
53 OF THE SENATE STANDING COMMITTEE ON HEALTH, AND THE CHAIR OF THE ASSEM-
54 BLY COMMITTEE ON HEALTH.

55 S 34. Notwithstanding any contrary provision of law and subject to the
56 availability of federal financial participation, for state fiscal years

1 beginning on and after April 1, 2014, the commissioner of health, in
2 consultation with the director of the budget, shall, prior to January
3 first of each year, determine the extent of savings that have been
4 achieved as a result of the application of the provisions of sections 91
5 and 92 of part H of chapter 59 of the laws of 2011, as amended, and
6 shall further determine the availability of such savings for distrib-
7 ution during the last quarter of such state fiscal year. In determining
8 such savings the commissioner of health, in consultation with the direc-
9 tor of the budget, may exempt the medical assistance administration
10 program from distributions under this section. The commissioner of
11 health, in consultation with the director of the budget, may distribute
12 funds up to an amount equal to such available savings in accordance with
13 an allocation plan that utilizes a methodology that distributes such
14 funds proportionately among providers and plans in New York's Medicaid
15 program. Such allocation plan shall utilize three years of the most
16 recently available system-wide expenditure data reflecting both MMIS and
17 managed care encounters. Distributions to managed care plans shall be
18 based on the administrative outlays stemming from participation in the
19 Medicaid program. The commissioner of health may impose minimum thresh-
20 old amounts in determining provider eligibility for distributions pursu-
21 ant to this section. Seventy percent of the amount available for
22 distribution shall be made available for the purpose of assisting eligi-
23 ble providers utilizing the methodology outlined above in this section.
24 Thirty percent of the amount available for distributions pursuant to
25 this section shall be transferred to the Global Cap Reserve Fund. The
26 commissioner of health is authorized to seek such federal approvals as
27 may be required to effectuate the provisions of this section, including,
28 but not limited to, to permit payment of such distributions as lump sums
29 and to secure waivers from otherwise applicable federal upper payment
30 limit restrictions on such payments.

31 S 34-a. The state finance law is amended by adding a new section 92-gg
32 to read as follows:

33 S 92-GG. GLOBAL CAP RESERVE FUND. NOTWITHSTANDING ANY PROVISION OF LAW
34 TO THE CONTRARY, THERE IS HEREBY ESTABLISHED IN THE JOINT CUSTODY OF THE
35 COMPTROLLER AND THE DEPARTMENT OF HEALTH A FUND TO BE KNOWN AS THE
36 GLOBAL CAP RESERVE FUND. THE FUND IS ESTABLISHED TO PLACE IN RESERVE A
37 PERCENTAGE OF SAVINGS ACHIEVED PURSUANT TO A CHAPTER OF THE LAWS OF TWO
38 THOUSAND FOURTEEN WHICH ADDED THIS SECTION AND TO ENSURE THAT SUCH
39 SAVINGS ARE UTILIZED TO MAINTAIN MEDICAID GLOBAL FUND CAP RESTRICTIONS
40 OR PURSUANT TO OTHER PURPOSES ESTABLISHED BY SUBDIVISION THREE OF THIS
41 SECTION. SUCH FUND SHALL BE COMPOSED OF THIRTY PERCENT OF THE SAVINGS
42 FOR DISTRIBUTION DETERMINED PURSUANT TO THE CHAPTER OF THE LAWS OF TWO
43 THOUSAND FOURTEEN WHICH ADDED THIS SECTION. SUCH FUND SHALL BE ADMINIS-
44 TERED IN ACCORDANCE WITH THE FOLLOWING:

45 1. ON AND AFTER APRIL FIRST, TWO THOUSAND FOURTEEN, SUCH FUND SHALL
46 CONSIST OF THE ANNUAL SAVINGS THAT HAVE BEEN ACHIEVED AS A RESULT OF THE
47 APPLICATION OF THE PROVISIONS OF SECTIONS NINETY-ONE AND NINETY-TWO OF
48 PART H OF CHAPTER FIFTY-NINE OF THE LAWS OF TWO THOUSAND ELEVEN, AS
49 AMENDED, AND PURSUANT TO A CHAPTER OF THE LAWS OF TWO THOUSAND FOURTEEN
50 WHICH ADDED THIS SECTION.

51 2. MONEYS IN THE GLOBAL CAP RESERVE FUND SHALL BE KEPT SEPARATE FROM,
52 AND SHALL NOT BE COMMINGLED, WITH ANY OTHER MONEYS IN THE JOINT OR SOLE
53 CUSTODY OF THE COMPTROLLER AND THE DEPARTMENT OF HEALTH.

54 3. MONEYS OF THE FUND SHALL BE EXPENDED PURSUANT TO A MEMORANDUM OF
55 UNDERSTANDING ENTERED INTO BY THE COMMISSIONER OF HEALTH, THE TEMPORARY
56 PRESIDENT OF THE SENATE AND THE SPEAKER OF THE ASSEMBLY.

1 4. THE MONEYS, FOLLOWING ALLOCATION, SHALL BE PAYABLE FROM THE FUND ON
2 THE AUDIT AND WARRANT OF THE COMPTROLLER ON VOUCHERS APPROVED AND CERTI-
3 FIED BY THE COMMISSIONER OF HEALTH.

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

7 9. [Any contract or contracts] CONTRACT NUMBER C027596, entered into
8 by the commissioner of health prior to January first, two thousand thir-
9 teen pursuant to subdivision eight of this section, may be amended or
10 modified without the need for a competitive bid or request for proposal
11 process, and without regard to the provisions of sections one hundred
12 twelve and one hundred sixty-three of the state finance law, section one
13 hundred forty-two of the economic development law, or any other
14 provision of law, ONLY to allow the purchase of additional personnel and
15 services, subject to available funding, [for the limited purpose of
16 assisting] ONLY TO THE EXTENT NECESSARY AND REQUIRED TO ENABLE the
17 department of health [with implementing] TO IMPLEMENT the Balancing
18 Incentive Program, the Fully Integrated Duals Advantage Program, the
19 Vital Access Provider Program, the Medicaid waiver amendment associated
20 with the public hospital transformation, the addition of behavioral
21 health services as a managed care plan benefit, THE DELIVERY SYSTEM
22 REFORM INCENTIVE PAYMENT PLAN, MEDICAID REDESIGN TEAM SUPPORTIVE HOUSING
23 INITIATIVES, ACTIVITIES TO FACILITATE THE TRANSITION OF VULNERABLE POPU-
24 LATIONS TO MANAGED CARE, AND OVERSIGHT, RATESETTING AND OTHER PROGRAM
25 OPERATIONS ACTIVITIES RELATED TO MANAGED CARE PLANS, and/or any work-
26 groups required to be established by the chapter of the laws of two
27 thousand thirteen that added this subdivision.

28 S 36. Intentionally omitted.

29 S 37. Intentionally omitted.

30 S 38. Subdivision (a) of section 90 of part H of chapter 59 of the
31 laws of 2011, amending the public health law and other laws, relating to
32 general hospital inpatient reimbursement for annual rates is REPEALED.

33 S 39. Subdivisions (a) and (b) of section 364-jj of the social
34 services law, as amended by section 80-a of part A of chapter 56 of the
35 laws of 2013, are amended to read as follows:

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

55 (b) The panel shall:

1 (i) determine whether there is sufficient managed care provider
2 participation in the Medicaid managed care program;
3 (ii) determine whether managed care providers meet proper enrollment
4 targets that permit as many Medicaid recipients as possible to make
5 their own health plan decisions, thus minimizing the number of automatic
6 assignments;
7 (iii) review the phase-in schedule for enrollment, of managed care
8 providers under both the voluntary and mandatory programs;
9 (iv) assess the impact of managed care provider marketing and enroll-
10 ment strategies, and the public education campaign conducted in New York
11 city, on enrollees participation in Medicaid managed care plans;
12 (v) evaluate the adequacy of managed care provider capacity by review-
13 ing established capacity measurements and monitoring actual access to
14 plan practitioners;
15 (vi) examine the cost implications of populations excluded and
16 exempted from Medicaid managed care;
17 (vii) EVALUATE THE ADEQUACY AND APPROPRIATENESS OF PROGRAM MATERIALS;
18 (VIII) EXAMINE TRENDS IN SERVICE DENIALS;
19 (IX) ASSESS THE ACCESS TO CARE FOR PEOPLE WITH DISABILITIES;
20 (X) in accordance with the recommendations of the joint advisory coun-
21 cil established pursuant to section 13.40 of the mental hygiene law,
22 advise the commissioners of health and developmental disabilities with
23 respect to the oversight of DISCOs and of health maintenance organiza-
24 tions and managed long term care plans providing services authorized,
25 funded, approved or certified by the office for people with develop-
26 mental disabilities, and review all managed care options provided to
27 persons with developmental disabilities, including: the adequacy of
28 support for habilitation services; the record of compliance with
29 requirements for person-centered planning, person-centered services and
30 community integration; the adequacy of rates paid to providers in
31 accordance with the provisions of paragraph 1 of subdivision four of
32 section forty-four hundred three of the public health law, paragraph
33 (a-2) of subdivision eight of section forty-four hundred three of the
34 public health law or paragraph (a-2) of subdivision twelve of section
35 forty-four hundred three-f of the public health law; and the quality of
36 life, health, safety and community integration of persons with develop-
37 mental disabilities enrolled in managed care; and
38 [(viii)] (XI) examine other issues as it deems appropriate.
39 S 40. Subdivision 6 of section 368-d of the social services law, as
40 amended by section 37 of part D of chapter 56 of the laws of 2012, is
41 amended to read as follows:
42 6. The commissioner shall evaluate the results of the study conducted
43 pursuant to subdivision four of this section to determine, after iden-
44 tification of actual direct and indirect costs incurred by public school
45 districts [and state operated and state supported schools for blind and
46 deaf students], whether it is advisable to claim federal reimbursement
47 for expenditures under this section as certified public expenditures. In
48 the event such claims are submitted, if federal reimbursement received
49 for certified public expenditures on behalf of medical assistance recip-
50 ients whose assistance and care are the responsibility of a social
51 services district results in a decrease in the state share of annual
52 expenditures pursuant to this section for such recipients, then to the
53 extent that the amount of any such decrease when combined with any
54 decrease in the state share of annual expenditures described in subdivi-
55 sion five of section three hundred sixty-eight-e of this title exceeds
56 one hundred fifty million dollars for the period April 1, 2011 through

1 March 31, 2013, or exceeds one hundred million dollars in state fiscal
2 [year 2012-13 or any fiscal year thereafter] YEARS 2013-14 AND 2014-15,
3 the excess amount shall be transferred to such public school districts
4 [and state operated and state supported schools for blind and deaf
5 students] in amounts proportional to their percentage contribution to
6 the statewide savings; AN AMOUNT EQUAL TO THIRTEEN AND FIVE HUNDREDTHS
7 PERCENT OF ANY DECREASE IN THE STATE SHARE OF ANNUAL EXPENDITURES PURSU-
8 ANT TO THIS SECTION FOR SUCH RECIPIENTS IN STATE FISCAL YEAR 2015-16 AND
9 ANY FISCAL YEAR THEREAFTER SHALL BE TRANSFERRED TO SUCH PUBLIC SCHOOL
10 DISTRICTS IN AMOUNTS PROPORTIONAL TO THEIR PERCENTAGE CONTRIBUTION TO
11 THE STATEWIDE SAVINGS. Any [such excess] amount transferred PURSUANT TO
12 THIS SECTION shall not be considered a revenue received by such social
13 services district in determining the district's actual medical assist-
14 ance expenditures for purposes of paragraph (b) of section one of part C
15 of chapter fifty-eight of the laws of two thousand five.

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

19 5. The commissioner shall evaluate the results of the study conducted
20 pursuant to subdivision three of this section to determine, after iden-
21 tification of actual direct and indirect costs incurred by counties for
22 medical care, services, and supplies furnished to pre-school children
23 with handicapping conditions, whether it is advisable to claim federal
24 reimbursement for expenditures under this section as certified public
25 expenditures. In the event such claims are submitted, if federal
26 reimbursement received for certified public expenditures on behalf of
27 medical assistance recipients whose assistance and care are the respon-
28 sibility of a social services district, results in a decrease in the
29 state share of annual expenditures pursuant to this section for such
30 recipients, then to the extent that the amount of any such decrease when
31 combined with any decrease in the state share of annual expenditures
32 described in subdivision six of section three hundred sixty-eight-d of
33 this title exceeds one hundred fifty million dollars for the period
34 April 1, 2011 through March 31, 2013, or exceeds one hundred million
35 dollars in state fiscal [year 2012-13 or any fiscal year thereafter]
36 YEARS 2013-14 AND 2014-15, the excess amount shall be transferred to
37 such counties in amounts proportional to their percentage contribution
38 to the statewide savings; AN AMOUNT EQUAL TO THIRTEEN AND FIVE
39 HUNDREDTHS PERCENT OF ANY DECREASE IN THE STATE SHARE OF ANNUAL EXPENDI-
40 TURES PURSUANT TO THIS SECTION FOR SUCH RECIPIENTS IN STATE FISCAL YEAR
41 2015-16 AND ANY FISCAL YEAR THEREAFTER SHALL BE TRANSFERRED TO SUCH
42 COUNTIES IN AMOUNTS PROPORTIONAL TO THEIR PERCENTAGE CONTRIBUTION TO THE
43 STATEWIDE SAVINGS. Any [such excess] amount transferred PURSUANT TO
44 THIS SECTION shall not be considered a revenue received by such social
45 services district in determining the district's actual medical assist-
46 ance expenditures for purposes of paragraph (b) of section one of part C
47 of chapter fifty-eight of the laws of two thousand five.

48 S 42. Intentionally omitted.

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

51 2-C. (A) NOTWITHSTANDING SECTIONS ONE HUNDRED TWELVE AND ONE HUNDRED
52 SIXTY-THREE OF THE STATE FINANCE LAW, AND SUBJECT TO FEDERAL FINANCIAL
53 PARTICIPATION, AND SUBJECT TO AMOUNTS APPROPRIATED FOR PURPOSES HEREIN,
54 THE DEPARTMENT OF HEALTH MAY DISTRIBUTE FUNDS TO PROVIDERS UNDER THIS
55 SECTION FOR MEMBER ENGAGEMENT, STAFF TRAINING AND RETRAINING, HEALTH
56 INFORMATION TECHNOLOGY IMPLEMENTATION, JOINT GOVERNANCE TECHNICAL

1 ASSISTANCE, AND OTHER SUCH PURPOSES NECESSARY TO IMPLEMENT THE
2 PROVISIONS OF THIS SECTION. THE COMMISSIONER OF HEALTH, IN CONSULTATION
3 WITH THE COMMISSIONERS OF THE OFFICE OF MENTAL HEALTH AND THE OFFICE OF
4 ALCOHOLISM AND SUBSTANCE ABUSE SERVICES, SHALL APPROVE APPLICATIONS FOR
5 SUCH FUNDS PURSUANT TO CRITERIA DEVELOPED BY THE DEPARTMENT OF HEALTH.
6 APPLICATIONS THAT ADDRESS IMPLEMENTATION CHALLENGES, LEVERAGE REGIONAL
7 PARTNERSHIPS, LINK CARE COORDINATION NETWORKS AND DO NOT OTHERWISE
8 DUPLICATE FUNDS AVAILABLE THROUGH OTHER PROGRAMS MAY BE PRIORITIZED.
9 THE COMMISSIONER OF HEALTH MAY PROMULGATE REGULATIONS TO EFFECTUATE THE
10 PROVISIONS OF THIS SUBDIVISION.

11 (B) THE COMMISSIONER OF HEALTH SHALL PROVIDE AN ANNUAL WRITTEN REPORT
12 TO THE CHAIR OF THE SENATE FINANCE COMMITTEE, THE CHAIR OF ASSEMBLY WAYS
13 AND MEANS COMMITTEE, THE CHAIR OF THE SENATE STANDING COMMITTEE ON
14 HEALTH, AND THE CHAIR OF THE ASSEMBLY HEALTH COMMITTEE NO LATER THAN
15 JANUARY FIRST OF EACH YEAR. SUCH REPORT SHALL INCLUDE, BUT NOT BE LIMIT-
16 ED TO, A DETAILED OVERVIEW OF CRITERIA DEVELOPED AND REGULATIONS
17 PROPOSED AND ENACTED PURSUANT TO THIS SECTION, A DESCRIPTION OF APPLICA-
18 TIONS RECEIVED, DETAILS OF AMOUNTS DISTRIBUTED AND PURPOSES THEREFORE,
19 AN ACCOUNT OF ANY MEASURABLE IMPACTS ON THE HEALTH HOME SYSTEM RESULTING
20 FROM SUCH ALLOCATIONS, DESCRIPTIONS OF AND RATIONALES FOR PRIORITIZED
21 APPLICATIONS, AND ANY OTHER INFORMATION DEEMED NECESSARY AND APPROPRI-
22 ATE.

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

25 S 398-B. TRANSITION TO MANAGED CARE. 1. NOTWITHSTANDING SECTIONS ONE
26 HUNDRED TWELVE AND ONE HUNDRED SIXTY-THREE OF THE STATE FINANCE LAW AND
27 ANY OTHER INCONSISTENT PROVISION OF LAW AND SUBJECT TO THE AVAILABILITY
28 OF FEDERAL FINANCIAL PARTICIPATION, THE COMMISSIONER OF HEALTH IS
29 AUTHORIZED TO DISTRIBUTE FUNDS FROM A GROSS AMOUNT OF FIVE MILLION
30 DOLLARS TO FACILITATE THE TRANSITION OF FOSTER CARE CHILDREN PLACED WITH
31 VOLUNTARY FOSTER CARE AGENCIES TO MANAGED CARE. THE USE OF SUCH FUNDS
32 MAY INCLUDE PROVIDING TRAINING AND CONSULTING SERVICES TO VOLUNTARY
33 AGENCIES TO ASSESS READINESS AND MAKE NECESSARY INFRASTRUCTURE AND
34 ORGANIZATIONAL MODIFICATIONS, COLLECTING SERVICE UTILIZATION AND OTHER
35 DATA FROM VOLUNTARY AGENCIES AND OTHER ENTITIES, AND MAKING INVESTMENTS
36 IN HEALTH INFORMATION TECHNOLOGY, INCLUDING THE INFRASTRUCTURE NECESSARY
37 TO ESTABLISH AND MAINTAIN ELECTRONIC HEALTH RECORDS. SUCH FUNDS SHALL BE
38 DISTRIBUTED PURSUANT TO A FORMULA TO BE DEVELOPED BY THE COMMISSIONER OF
39 HEALTH, IN CONSULTATION WITH THE COMMISSIONER OF THE OFFICE OF CHILDREN
40 AND FAMILY SERVICES. IN DEVELOPING SUCH FORMULA THE COMMISSIONERS MAY
41 TAKE INTO ACCOUNT SIZE AND SCOPE OF PROVIDER OPERATIONS AS A FACTOR
42 RELEVANT TO ELIGIBILITY FOR SUCH FUNDS. EACH RECIPIENT OF SUCH FUNDS
43 SHALL BE REQUIRED TO DOCUMENT AND DEMONSTRATE THE EFFECTIVE USE OF FUNDS
44 DISTRIBUTED HEREIN.

45 2. DATA PROVIDED BY VOLUNTARY FOSTER CARE AGENCIES SHALL BE COMPLIANT
46 WITH THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT, AND SHALL
47 BE TRANSMITTED SECURELY USING EMEDS OR OTHER MECHANISMS TO BE DETERMINED
48 BY THE DEPARTMENT OF HEALTH. SUCH DATA MAY BE USED BY THE DEPARTMENT OF
49 HEALTH TO ESTABLISH RATES OF PAYMENT FOR MANAGED CARE ORGANIZATIONS FOR
50 SERVICES PROVIDED TO CHILDREN IN FOSTER CARE.

51 3. THE COMMISSIONER OF HEALTH SHALL PROVIDE A WRITTEN REPORT TO THE
52 CHAIR OF THE SENATE FINANCE COMMITTEE, THE CHAIR OF ASSEMBLY WAYS AND
53 MEANS COMMITTEE, THE CHAIR OF THE SENATE STANDING COMMITTEE ON HEALTH,
54 AND THE CHAIR OF THE ASSEMBLY DETAILED OVERVIEW COMMITTEE NO LATER THAN
55 MARCH FIRST, TWO THOUSAND FIFTEEN. SUCH REPORT SHALL INCLUDE, BUT NOT BE
56 LIMITED TO, AN EXPLANATION OF THE FORMULA DEVELOPED BY THE COMMISSION-

ERS, AND ANY DETAILS REGARDING THE DISTRIBUTION OF FUNDS PURSUANT TO SUCH FORMULA AND PURPOSES THEREFORE, AN ACCOUNT OF ANY MEASURABLE IMPACTS ON MANAGED CARE RESULTING FROM SUCH ALLOCATIONS, INCLUDING A BREAKDOWN BY REGION, AND ANY OTHER INFORMATION DEEMED NECESSARY AND APPROPRIATE.

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

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

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

5-A. (A) THE COMMISSIONER MAY CONTRACT WITH ONE OR MORE ENTITIES TO REVIEW THE ACCURACY OF DETERMINATIONS OF INITIAL AND ONGOING ELIGIBILITY UNDER THE MEDICAL ASSISTANCE PROGRAM, AND TO IDENTIFY AND ELIMINATE INAPPROPRIATE INSTANCES OF CONCURRENT OR DUPLICATE BENEFITS AND AUTHORIZATIONS.

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

(I) THE COMMISSIONER OF HEALTH SHALL PROVIDE THE CHAIR OF THE SENATE STANDING COMMITTEE ON HEALTH AND THE CHAIR OF THE ASSEMBLY HEALTH COMMITTEE WITH INFORMATION REGARDING THE PROPOSED CONTRACT OR CONTRACTS, AS SET FORTH IN SUBPARAGRAPH (II) OF THIS PARAGRAPH, NO FEWER THAN SEVEN DAYS PRIOR TO POSTING SUCH INFORMATION ON ITS WEBSITE;

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

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

(2) THE CRITERIA FOR SELECTION OF A CONTRACTOR OR CONTRACTORS, AND THE WEIGHT ASSIGNED TO SUCH CRITERIA IN EVALUATING A CONTRACTOR OR CONTRACTORS, WHERE APPLICABLE;

(3) 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

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

(III) ALL REASONABLE AND RESPONSIVE SUBMISSIONS THAT ARE RECEIVED FROM PROSPECTIVE CONTRACTORS IN TIMELY FASHION SHALL BE REVIEWED BY THE COMMISSIONER;

(IV) THE COMMISSIONER SHALL PROVIDE COPIES OF SUCH SUBMISSIONS TO THE CHAIR OF THE SENATE STANDING COMMITTEE ON HEALTH AND THE CHAIR OF THE

1 ASSEMBLY HEALTH COMMITTEE NO FEWER THAN SEVEN DAYS PRIOR TO SELECTING A
2 CONTRACTOR OR CONTRACTORS;

3 (V) NO CONTRACTOR OR CONTRACTORS SHALL BE SELECTED PRIOR TO NOTIFICA-
4 TION OF PROPOSED SELECTION OR SELECTIONS BEING PROVIDED TO THE CHAIR OF
5 THE SENATE STANDING COMMITTEE ON HEALTH AND THE CHAIR OF THE ASSEMBLY
6 HEALTH COMMITTEE;

7 (VI) THE COMMISSIONER SHALL SELECT SUCH CONTRACTOR OR CONTRACTORS
8 THAT, IN HIS OR HER DISCRETION, ARE BEST SUITED TO SERVE THE PURPOSES OF
9 THIS SECTION;

10 (VII) THE COMMISSIONER SHALL PROVIDE, WITHIN THIRTY DAYS OF THE AWARD
11 OF SUCH CONTRACT OR CONTRACTS, THE CHAIR OF THE SENATE STANDING COMMIT-
12 TEE ON HEALTH AND THE CHAIR OF THE ASSEMBLY HEALTH COMMITTEE WITH A
13 REPORT OUTLINING THE REASONS WHY EACH SUBMISSION FOR SELECTION WAS
14 SUCCESSFUL OR UNSUCCESSFUL. THE REPORT SHALL PROVIDE, IN PERCENTAGE
15 FORM, THE WEIGHT, IF ANY, AWARDED TO EACH CRITERIA FOR SELECTION, AS
16 SUBMITTED;

17 (VIII) THE COMMISSIONER SHALL PROVIDE AN ANNUAL REPORT TO THE CHAIR OF
18 THE SENATE STANDING COMMITTEE ON HEALTH AND THE CHAIR OF THE ASSEMBLY
19 HEALTH COMMITTEE REGARDING THE TIMELINESS OF PAYMENTS PURSUANT TO SUCH
20 CONTRACT OR CONTRACTS;

21 (IX) NO CONTRACT ENTERED PURSUANT TO THIS PARAGRAPH SHALL HAVE A TERM
22 THAT ENDS LATER THAN MARCH THIRTY-FIRST, TWO THOUSAND SEVENTEEN.

23 S 47. Section 206 of the public health law is amended by adding a new
24 subdivision 29 to read as follows:

25 29. (A) NOTWITHSTANDING ANY PROVISION OF LAW TO THE CONTRARY, THE
26 COMMISSIONERS OF THE DEPARTMENT OF HEALTH, THE OFFICE OF MENTAL HEALTH,
27 THE OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES, AND THE OFFICE OF
28 ALCOHOLISM AND SUBSTANCE ABUSE SERVICES ARE AUTHORIZED TO WAIVE REGULA-
29 TORY REQUIREMENTS TO THE EXTENT NECESSARY TO ALLOW PROVIDERS PARTICIPAT-
30 ING IN JOINT PROJECTS UNDER THE DELIVERY SYSTEM REFORM INCENTIVE
31 PAYMENTS PROGRAM TO AVOID DUPLICATION OF REQUIREMENTS AND TO ALLOW THE
32 INTEGRATED DELIVERY OF SERVICES IN A RATIONAL AND EFFICIENT MANNER.

33 (B) THE COMMISSIONER SHALL PROVIDE AN ANNUAL WRITTEN REPORT TO THE
34 CHAIR OF THE SENATE STANDING COMMITTEE ON HEALTH AND THE CHAIR OF THE
35 ASSEMBLY HEALTH COMMITTEE NO LATER THAN MARCH FIRST, TWO THOUSAND
36 FIFTEEN. SUCH REPORT SHALL INCLUDE, BUT NOT BE LIMITED TO, A LIST OF
37 REGULATIONS WAIVED PURSUANT TO THIS SECTION, THE FREQUENCY OF SUCH WAIV-
38 ERS AND REASONS THEY OCCURRED, A DESCRIPTION OF PLANNED REGULATORY
39 ACTIONS OR PROPOSED LEGISLATIVE INITIATIVES TO ADDRESS THE REASONS FOR
40 SUCH WAIVERS IN A MORE TRANSPARENT AND CONSISTENT MANNER, AND ANY OTHER
41 INFORMATION DEEMED NECESSARY AND APPROPRIATE.

42 S 48. Notwithstanding the provisions of sections 112 and 163 of the
43 state finance law, or any other contrary provision of law, the commis-
44 sioner of health is authorized to negotiate the extension of contract
45 number C025673 with Mercer Health and Benefits, LLC, as currently in
46 effect through October of 2014, through a period ending no later than
47 December 31, 2016, without a competitive bid or request for proposal
48 process.

49 S 49. Section 364-j of the social services law is amended by adding a
50 new subdivision 29 to read as follows:

51 29. IN THE EVENT THAT THE DEPARTMENT RECEIVES APPROVAL FROM THE
52 CENTERS FOR MEDICARE AND MEDICAID SERVICES TO AMEND ITS 1115 WAIVER
53 KNOWN AS THE PARTNERSHIP PLAN OR RECEIVES APPROVAL FOR A NEW 1115 WAIVER
54 FOR THE PURPOSE OF REINVESTING SAVINGS RESULTING FROM THE REDESIGN OF
55 THE MEDICAL ASSISTANCE PROGRAM, THE COMMISSIONER IS AUTHORIZED TO ENTER
56 INTO CONTRACTS, AND/OR TO AMEND THE TERMS OF CONTRACTS AWARDED PRIOR TO

1 THE EFFECTIVE DATE OF THIS SUBDIVISION, FOR THE PURPOSE OF ASSISTING THE
2 DEPARTMENT OF HEALTH WITH IMPLEMENTING PROJECTS AUTHORIZED UNDER SUCH
3 WAIVER APPROVAL. NOTWITHSTANDING THE PROVISIONS OF SECTIONS ONE HUNDRED
4 TWELVE AND ONE HUNDRED SIXTY-THREE OF THE STATE FINANCE LAW, OR SECTIONS
5 ONE HUNDRED FORTY-TWO AND ONE HUNDRED FORTY-THREE OF THE ECONOMIC DEVEL-
6 OPMENT LAW, OR ANY CONTRARY PROVISION OF LAW, CONTRACTS MAY BE ENTERED
7 OR CONTRACT AMENDMENTS MAY BE MADE PURSUANT TO THIS SUBDIVISION WITHOUT
8 A COMPETITIVE BID OR REQUEST FOR PROPOSAL PROCESS IF THE TERM OF ANY
9 SUCH CONTRACT OR CONTRACT AMENDMENT DOES NOT EXTEND BEYOND MARCH THIR-
10 TY-FIRST, TWO THOUSAND NINETEEN; PROVIDED, HOWEVER, IN THE CASE OF A
11 CONTRACT ENTERED INTO AFTER THE EFFECTIVE DATE OF THIS SUBDIVISION,
12 THAT:

13 (I) THE COMMISSIONER OF HEALTH SHALL PROVIDE THE CHAIR OF THE SENATE
14 STANDING COMMITTEE ON HEALTH AND THE CHAIR OF THE ASSEMBLY HEALTH
15 COMMITTEE WITH INFORMATION REGARDING THE PROPOSED CONTRACT OR CONTRACTS,
16 AS SET FORTH IN PARAGRAPH (II) OF THIS SUBDIVISION, NO FEWER THAN SEVEN
17 DAYS PRIOR TO POSTING SUCH INFORMATION ON ITS WEBSITE;

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

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

22 (2) THE CRITERIA FOR SELECTION OF A CONTRACTOR OR CONTRACTORS, AND THE
23 WEIGHT ASSIGNED TO SUCH CRITERIA IN EVALUATING A CONTRACTOR OR CONTRAC-
24 TORS, WHERE APPLICABLE;

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

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

30 (III) ALL REASONABLE AND RESPONSIVE SUBMISSIONS THAT ARE RECEIVED FROM
31 PROSPECTIVE CONTRACTORS IN A TIMELY FASHION SHALL BE REVIEWED BY THE
32 COMMISSIONER;

33 (IV) THE COMMISSIONER SHALL PROVIDE COPIES OF SUCH SUBMISSIONS TO THE
34 CHAIR OF THE SENATE STANDING COMMITTEE ON HEALTH AND THE CHAIR OF THE
35 ASSEMBLY HEALTH COMMITTEE NO FEWER THAN SEVEN DAYS PRIOR TO SELECTING A
36 CONTRACTOR OR CONTRACTORS;

37 (V) NO CONTRACTOR OR CONTRACTORS SHALL BE SELECTED PRIOR TO NOTIFICA-
38 TION OF PROPOSED SELECTION OR SELECTIONS BEING PROVIDED TO THE CHAIR OF
39 THE SENATE STANDING COMMITTEE ON HEALTH AND THE CHAIR OF THE ASSEMBLY
40 HEALTH COMMITTEE;

41 (VI) THE COMMISSIONER SHALL SELECT SUCH CONTRACTOR OR CONTRACTORS
42 THAT, IN HIS OR HER DISCRETION, ARE BEST SUITED TO SERVE THE PURPOSES OF
43 THIS SECTION;

44 (VII) THE COMMISSIONER SHALL PROVIDE, WITHIN THIRTY DAYS OF THE AWARD
45 OF SUCH CONTRACT OR CONTRACTS, THE CHAIR OF THE SENATE STANDING COMMIT-
46 TEE ON HEALTH AND THE CHAIR OF THE ASSEMBLY HEALTH COMMITTEE WITH A
47 REPORT OUTLINING THE REASONS WHY EACH SUBMISSION FOR SELECTION WAS
48 SUCCESSFUL OR UNSUCCESSFUL. THE REPORT SHALL PROVIDE, IN PERCENTAGE
49 FORM, THE WEIGHT, IF ANY, AWARDED TO EACH CRITERIA FOR SELECTION, AS
50 SUBMITTED; AND

51 (VIII) THE COMMISSIONER SHALL PROVIDE AN ANNUAL REPORT TO THE CHAIR OF
52 THE SENATE STANDING COMMITTEE ON HEALTH AND THE CHAIR OF THE ASSEMBLY
53 HEALTH COMMITTEE REGARDING THE TIMELINESS OF PAYMENTS PURSUANT TO SUCH
54 CONTRACT OR CONTRACTS.

55 S 50. Intentionally omitted.

56 S 51. Intentionally omitted.

1 S 52. Intentionally omitted.

2 S 53. Intentionally omitted.

3 S 54. Intentionally omitted.

4 S 55. Intentionally omitted.

5 S 56. Intentionally omitted.

6 S 56-a. Intentionally omitted.

7 S 57. Intentionally omitted.

8 S 58. Intentionally omitted.

9 S 59. Paragraph (d) of subdivision 2 of section 2511 of the public
10 health law is REPEALED and paragraphs (e), (f), (g), (h) and (j) are
11 relettered paragraphs (d), (e), (f), (g) and (h).

12 S 60. Subparagraphs (iv) and (v) of paragraph (b) of subdivision 9 of
13 section 2511 of the public health law, subparagraph (iv) as amended by
14 section 33 of part D of chapter 56 of the laws of 2013 and subparagraph
15 (v) as amended by chapter 2 of the laws of 1998, are amended to read as
16 follows:

17 (iv) outstationing of persons who are authorized to provide assistance
18 to families in completing the enrollment application process under this
19 title and title eleven of article five of the social services law, in
20 locations, such as community settings, which are geographically accessi-
21 ble to large numbers of children who may be eligible for benefits under
22 such titles, and at times, including evenings and weekends, when large
23 numbers of children who may be eligible for benefits under such titles
24 are likely to be encountered. Persons outstationed in accordance with
25 this subparagraph shall be authorized to make determinations of presump-
26 tive eligibility in accordance with paragraph [(g)] (F) of subdivision
27 two of THIS section [two thousand five hundred and eleven of this
28 title]; and

29 (v) notice by local social services districts to medical assistance
30 applicants of the availability of benefits under paragraph [(g)] (F) of
31 subdivision two of THIS section [two thousand five hundred and eleven of
32 this title].

33 S 61. Intentionally omitted.

34 S 62. Subdivision (g) of section 129 of part C of chapter 58 of the
35 laws of 2009, amending the public health law relating to the adirondack
36 medical home multipayor demonstration program, is amended to read as
37 follows:

38 (g) section twenty-six-a of this act shall expire and be deemed
39 repealed April 1, [2014] 2017;

40 S 63. Section 4 of chapter 779 of the laws of 1986, amending the
41 social services law relating to authorizing services for non-residents
42 in adult homes, residences for adults and enriched housing programs, as
43 amended by chapter 108 of the laws of 2011, is amended to read as
44 follows:

45 S 4. This act shall take effect on the one hundred twentieth day after
46 it shall have become a law and shall remain in full force and effect
47 until July 1, [2014] 2017, provided however, that effective immediately,
48 the addition, amendment and/or repeal of any rules or regulations neces-
49 sary for the implementation of the foregoing sections of this act on its
50 effective date are authorized and directed to be made and completed on
51 or before such effective date.

52 S 64. Subdivision (i-1) of section 79 of part C of chapter 58 of the
53 laws of 2008, amending the social services law and the public health law
54 relating to adjustments of rates, as amended by section 21 of part D of
55 chapter 59 of the laws of 2011, is amended to read as follows:

1 (i-1) section thirty-one-a of this act shall be deemed repealed July
2 1, [2014] 2017;

3 S 65. Section 4 of chapter 19 of the laws of 1998, amending the social
4 services law relating to limiting the method of payment for prescription
5 drugs under the medical assistance program, as amended by section 107 of
6 part H of chapter 59 of the laws of 2011, is amended to read as follows:

7 S 4. This act shall take effect 120 days after it shall have become a
8 law and shall expire and be deemed repealed March 31, [2014] 2017.

9 S 66. Paragraph (e-1) of subdivision 12 of section 2808 of the public
10 health law, as amended by section 63 of part A of chapter 56 of the laws
11 of 2013, is amended to read as follows:

12 (e-1) Notwithstanding any inconsistent provision of law or regulation,
13 the commissioner shall provide, in addition to payments established
14 pursuant to this article prior to application of this section, addi-
15 tional payments under the medical assistance program pursuant to title
16 eleven of article five of the social services law for non-state operated
17 public residential health care facilities, including public residential
18 health care facilities located in the county of Nassau, the county of
19 Westchester and the county of Erie, but excluding public residential
20 health care facilities operated by a town or city within a county, in
21 aggregate annual amounts of up to one hundred fifty million dollars in
22 additional payments for the state fiscal year beginning April first, two
23 thousand six and for the state fiscal year beginning April first, two
24 thousand seven and for the state fiscal year beginning April first, two
25 thousand eight and of up to three hundred million dollars in such aggre-
26 gate annual additional payments for the state fiscal year beginning
27 April first, two thousand nine, and for the state fiscal year beginning
28 April first, two thousand ten and for the state fiscal year beginning
29 April first, two thousand eleven, and for the state fiscal years begin-
30 ning April first, two thousand twelve and April first, two thousand
31 thirteen, AND FOR THE STATE FISCAL YEARS BEGINNING APRIL FIRST, TWO
32 THOUSAND FOURTEEN, APRIL FIRST, TWO THOUSAND FIFTEEN AND APRIL FIRST,
33 TWO THOUSAND SIXTEEN. The amount allocated to each eligible public resi-
34 dential health care facility for this period shall be computed in
35 accordance with the provisions of paragraph (f) of this subdivision,
36 provided, however, that patient days shall be utilized for such computa-
37 tion reflecting actual reported data for two thousand three and each
38 representative succeeding year as applicable, and provided further,
39 however, that, in consultation with impacted providers, of the funds
40 allocated for distribution in the state fiscal year beginning April
41 first, two thousand thirteen, up to thirty-two million dollars may be
42 allocated in accordance with paragraph (f-1) of this subdivision.

43 S 67. Paragraph (i) of subdivision 3 of section 461-1 of the social
44 services law, as amended by section 4 of part D of chapter 56 of the
45 laws of 2012, is amended to read as follows:

46 (i) (A) The commissioner of health is authorized to add up to six
47 thousand assisted living program beds to the gross number of assisted
48 living program beds having been determined to be available as of April
49 first, two thousand nine. Nothing herein shall be interpreted as prohib-
50 iting any eligible applicant from submitting an application for any
51 assisted living program bed so added. The commissioner of health shall
52 not be required to review on a comparative basis applications submitted
53 for assisted living program beds made available under this paragraph.
54 The commissioner of health shall only authorize the addition of six
55 thousand beds pursuant to a [five] SEVEN year plan ENDING PRIOR TO JANU-
56 ARY FIRST, TWO THOUSAND SEVENTEEN.

(B) THE COMMISSIONER OF HEALTH SHALL PROVIDE AN ANNUAL WRITTEN REPORT TO THE CHAIR OF THE SENATE STANDING COMMITTEE ON HEALTH AND THE CHAIR OF THE ASSEMBLY HEALTH COMMITTEE NO LATER THAN JANUARY FIRST OF EACH YEAR. SUCH REPORT SHALL INCLUDE, BUT NOT BE LIMITED TO, THE NUMBER OF ASSISTED LIVING PROGRAM BEDS MADE AVAILABLE PURSUANT TO THIS SECTION BY COUNTY, THE TOTAL NUMBER OF ASSISTED LIVING PROGRAM BEDS BY COUNTY, THE NUMBER OF VACANT ASSISTED LIVING PROGRAM BEDS BY COUNTY, AND ANY OTHER INFORMATION DEEMED NECESSARY AND APPROPRIATE.

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] FIFTEEN, 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] FIFTEEN and as a result of decreased PPNOs during the period April first, two thousand eleven through March thirty-first, two thousand [fourteen] FIFTEEN; and provided further that for the period July first, two thousand ten through March thirty-first, two thousand [fourteen] FIFTEEN, 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 federal social security act in the public health law and the social services law shall be deemed to include and also to mean any successor titles thereto under the federal social security act.

S 69. Notwithstanding any inconsistent provision of law, rule or regulation, the effectiveness of the provisions of sections 2807 and 3614 of the public health law, section 18 of chapter 2 of the laws of 1988, and 18 NYCRR 505.14(h), as they relate to time frames for notice, approval or certification of rates of payment, are hereby suspended and without force or effect for purposes of implementing the provisions of this act.

1 S 70. Subparagraphs (i) and (ii) of paragraph (b) of subdivision 9 of
2 section 367-a of the social services law, as amended by section 10 of
3 part H of chapter 59 of the laws of 2011, is amended to read as follows:

4 (i) if the drug dispensed is a multiple source prescription drug for
5 which an upper limit has been set by the federal centers for medicare
6 and medicaid services, the lower of: (A) an amount equal to the specific
7 upper limit set by such federal agency for the multiple source
8 prescription drug; (B) the estimated acquisition cost of such drug to
9 pharmacies which, for purposes of this subparagraph, shall mean the
10 average wholesale price of a prescription drug based on the package size
11 dispensed from, as reported by the prescription drug pricing service
12 used by the department, less twenty-five percent thereof; (C) the maxi-
13 mum acquisition cost, if any, established pursuant to paragraph (e) of
14 this subdivision, PROVIDED THAT THE METHODOLOGY USED BY THE DEPARTMENT
15 TO ESTABLISH A MAXIMUM ACQUISITION COST SHALL NOT INCLUDE AVERAGE ACQUI-
16 SITION COST AS DETERMINED BY DEPARTMENT SURVEYS; OR (D) the dispensing
17 pharmacy's usual and customary price charged to the general public; [or
18 (E) the average acquisition cost if available;] and

19 (ii) if the drug dispensed is a multiple source prescription drug or a
20 brand-name prescription drug for which no specific upper limit has been
21 set by such federal agency, the lower of the estimated acquisition cost
22 of such drug to pharmacies[, the average acquisition cost if available]
23 or the dispensing pharmacy's usual and customary price charged to the
24 general public. For sole and multiple source brand name drugs, estimated
25 acquisition cost means the average wholesale price of a prescription
26 drug based upon the package size dispensed from, as reported by the
27 prescription drug pricing service used by the department, less seventeen
28 percent thereof or the wholesale acquisition cost of a prescription drug
29 based upon package size dispensed from, as reported by the prescription
30 drug pricing service used by the department, minus zero and forty-one
31 hundredths percent thereof, and updated monthly by the department. For
32 multiple source generic drugs, estimated acquisition cost means the
33 lower of [the average acquisition cost,] the average wholesale price of
34 a prescription drug based on the package size dispensed from, as
35 reported by the prescription drug pricing service used by the depart-
36 ment, less twenty-five percent thereof, or the maximum acquisition cost,
37 if any, established pursuant to paragraph (e) of this subdivision,
38 PROVIDED THAT THE METHODOLOGY USED BY THE DEPARTMENT TO ESTABLISH A
39 MAXIMUM ACQUISITION COST SHALL NOT INCLUDE AVERAGE ACQUISITION COST AS
40 DETERMINED BY DEPARTMENT SURVEYS;

41 S 71. Paragraph (f) of subdivision 9 of section 367-a of the social
42 services law, as added by section 10-b of part H of chapter 59 of the
43 laws of 2011, is amended to read as follows:

44 [(f) Notwithstanding any inconsistent provision of law or regulation
45 to the contrary, the commissioner shall have the authority to establish
46 the amount of payments and dispensing fees under this title for those
47 drugs which may not be dispensed without a prescription as required by
48 section sixty-eight hundred ten of the education law and for which
49 payment is authorized pursuant to paragraph (g) of subdivision two of
50 section three hundred sixty-five-a of this title. The commissioner shall
51 not change the amounts of or method for such payments or dispensing fees
52 on or after April first, two thousand eleven unless notice is given
53 sixty days in advance of such change to the chairs of the committees on
54 senate finance, assembly ways and means, senate health, and assembly
55 health.]

1 S 72. Subparagraph (iv) of paragraph (e-2) of subdivision 4 of section
2 2807-c of the public health law is amended by adding a new clause (E) to
3 read as follows:

4 (E) SUBJECT TO THE AVAILABILITY OF FEDERAL FINANCIAL PARTICIPATION,
5 FOR ALL RATE PERIODS ON AND AFTER JULY FIRST, TWO THOUSAND FOURTEEN, THE
6 OPERATING AND OTHER COMPONENTS OF RATES (OTHER THAN CAPITAL) OF HOSPI-
7 TALS SUBJECT TO THIS SUBPARAGRAPH SHALL BE DETERMINED BY THE COMMISSION-
8 ER, WITHOUT REGULATIONS, ON A GLOBAL BUDGET BASIS AS A DEMONSTRATION
9 PROJECT.

10 FOR THE PURPOSES OF THIS CLAUSE, A "GLOBAL BUDGET" SHALL BE DEFINED AS
11 A PRE-DETERMINED FIXED FEE ANNUAL SUM IN AN AMOUNT DETERMINED BY THE
12 COMMISSIONER BASED ON FACTORS WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO,
13 A BASE YEAR OR NEGOTIATED FIRST YEAR PAYMENT, INCLUDING ONE OR MORE
14 ADJUSTMENTS AS THE COMMISSIONER DEEMS APPROPRIATE. THE GLOBAL BUDGET
15 SHALL INCLUDE ALL SERVICES RENDERED BY SUCH FACILITY INCLUDING, BUT NOT
16 LIMITED TO, INPATIENT, OUTPATIENT, SPECIALTY OUTPATIENT AND PHYSICIAN
17 SERVICES. THE SERVICES PROVIDED PURSUANT TO THE GLOBAL BUDGET AGREEMENT
18 MAY INCLUDE CARE COORDINATION SERVICES, BUT PAYMENT FOR CARE COORDI-
19 NATION SERVICES MAY BE EXCLUDED FROM THE GLOBAL BUDGET. THE GLOBAL BUDG-
20 ET MAY INCLUDE SUPPLEMENTAL PAYMENTS FOR SURPASSING QUALITY BENCHMARKS
21 AND PAYMENT REDUCTIONS FOR FAILURE TO ACHIEVE QUALITY BENCHMARKS. THE
22 GLOBAL BUDGET SHALL INCLUDE A LIMITED SET OF ADJUSTMENTS TO THE FIXED
23 FEE ANNUAL SUM, IN THE EVENT OF UNEXPECTED AND SIGNIFICANT FLUCTUATIONS
24 IN THE NUMBER OF PATIENTS, RANGE OF SERVICES PROVIDED, OR COSTS OF
25 SERVICES.

26 REMITTANCE OF THE GLOBAL BUDGET FUNDS SHALL BE PURSUANT TO ONE OR MORE
27 METHODS AS DETERMINED IN THE DISCRETION OF THE COMMISSIONER. REMITTANCE
28 METHODS MAY INCLUDE, BUT ARE NOT LIMITED TO, REMITTANCE BY HEALTH PLANS
29 ON BEHALF OF MEDICAID MANAGED CARE PLAN ENROLLEES ON A PER MEMBER PER
30 MONTH BASIS, REMITTANCE BY THE COMMISSIONER ON BEHALF OF MEDICAID
31 MANAGED CARE ENROLLEES, AND REMITTANCE BY THE COMMISSIONER ON BEHALF OF
32 MEDICAID BENEFICIARIES NOT ENROLLED IN MANAGED CARE. GLOBAL BUDGET FUNDS
33 SHALL BE REMITTED PERIODICALLY ON A SCHEDULE DETERMINED BY THE COMMIS-
34 SIONER, PROVIDED THAT IF PAYMENTS ARE MADE BY THE COMMISSIONER ON A
35 WEEKLY OR MONTHLY BASIS THE PROVISIONS OF SUBSECTION (B) OF SECTION
36 ELEVEN HUNDRED NINE OF THE INSURANCE LAW SHALL NOT APPLY. REMITTANCE OF
37 GLOBAL BUDGET FUNDS MAY INCLUDE CAPITAL PAYMENTS EVEN IF CAPITAL AMOUNTS
38 WERE NOT DETERMINED UNDER THE GLOBAL BUDGET METHODOLOGY.

39 TO IMPLEMENT THE GLOBAL BUDGET THE COMMISSIONER MAY ENTER INTO A
40 GLOBAL BUDGET AGREEMENT WITH SUCH FACILITY, OR MAY ENCOURAGE OR DIRECT
41 HEALTH PLANS TO ENTER INTO SUCH AGREEMENTS. ANY AGREEMENT SHALL AUTHOR-
42 IZE THE COMMISSIONER TO TERMINATE THE AGREEMENT AT ANY TIME IF THE
43 COMMISSIONER DETERMINES THE QUALITY OF SERVICES RENDERED DOES NOT MEET
44 THE QUALITY STANDARDS PRESCRIBED IN THE AGREEMENT, OR DUE TO ANY OTHER
45 QUALITY DEFICIENCIES THE COMMISSIONER DETERMINES WARRANT TERMINATION.

46 THE GLOBAL BUDGET SHALL BE IN LIEU OF FEE FOR SERVICE CLAIMS PAYMENTS.
47 IN THE CASE OF THE COMMISSIONER'S PAYMENTS ON BEHALF OF MEDICAID BENEFI-
48 CIARIES NOT ENROLLED IN MANAGED CARE FEE FOR SERVICE PAYMENTS MAY, IN
49 THE COMMISSIONER'S DISCRETION, CONTINUE AND BE INCLUDED IN THE GLOBAL
50 BUDGET COMPUTATIONS IN A MANNER DETERMINED BY THE COMMISSIONER.

51 NOTWITHSTANDING THE GLOBAL BUDGET, IN THE CASE OF MEDICAID MANAGED
52 CARE PLAN ENROLLEES, THE ENROLLEES SHALL REMAIN SUBJECT TO THE HEALTH
53 PLANS' OVERALL CARE MANAGEMENT OF THE PATIENT, AND THE TERMS OF NEGOTI-
54 ATED PARTICIPATING PROVIDER CONTRACTS SHALL CONTINUE TO APPLY, WITH THE
55 EXCEPTION OF PAYMENT PROVISIONS SUPERSEDED BY THE GLOBAL BUDGET.
56 ENCOUNTER FORMS (OR OTHER REPORTS PRESCRIBED BY THE COMMISSIONER) SHALL

BE SUBMITTED IN LIEU OF CLAIM FORMS FOR THE PURPOSE OF MONITORING PATIENT USE OF CARE AT THE FACILITY. FOR THE PURPOSES OF PARAGRAPH (D) OF SUBDIVISION SIX OF SECTION FORTY-FOUR HUNDRED THREE OF THIS CHAPTER, THE FACILITY SHALL BE CONSIDERED AS A SPECIALTY CARE CENTER FOR MEDICALLY FRAGILE CHILDREN TO WHICH HEALTH PLANS SHALL REFER MEDICALLY FRAGILE ENROLLEES, WHEN APPROPRIATE. THE GLOBAL BUDGET AGREEMENT OR AMENDMENT TO THE PARTICIPATING PROVIDER CONTRACT MAY CONTAIN SUCH OTHER TERMS AS THE COMMISSIONER MAY PRESCRIBE REGARDING STANDARDS OF CARE FOR PATIENTS SUBJECT TO THE GLOBAL BUDGET.

IN THE EVENT THE COMMISSIONER REMITS ALL GLOBAL BUDGET FUNDS TO THE FACILITY, THE COMMISSIONER SHALL REMIT ALL SURCHARGE PAYMENTS DUE PURSUANT TO SECTION TWENTY-EIGHT HUNDRED SEVEN-J OF THIS ARTICLE APPLICABLE TO THE GLOBAL BUDGET. THE FACILITY SHALL REMIT ALL ASSESSMENT PAYMENTS DUE PURSUANT TO SUBDIVISION EIGHTEEN OF THIS SECTION AND SECTION TWENTY-EIGHT HUNDRED SEVEN-D OF THIS ARTICLE. IN THE CASE OF SURCHARGES OR ASSESSMENTS AFFECTING LESS THAN ALL SERVICES INCLUDED IN THE GLOBAL BUDGET, AN APPROPRIATE ESTIMATE OR ALLOCATION MAY BE MADE IN ACCORDANCE WITH GUIDANCE ISSUED BY THE COMMISSIONER.

S 73. The commissioner of health is authorized to establish a disability clinician advisory group of experienced clinicians and clinic administrators who have an understanding of the comprehensive needs of people with disabilities. Such group shall provide the commissioner and the department of health with information and data on the effect of policies, including proposed regulations or statutes, and of fiscal proposals, including rate setting and appropriations, on the delivery of supports and services for individuals with disabilities including but not limited to the role of specialty services.

S 74. The public health law is amended by adding a new section 2826 to read as follows:

S 2826. TEMPORARY ADJUSTMENT TO REIMBURSEMENT RATES. (A) NOTWITHSTANDING ANY PROVISION OF LAW TO THE CONTRARY, WITHIN FUNDS APPROPRIATED AND SUBJECT TO THE AVAILABILITY OF FEDERAL FINANCIAL PARTICIPATION, THE COMMISSIONER MAY GRANT APPROVAL OF A TEMPORARY ADJUSTMENT TO THE NON-CAPITAL COMPONENTS OF RATES, OR MAKE TEMPORARY LUMP-SUM MEDICAID PAYMENTS, TO ELIGIBLE GENERAL HOSPITALS, SKILLED NURSING FACILITIES, CLINICS AND HOME CARE PROVIDERS, PROVIDED HOWEVER, THAT SHOULD FEDERAL FINANCIAL PARTICIPATION NOT BE AVAILABLE FOR ANY ELIGIBLE PROVIDER, THEN PAYMENTS PURSUANT TO THIS SUBDIVISION SHALL BE MADE AS GRANTS AND SHALL NOT BE DEEMED TO BE MEDICAL ASSISTANCE PAYMENTS.

(B) ELIGIBLE PROVIDERS SHALL INCLUDE:

(I) PROVIDERS UNDERGOING CLOSURE;

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

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

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

(C) PROVIDERS SEEKING TEMPORARY RATE ADJUSTMENTS UNDER THIS SECTION SHALL DEMONSTRATE THROUGH SUBMISSION OF A WRITTEN PROPOSAL TO THE COMMISSIONER THAT THE ADDITIONAL RESOURCES PROVIDED BY A TEMPORARY RATE ADJUSTMENT WILL ACHIEVE ONE OR MORE OF THE FOLLOWING:

(I) PROTECT OR ENHANCE ACCESS TO CARE;

(II) PROTECT OR ENHANCE QUALITY OF CARE;

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

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

1 (D) (I) SUCH WRITTEN PROPOSAL SHALL BE SUBMITTED TO THE COMMISSIONER
2 AT LEAST SIXTY DAYS PRIOR TO THE REQUESTED EFFECTIVE DATE OF THE TEMPO-
3 RARY RATE ADJUSTMENT, AND SHALL INCLUDE A PROPOSED BUDGET TO ACHIEVE THE
4 GOALS OF THE PROPOSAL. ANY MEDICAID PAYMENT ISSUED PURSUANT TO THIS
5 SECTION SHALL BE IN EFFECT FOR A SPECIFIED PERIOD OF TIME AS DETERMINED
6 BY THE COMMISSIONER, OF UP TO THREE YEARS. AT THE END OF THE SPECIFIED
7 TIMEFRAME SUCH PAYMENTS OR ADJUSTMENTS TO THE NON-CAPITAL COMPONENT OF
8 RATES SHALL CEASE, AND THE FACILITY SHALL BE REIMBURSED IN ACCORDANCE
9 WITH THE OTHERWISE APPLICABLE RATE-SETTING METHODOLOGY AS SET FORTH IN
10 APPLICABLE STATUTES AND THIS SUBPART. THE COMMISSIONER MAY ESTABLISH, AS
11 A CONDITION OF RECEIVING SUCH TEMPORARY RATE ADJUSTMENTS OR GRANTS,
12 BENCHMARKS AND GOALS TO BE ACHIEVED IN CONFORMITY WITH THE FACILITY'S
13 WRITTEN PROPOSAL AS APPROVED BY THE COMMISSIONER AND MAY ALSO REQUIRE
14 THAT THE FACILITY SUBMIT SUCH PERIODIC REPORTS CONCERNING THE ACHIEVE-
15 MENT OF SUCH BENCHMARKS AND GOALS AS THE COMMISSIONER DEEMS NECESSARY.
16 FAILURE TO ACHIEVE SATISFACTORY PROGRESS, AS DETERMINED BY THE COMMIS-
17 SIONER, IN ACCOMPLISHING SUCH BENCHMARKS AND GOALS SHALL BE A BASIS FOR
18 ENDING THE FACILITY'S TEMPORARY RATE ADJUSTMENT OR GRANT PRIOR TO THE
19 END OF THE SPECIFIED TIMEFRAME. (II) THE COMMISSIONER MAY REQUIRE THAT
20 APPLICATIONS SUBMITTED PURSUANT TO THIS SECTION BE SUBMITTED IN RESPONSE
21 TO AND IN ACCORDANCE WITH A REQUEST FOR APPLICATIONS OR A REQUEST FOR
22 PROPOSALS ISSUED BY THE COMMISSIONER.

23 (E) TO THE EXTENT PRACTICABLE, THE COMMISSIONER SHALL EQUITABLY ALLO-
24 CATE FUNDS APPROPRIATED FOR THE PURPOSE OF ELIGIBLE PROVIDER TEMPORARY
25 RATE ADJUSTMENTS OR GRANTS PURSUANT TO THIS SUBDIVISION, BETWEEN THE
26 STATE'S VARIOUS REGIONS PROVIDED HOWEVER, THAT IN EVALUATING APPLICA-
27 TIONS PREFERENCE WILL BE GIVEN TO THOSE APPLICANTS THAT HAVE NOT BEEN
28 DEEMED ELIGIBLE FOR NEW YORK'S MEDICAID REDESIGN TEAM WAIVER DELIVERY
29 SYSTEM REFORM INCENTIVE PAYMENT PROGRAM (DSRIP).

30 (F) NOTWITHSTANDING ANY LAW TO THE CONTRARY, GENERAL HOSPITALS DEFINED
31 AS CRITICAL ACCESS HOSPITALS PURSUANT TO TITLE XVIII OF THE FEDERAL
32 SOCIAL SECURITY ACT SHALL BE ALLOCATED NO LESS THAN SEVEN MILLION FIVE
33 HUNDRED THOUSAND DOLLARS ANNUALLY PURSUANT TO THIS SECTION. THE DEPART-
34 MENT OF HEALTH SHALL PROVIDE A REPORT TO THE GOVERNOR AND LEGISLATURE NO
35 LATER THAN DECEMBER FIRST, TWO THOUSAND FOURTEEN PROVIDING RECOMMENDA-
36 TIONS ON HOW TO ENSURE THE FINANCIAL STABILITY OF, AND PRESERVE PATIENT
37 ACCESS TO, CRITICAL ACCESS HOSPITALS.

38 S 75. Paragraph d of subdivision 20 of section 2808 of the public
39 health law, as added by section 8 of part H of chapter 59 of the laws of
40 2011, is amended to read as follows:

41 d. Notwithstanding any contrary provision of law, rule or regulation,
42 for rate periods on and after April first, two thousand eleven THROUGH
43 MARCH THIRTY-FIRST, TWO THOUSAND FOURTEEN, the commissioner may reduce
44 or eliminate the payment factor for return on or return of equity in the
45 capital cost component of Medicaid rates of payment for services
46 provided by residential health care facilities.

47 S 76. Paragraph (d) of subdivision 2-c of section 2808 of the public
48 health law, as added by section 95 of part H of chapter 59 of the laws
49 of 2011, is amended to read as follows:

50 (d) The commissioner shall promulgate regulations, and may promulgate
51 emergency regulations, to implement the provisions of this subdivision.
52 Such regulations shall be developed in consultation with the nursing
53 home industry and advocates for residential health care facility resi-
54 dents and, further, the commissioner shall provide notification concern-
55 ing such regulations to the chairs of the senate and assembly health
56 committees, the chair of the senate finance committee and the chair of

1 the assembly ways and means committee. Such regulations shall include
2 provisions for rate adjustments or payment enhancements to facilitate a
3 minimum four-year transition of facilities to the rate-setting methodol-
4 ogy established by this subdivision and may also include, but not be
5 limited to, provisions for facilitating quality improvements in residen-
6 tial health care facilities. FOR PURPOSES OF FACILITATING QUALITY
7 IMPROVEMENTS THROUGH THE ESTABLISHMENT OF A NURSING HOME QUALITY POOL,
8 THOSE FACILITIES THAT CONTRIBUTE TO THE QUALITY POOL, BUT ARE DEEMED
9 INELIGIBLE FOR QUALITY POOL PAYMENTS DUE EXCLUSIVELY TO A SPECIFIC CASE
10 OF EMPLOYEE MISCONDUCT, SHALL NEVERTHELESS BE ELIGIBLE FOR A QUALITY
11 POOL PAYMENT IF THE FACILITY PROPERLY REPORTED THE INCIDENT, DID NOT
12 RECEIVE A SURVEY CITATION FROM THE COMMISSIONER OR THE CENTERS FOR MEDI-
13 CARE AND MEDICAID SERVICES ESTABLISHING THE FACILITY'S CULPABILITY WITH
14 REGARD TO SUCH MISCONDUCT AND, BUT FOR THE SPECIFIC CASE OF EMPLOYEE
15 MISCONDUCT, THE FACILITY WOULD HAVE OTHERWISE RECEIVED A QUALITY POOL
16 PAYMENT.

17 S 77. The public health law is amended by adding a new section 276-b
18 to read as follows:

19 S 276-B. MEDICAID DRUG REBATE REMITTANCE DEMONSTRATION PROGRAM. 1.
20 THE DEPARTMENT SHALL ESTABLISH A MEDICAID DRUG REBATE REMITTANCE DEMON-
21 STRATION PROGRAM FOR THE PURPOSE OF WORKING COLLABORATIVELY WITH THIRD
22 PARTY VENDORS TO VALIDATE THE EXISTING MEDICAID DRUG REBATE CLAIMS AND
23 DETERMINE WHETHER THE DATA CONTAINS DUPLICATE CLAIMS OR CLAIMS ON WHICH
24 REBATES MAY ALREADY HAVE BEEN PAID ALL OR IN PART TO MEDICARE PART D
25 PLANS OR SOME OTHER THIRD PARTIES IN ORDER TO RECTIFY DISPUTED CLAIMS.

26 2. FOR THE PURPOSES OF THIS DEMONSTRATION PROGRAM, THE DEPARTMENT
27 SHALL PROVIDE UTILIZATION INFORMATION TYING TO INVOICES SENT TO PHARMA-
28 CEUTICAL MANUFACTURERS, WHICH HAVE ENTERED INTO A REBATE AGREEMENT WITH
29 THE DEPARTMENT OR WITH THE FEDERAL SECRETARY OF HEALTH AND HUMAN
30 SERVICES ON BEHALF OF THE DEPARTMENT UNDER SECTION 1927 OF THE FEDERAL
31 SOCIAL SECURITY ACT, AND TO THIRD PARTY DATA VENDORS, FOR THE PURPOSE OF
32 VALIDATING CLAIMS SUBMITTED UNDER SUCH REBATE AGREEMENT OR PROGRAM
33 INCLUDING BUT NOT LIMITED TO, THE PROGRAM FOR ELDERLY PHARMACEUTICAL
34 INSURANCE COVERAGE, AND THE MEDICAID DRUG REBATE PROGRAM IN GENERAL FOR
35 THE PERIOD FROM JANUARY FIRST, TWO THOUSAND NINE THROUGH JUNE THIRTIETH,
36 TWO THOUSAND TWELVE. SUCH UTILIZATION INFORMATION SHALL INCLUDE, BUT NOT
37 BE LIMITED TO: PRESCRIPTION NUMBERS, NATIONAL DRUG CODES, NUMBER OF
38 UNITS DISPENSED, CLAIMS PAID DATE, DATE OF SERVICE, PRESCRIBING PHYSI-
39 CIAN STATE IDENTIFICATION NUMBER, AMOUNT BILLED FOR EACH PRESCRIPTION,
40 AMOUNT OF REIMBURSEMENT RECEIVED FOR EACH PRESCRIPTION (INCLUDING ANY
41 ADJUSTMENT CODES), DISPENSING PHARMACY'S STATE IDENTIFICATION NUMBER,
42 DISPENSING FEE, ANY APPLICABLE THIRD-PARTY PAYMENTS, APPLICABLE CO-PAY-
43 MENTS, REFILL CODE, INTERNAL CLAIM NUMBER OF THE SCRIPT, DAYS SUPPLY,
44 J-CODE CLAIMS INCLUDING SINGLE SOURCE AND MULTISOURCE PHYSICIAN ADMINIS-
45 TERED DRUGS, NPI NUMBERS, MCO PLAN IDENTIFIER, MCO PLAN NAME, AND THE
46 NAME, ADDRESS, CITY, STATE AND ZIP CODE OF THE PRESCRIBING PRACTITIONER
47 AND PHARMACY. THE PRESCRIPTION DRUG UTILIZATION INFORMATION SHALL BE
48 PROVIDED TO THE THIRD PARTY DATA VENDORS AS SOON AS PRACTICABLE FOLLOW-
49 ING ESTABLISHMENT OF THIS PROGRAM. THERE SHALL BE NO COST TO THE DEPART-
50 MENT FOR SERVICES PERFORMED BY THIRD PARTY DATA VENDORS. ANY
51 PRESCRIPTION DRUG UTILIZATION DATA PROVIDED TO THIRD PARTY DATA VENDORS
52 UNDER THIS DEMONSTRATION PROGRAM SHALL NOT BE SHARED WITH OTHER PARTIES,
53 EXCEPT PARTICIPATING DRUG MANUFACTURERS WHO HAVE ENTERED INTO A REBATE
54 AGREEMENT WITH THE DEPARTMENT OR WITH THE FEDERAL SECRETARY OF HEALTH
55 AND HUMAN SERVICES ON BEHALF OF THE DEPARTMENT UNDER SECTION 1927 OF THE
56 FEDERAL SOCIAL SECURITY ACT. UTILIZATION DATA PROVIDED UNDER THIS

SECTION SHALL BE USED FOR THE FOLLOWING PURPOSE: REBATE VALIDATION SERVICES FOR THE BENEFIT OF DRUG COMPANIES AND STATE/FEDERAL AGENCIES INCLUDING DRUG USE TREND REVIEW. INDIVIDUAL PATIENT IDENTIFYING INFORMATION SHALL BE KEPT CONFIDENTIAL BY ANY PERSON OR ENTITY TO WHOM OR TO WHICH IT IS PROVIDED UNDER THIS SECTION. THE DISCLOSURE OF THE FOREGOING DATA BY THE DEPARTMENT SHALL BE CONSIDERED, FOR PURPOSES OF SECTION THREE HUNDRED SIXTY-NINE OF THE SOCIAL SERVICES LAW, TO BE DIRECTLY CONNECTED WITH THE ADMINISTRATION OF MEDICAL ASSISTANCE FOR NEEDY PERSONS.

3. THE DEPARTMENT SHALL PROVIDE A REPORT ON THE RESULTS OF THE DEMONSTRATION PROGRAM, WITH INPUT FROM STAKEHOLDERS, TO THE GOVERNOR, THE DIRECTOR OF THE DIVISION OF BUDGET, THE STATE COMPTROLLER AND THE LEGISLATURE ON OR BEFORE DECEMBER THIRTY-FIRST, TWO THOUSAND FIFTEEN. THE REPORT SHALL INCLUDE FINDINGS AS TO THE DEMONSTRATION PROGRAM'S CONTRIBUTION TO IMPROVING THE ABILITY OF THE DEPARTMENT TO VALIDATE DRUG REBATE CLAIMS AND RECTIFY DISPUTED CLAIMS. IN THE REPORT, THE DEPARTMENT SHALL OFFER RECOMMENDATIONS AS TO WHETHER THE DEMONSTRATION PROGRAM SHOULD BE EXTENDED, MODIFIED, ELIMINATED OR MADE PERMANENT.

S 78. Subdivision 4 of section 365-h of the social services law, as added by section 20 of part B of chapter 109 of the laws of 2010, is amended to read as follows:

4. The commissioner of health is authorized to assume responsibility from a local social services official for the provision and reimbursement of transportation costs under this section. If the commissioner elects to assume such responsibility, the commissioner shall notify the local social services official in writing as to the election, the date upon which the election shall be effective and such information as to transition of responsibilities as the commissioner deems prudent. The commissioner is authorized to contract with a transportation manager or managers to manage transportation services in any local social services district. Any transportation manager or managers selected by the commissioner to manage transportation services shall have proven experience in coordinating transportation services in a geographic and demographic area similar to the area in New York state within which the contractor would manage the provision of services under this section. Such a contract or contracts may include responsibility for: review, approval and processing of transportation orders; management of the appropriate level of transportation based on documented patient medical need; and development of new technologies leading to efficient transportation services. SUCH CONTRACT SHALL REQUIRE THAT THE TRANSPORTATION MANAGER MUST FIRST OFFER THE COUNTY WHERE SERVICES ARE BEING REQUESTED THE RIGHT TO COORDINATE SERVICES AND PRIORITY MUST BE GIVEN TO THE USE OF AVAILABLE LOCAL PUBLIC TRANSPORTATION SERVICES TO THE MAXIMUM EXTENT PRACTICABLE FOR THE PROVISION OF TRANSPORTATION TO ELIGIBLE PERSONS. If the commissioner elects to assume such responsibility from a local social services district, the commissioner shall examine and, [if appropriate,] adopt quality assurance measures that may include, but are not limited to, global positioning tracking system reporting requirements and service verification mechanisms. Any and all reimbursement rates developed by transportation managers under this subdivision SHALL INCLUDE RATES FOR PUBLIC TRANSPORTATION THAT REFLECT THE COST TO PROVIDE SERVICE TO ELIGIBLE INDIVIDUALS AND shall be subject to the review and approval of the commissioner. IN REVIEWING THE REIMBURSEMENT RATES DEVELOPED BY TRANSPORTATION MANAGERS, THE COMMISSIONER SHALL CONSULT WITH LOCAL OFFICIALS RESPONSIBLE FOR PUBLIC TRANSPORTATION IN THE AFFECTED COUNTY AND THE INTERAGENCY COORDINATING COMMITTEE ON RURAL PUBLIC TRANSPORTATION AS

DEFINED IN SECTION SEVENTY-THREE-D OF THE TRANSPORTATION LAW. Notwithstanding any inconsistent provision of sections one hundred twelve and one hundred sixty-three of the state finance law, or section one hundred forty-two of the economic development law, or any other law, the commissioner is authorized to enter into a contract or contracts under this subdivision without a competitive bid or request for proposal process, provided, however, that:

(a) the department 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; and

(c) the commissioner shall select such contractor or contractors that, in his or her discretion, are best suited to serve the purposes of this section.

S 79. Section 73-d of the transportation law, as amended by chapter 562 of the laws of 1987, is amended to read as follows:

S 73-d. Interagency coordinating committee on rural public transportation. 1. There is hereby created a committee to be known as the "interagency coordinating committee on rural public transportation", to be comprised of [nineteen] SIXTEEN members. The commissioner or his or her designee shall serve as chairperson. [Twelve] EIGHT of such members shall be the following or his or her duly designated representative: the director of the office for the aging; the commissioner of education; the commissioner of labor; the commissioner of health; the commissioner of the office of mental health; the commissioner of the [office of mental retardation and developmental disabilities] OFFICE OF PERSONS WITH DEVELOPMENTAL DISABILITIES; the commissioner of social services; [state advocate for the disabled; secretary of state;] AND THE commissioner of agriculture and markets; [the director of the office of rural affairs and the director of the division for youth]. [Six] EIGHT additional members, all of whom shall be transportation providers or consumers representing rural counties shall be appointed to serve a term of three years as follows: [two] THREE by the president pro-tempore of the senate, [two] THREE by the speaker of the assembly, one by the minority leader of the senate, and one by the minority leader of the assembly. Efforts shall be made to provide a broad representation of consumers and providers of transportation services in rural counties when making such appointments. Members of the committee shall receive no salary.

The commissioner shall cause the department to provide staff assistance necessary for the efficient and effective operation of the committee.

2. The committee shall:

A. identify programs and the annual amounts and sources of funds from such programs that are eligible to be used to support a coordinated public transportation service, and the annual amounts and sources of such funds that are actually used for client transportation or for

1 transportation of persons in connection with agency-affiliated programs
2 or services; such data shall be provided on a county basis;

3 b. identify restrictions on existing programs that inhibit funds from
4 such programs being used to pay for a coordinated public transportation
5 service in rural counties;

6 c. recommend changes in state or local laws or regulations that would
7 improve the coordination of funds, facilities, vehicles or equipment and
8 other resources used for transportation at the local level;

9 d. upon request, compile and forward to the commissioner any data or
10 other information required by this section.

11 3. THE COMMITTEE SHALL BE REQUIRED TO REPORT TO THE SPEAKER OF THE
12 ASSEMBLY, THE TEMPORARY PRESIDENT OF THE SENATE, AND THE GOVERNOR BIAN-
13 NUALLY BEGINNING OCTOBER FIRST, TWO THOUSAND FOURTEEN REGARDING THE
14 MANAGEMENT OF NON-EMERGENCY MEDICAID TRANSPORTATION IN RURAL AREAS AS
15 DEFINED BY SECTION FOUR HUNDRED EIGHTY-ONE OF THE EXECUTIVE LAW. THIS
16 SHALL INCLUDE BUT NOT BE LIMITED TO, A BREAKDOWN BY COUNTY OF COST
17 SAVINGS, MODES OF TRANSPORTATION PROVIDED TO MEDICAID PATIENTS, AND
18 RATES OF UTILIZATION OF PUBLIC TRANSPORTATION.

19 4. THE COMMITTEE SHALL BE REQUIRED TO EXAMINE REIMBURSEMENT RATES
20 DEVELOPED BY TRANSPORTATION MANAGERS PURSUANT TO SUBDIVISION FOUR OF
21 SECTION THREE HUNDRED SIXTY-FIVE OF THE SOCIAL SERVICES LAW FOR COUNTIES
22 WITH A POPULATION OF TWO HUNDRED THOUSAND OR LESS. THE COMMITTEE SHALL
23 SUBMIT RECOMMENDATIONS FOR PROPOSED AND EFFECTIVE RATES FOR RURAL COMMU-
24 NITIES TO THE COMMISSIONER OF HEALTH WITH RECOMMENDATIONS INCLUDING, BUT
25 NOT LIMITED TO, ADJUSTMENTS TO INDIVIDUAL RIDERSHIP FARES FOR PUBLIC
26 TRANSPORTATION UTILIZATION, RATES FOR LOW-COST COORDINATED TRANSPORTA-
27 TION WITH OTHER HUMAN SERVICE AGENCIES, AND RATES FOR PRIVATE TRANSPOR-
28 TATION WITH CONSIDERATIONS OF AVAILABILITY AND COST SAVINGS.

29 5. THE COMMISSIONER OF HEALTH SHALL CONSULT WITH THE COMMITTEE PRIOR
30 TO APPROVAL OF RATES PROPOSED UNDER SUBDIVISION FOUR OF SECTION THREE
31 HUNDRED SIXTY-FIVE OF THE SOCIAL SERVICES LAW FOR COUNTIES WITH A POPU-
32 LATION OF TWO HUNDRED THOUSAND OR LESS. ANY PROPOSAL FOR A RATE ADJUST-
33 MENT FOR RURAL COMMUNITIES AFTER APPROVAL SHALL BE EXAMINED BY THE
34 COMMITTEE PRIOR TO APPROVAL BY THE COMMISSIONER.

35 S 80. Subdivisions 5 and 24 of section 32 of the public health law, as
36 amended by section 110 of part E of chapter 56 of the laws of 2013, are
37 amended and a new subdivision 5-a is added to read as follows:

38 5. to keep the governor, attorney general, state comptroller, tempo-
39 rary president and minority leader of the senate, the speaker and the
40 minority leader of the assembly, and the heads of agencies with respon-
41 sibility for the administration of the medical assistance program
42 apprised of efforts to prevent, detect, investigate, and prosecute fraud
43 and abuse within the medical assistance program[, and to provide a quar-
44 terly briefing to the legislature on activities of the office];

45 5-A. TO PROVIDE QUARTERLY IN-PERSON BRIEFINGS TO THE LEGISLATURE ON
46 THE ACTIVITIES OF THE OFFICE AND TO SUBMIT A QUARTERLY ACCOUNTING OF ALL
47 RECOVERIES AND PROJECTIONS AND THEIR IMPACT ON THE MEDICAID CAP;

48 24. to meet quarterly with representatives of social services
49 districts to discuss the status of ongoing cooperative efforts between
50 the office of Medicaid inspector general and districts, including demon-
51 stration programs authorized pursuant to section five-a of part C of
52 chapter fifty-eight of the laws of two thousand five, the potential for
53 additional collaboration and/or for improved or innovative techniques to
54 be employed, [and] any issues of concern to such districts with respect
55 to the prevention and detection of fraud and abuse in the medical

assistance program, AND REPORT BACK TO THE LEGISLATURE AFTER SAID MEETINGS;

S 81. Section 2807 of the public health law is amended by adding a new subdivision 22 to read as follows:

22. NOTWITHSTANDING ANY LAW, RULE OR REGULATION TO THE CONTRARY, GENERAL HOSPITAL OUTPATIENT CLINICS AND DIAGNOSTIC AND TREATMENT CENTERS SHALL BE REIMBURSED FOR THE PROVISION OF OFFSITE PRIMARY CARE SERVICES TO EXISTING PATIENTS IN NEED OF PROFESSIONAL SERVICES AVAILABLE AT THE GENERAL HOSPITAL OUTPATIENT CLINIC OR DIAGNOSTIC AND TREATMENT CENTER, BUT, DUE TO THE INDIVIDUAL'S MEDICAL CONDITION, IS UNABLE TO RECEIVE THE SERVICES ON THE PREMISES OF THE GENERAL HOSPITAL OUTPATIENT CLINIC OR DIAGNOSTIC AND TREATMENT CENTER.

S 82. Subparagraphs (viii) and (ix) of paragraph (d) of subdivision 3 of section 364-j of the social services law, as amended by section 38 of part A of chapter 56 of the laws of 2013, are amended to read as follows:

(viii) HIV COBRA case management; [and]

(ix) THE SERVICES PROVIDED ARE BY A CLINIC LICENSED UNDER ARTICLE TWENTY-EIGHT OF THE PUBLIC HEALTH LAW, OR SPONSORED BY A FACILITY LICENSED UNDER SUCH ARTICLE, WHICH PROVIDES PRIMARY CARE SERVICES WITHIN AN ELEMENTARY OR SECONDARY PUBLIC SCHOOL SETTING; AND

(X) other services as determined by the commissioner of health.

S 83. Article 29-A of the public health law is amended by adding a new title 1-A to read as follows:

TITLE 1-A

RURAL DENTISTRY PILOT PROGRAM

SECTION 2958-A. RURAL DENTISTRY PILOT PROGRAM.

S 2958-A. RURAL DENTISTRY PILOT PROGRAM. 1. THE COMMISSIONER SHALL, WITHIN MONIES APPROPRIATED THEREFORE, ESTABLISH A RURAL DENTISTRY PILOT PROGRAM IN CHAUTAUQUA, ALLEGANY, AND CATTARAUGUS COUNTIES. THE COMMISSIONER SHALL, IN COORDINATION WITH THE UNIVERSITY OF BUFFALO SCHOOL OF DENTISTRY STUDY COST SAVINGS ACHIEVED THROUGH THE PROVISION OF DENTAL SERVICES IN GEOGRAPHICALLY ISOLATED AND UNDERSERVED AREAS. SUCH A STUDY SHALL DETERMINE:

(I) THE QUALITY OF CARE PROVIDED THROUGH A MOBILE DENTAL SYSTEM;

(II) COST SAVINGS ACHIEVED THROUGH TARGETED ORAL HEALTH INITIATIVES IN RURAL AREAS;

(III) COROLLARIES BETWEEN PREVENTATIVE DENTAL CARE AND IMPROVED PATIENT OUTCOMES IN RURAL AREAS;

(IV) KNOWLEDGE, ATTITUDE, AND BEHAVIOR OUTCOMES AMONG DENTAL STUDENTS AND RECOMMENDATIONS FOR RURAL DENTAL HEALTH EDUCATION CURRICULUM;

(V) A PROFILE OF THE PARTICIPANTS, THE NUMBER OF PERSONS SERVED, AND HEALTH CARE DISPARITIES;

(VI) A DESCRIPTION OF THE ACTIVITIES OF THE PROGRAM;

(VII) GUIDANCE ON FACILITATED PARTICIPATION IN RURAL AREAS;

(VIII) PROVIDER SHORTAGES IN RURAL AREAS;

(IX) A DESCRIPTION OF THE IMPACT OF THE PROGRAMS ON THE COMMUNITY AND RECOMMENDATIONS FOR REPLICATION/IMPROVEMENT IN OTHER RURAL AREAS; AND

(X) SUCH OTHER ACTIVITIES AS THE COMMISSIONER MAY DEEM NECESSARY AND APPROPRIATE TO THIS SECTION.

2. TWELVE MONTHS AFTER THE APPROVAL OF THE RURAL DENTISTRY PILOT PROGRAM, AND ANNUALLY THEREAFTER, THE PROGRAM SHALL REPORT TO THE COMMISSIONER ON THE PROGRESS OF THE PROGRAM. THE COMMISSIONER SHALL EVALUATE THE FINDINGS OF THE STUDY AND REPORT TO THE GOVERNOR, THE TEMPORARY PRESIDENT OF THE SENATE, THE SPEAKER OF THE ASSEMBLY, THE CHAIR OF THE SENATE STANDING COMMITTEE ON HEALTH, THE CHAIR OF THE

1 ASSEMBLY HEALTH COMMITTEE AND THE CHAIR OF THE LEGISLATIVE COMMISSION ON
2 RURAL RESOURCES ON ITS FINDINGS.

3 3. ADDITIONALLY, TO THE EXTENT OF FUNDS APPROPRIATED THEREFORE,
4 MEDICAL ASSISTANCE FUNDS, INCLUDING ANY FUNDING OR SHARED SAVINGS AS MAY
5 BECOME AVAILABLE THROUGH FEDERAL WAIVERS OR OTHERWISE UNDER TITLES EIGH-
6 TEEN AND NINETEEN OF THE FEDERAL SOCIAL SECURITY ACT, MAY BE USED FOR
7 EXPENDITURES IN SUPPORT OF THE DEMONSTRATION PROGRAM.

8 4. NOTWITHSTANDING ANY INCONSISTENT PROVISION OF LAW TO THE CONTRARY,
9 THE COMMISSIONER IS AUTHORIZED TO WAIVE, MODIFY OR SUSPEND THE
10 PROVISIONS OF RULES AND REGULATIONS PROMULGATED PURSUANT TO ARTICLE
11 TWENTY-EIGHT OF THIS CHAPTER IF THE COMMISSIONER DETERMINES THAT SUCH
12 WAIVER, MODIFICATION OR SUSPENSION IS NECESSARY FOR THE SUCCESSFUL
13 IMPLEMENTING OF THE RURAL DENTISTRY PILOT PROGRAM AUTHORIZED PURSUANT TO
14 THIS SECTION AND PROVIDED THAT THE COMMISSIONER DETERMINES THAT THE
15 HEALTH, SAFETY AND GENERAL WELFARE OF PEOPLE RECEIVING HEALTH CARE UNDER
16 SUCH RURAL DENTISTRY PILOT PROGRAM WILL NOT BE IMPAIRED AS A RESULT OF
17 SUCH WAIVER, MODIFICATION, OR SUSPENSION.

18 S 84. Section 363-e of the social services law, as added by section
19 39 of part H of chapter 59 of the laws of 2001, is amended by adding
20 three new subdivisions 3, 4 and 5 to read as follows:

21 3. ALL FUNDING RECEIVED BY THE DEPARTMENT AS A RESULT OF EACH 1115
22 WAIVER FROM THE CENTERS FOR MEDICARE AND MEDICAID SERVICES SHALL BE
23 AVAILABLE FOR EXPENDITURE AFTER A RECOMMENDATION OF THE 1115 WAIVER
24 DISTRIBUTION REVIEW COUNCIL. THE RECOMMENDATIONS OF THE COUNCIL SHALL
25 BE MADE PRIOR TO THE APPROVAL OF A PROJECT PLAN. THE COUNCIL'S RECOMMEN-
26 DATION SHALL BE CONSISTENT WITH THE GOALS AND CONDITIONS OF THE WAIVER.

27 4. 1115 WAIVER REVIEW COUNCIL. (A) THERE SHALL BE ESTABLISHED WITHIN
28 THE DEPARTMENT OF HEALTH THE 1115 WAIVER REVIEW COUNCIL, HEREINAFTER
29 REFERRED TO AS THE "COUNCIL," WHICH SHALL CONSIST OF THIRTEEN MEMBERS,
30 INCLUDING THE COMMISSIONER. THE COMMISSIONER SHALL SERVE AS CHAIR OF
31 THE COUNCIL. THE TEMPORARY PRESIDENT OF THE SENATE SHALL APPOINT THREE
32 MEMBERS, AND THE SPEAKER OF THE ASSEMBLY SHALL APPOINT THREE MEMBERS.
33 THE REMAINING SIX MEMBERS OF THE BOARD SHALL BE APPOINTED BY THE GOVER-
34 NOR BY AND WITH THE ADVICE AND CONSENT OF THE SENATE. MEMBERS APPOINTED
35 TO THE COUNCIL SHALL HAVE EXPERTISE IN ONE OR MORE OF THE FOLLOWING
36 AREAS: HEALTH CARE POLICY AND RESEARCH; HEALTH CARE FACILITY OPERATIONS;
37 CLINIC OPERATIONS; HEALTH CARE FINANCING AND REIMBURSEMENT; THE PUBLIC
38 HEALTH SYSTEM; THE CLINICAL AND ADMINISTRATIVE ASPECTS OF HEALTH CARE
39 DELIVERY; HEALTH CARE CONSUMER ACTIVITIES.

40 (B) MEMBERS OF THE COUNCIL SHALL SERVE AT THE PLEASURE OF THEIR
41 APPOINTING AUTHORITY.

42 (C) THE MEMBERS OF THE COUNCIL SHALL RECEIVE NO COMPENSATION FOR THEIR
43 SERVICES, BUT SHALL BE REIMBURSED FOR EXPENSES ACTUALLY AND NECESSARILY
44 INCURRED IN THE PERFORMANCE OF THEIR DUTIES.

45 (D) THE COUNCIL SHALL MEET AS NEEDED, BUT NO LESS THAN ONCE EACH QUAR-
46 TER. THE COUNCIL SHALL MAKE SUCH DETERMINATIONS BY AN AFFIRMATIVE VOTE
47 OF A MAJORITY OF VOTING MEMBERS. SUCH DETERMINATIONS SHALL BE MADE BASED
48 ON CRITERIA INCLUDING, BUT NOT LIMITED TO:

49 (I) FURTHERANCE OF THE GOALS OF THE WAIVER;

50 (II) TO THE EXTENT PRACTICABLE, EQUITABLE STATEWIDE DISTRIBUTION OF
51 FUNDS;

52 (III) THE RELATIONSHIP BETWEEN THE PROJECTS PROPOSED BY AN APPLICANT
53 AND IDENTIFIED COMMUNITY NEED;

54 (IV) THE EXTENT TO WHICH THE PROPOSED PROJECT MEETS PUBLIC NEED;

55 (V) TO THE EXTENT PRACTICABLE, EQUITABLE FUNDING OF WAIVER OBJECTIVES
56 AND DELIVERY SYSTEM PARTICIPANTS;

(VI) AND SUCH OTHER AND FURTHER CRITERIA ESTABLISHED PURSUANT TO A CHAPTER OF THE LAWS OF TWO THOUSAND FOURTEEN.

THE COUNCIL SHALL BE SUPPORTED BY APPROPRIATE STAFF OF THE DEPARTMENT.

(E) THE MEMBERS OF THE COUNCIL SHALL BE DEEMED A STATE OFFICER OR EMPLOYEE FOR PURPOSES OF SECTION SEVENTY-THREE-A OF THE PUBLIC OFFICERS LAW AND SUCH COUNCIL SHALL BE A STATE AGENCY FOR PURPOSES OF SECTION SEVENTY-FOUR OF THE PUBLIC OFFICERS LAW.

(F) THE MEMBERS OF THE COUNCIL SHALL RECEIVE AN AGENDA SETTING FORTH THE APPLICATIONS AND RESOLUTIONS TO BE CONSIDERED NO LATER THAN ONE WEEK PRIOR TO ANY SCHEDULED MEETING. ADDITIONAL ITEMS MAY ONLY BE ADDED IF TWO-THIRDS OF THE MEMBERS OF SUCH BOARD CONSENT, AND IN NO EVENT SHALL ITEMS BE ADDED WITHIN TWENTY-FOUR HOURS OF SUCH MEETING.

(G) ALL MEETINGS OF SUCH BOARD SHALL BE SUBJECT TO THE OPEN MEETINGS LAW, PURSUANT TO ARTICLE SEVEN OF THE PUBLIC OFFICERS LAW.

5. NO AWARD SHALL BE MADE WITHOUT TEN BUSINESS DAYS PRIOR NOTIFICATION TO THE CHAIR OF THE SENATE FINANCE COMMITTEE AND THE CHAIR OF THE ASSEMBLY WAYS AND MEANS COMMITTEE. AWARDS AND TERMS OF THE AGREEMENTS SHALL BE POSTED ON BOTH THE DEPARTMENT'S AND THE COUNCIL'S OFFICIAL WEBSITES.

S 85. The public health law is amended by adding a new section 2805-x to read as follows:

S 2805-X. HOSPITAL-HOME CARE-PHYSICIAN COLLABORATION PROGRAM. 1. THE PURPOSE OF THIS SECTION SHALL BE TO FACILITATE INNOVATION IN HOSPITAL, HOME CARE AGENCY AND PHYSICIAN COLLABORATION IN MEETING THE COMMUNITY'S HEALTH CARE NEEDS. IT SHALL PROVIDE A FRAMEWORK TO SUPPORT VOLUNTARY INITIATIVES IN COLLABORATION TO IMPROVE PATIENT CARE ACCESS AND MANAGEMENT, PATIENT HEALTH OUTCOMES, COST-EFFECTIVENESS IN THE USE OF HEALTH CARE SERVICES AND COMMUNITY POPULATION HEALTH. SUCH COLLABORATIVE INITIATIVES MAY ALSO INCLUDE PAYORS, SKILLED NURSING FACILITIES AND OTHER INTERDISCIPLINARY PROVIDERS, PRACTITIONERS AND SERVICE ENTITIES.

2. FOR PURPOSES OF THIS SECTION:

(A) "HOSPITAL" SHALL INCLUDE A GENERAL HOSPITAL AS DEFINED IN THIS ARTICLE OR OTHER INPATIENT FACILITY FOR REHABILITATION OR SPECIALTY CARE WITHIN THE DEFINITION OF HOSPITAL IN THIS ARTICLE.

(B) "HOME CARE AGENCY" SHALL MEAN A CERTIFIED HOME HEALTH AGENCY, LONG TERM HOME HEALTH CARE PROGRAM OR LICENSED HOME CARE SERVICES AGENCY AS DEFINED IN ARTICLE THIRTY-SIX OF THIS CHAPTER.

(C) "PAYOR" SHALL MEAN A HEALTH PLAN APPROVED PURSUANT TO ARTICLE FORTY-FOUR OF THIS CHAPTER, OR ARTICLE THIRTY-TWO OR FORTY-THREE OF THE INSURANCE LAW.

(D) "PRACTITIONER" SHALL MEAN ANY OF THE HEALTH, MENTAL HEALTH OR HEALTH RELATED PROFESSIONS LICENSED PURSUANT TO TITLE EIGHT OF THE EDUCATION LAW.

3. THE COMMISSIONER IS AUTHORIZED TO PROVIDE FINANCING INCLUDING, BUT NOT LIMITED TO, GRANTS OR POSITIVE ADJUSTMENTS IN MEDICAL ASSISTANCE RATES OR PREMIUM PAYMENTS, TO THE EXTENT OF FUNDS AVAILABLE AND ALLOCATED OR APPROPRIATED THEREFOR, INCLUDING FUNDS PROVIDED TO THE STATE THROUGH FEDERAL WAIVERS, FUNDS MADE AVAILABLE THROUGH STATE APPROPRIATIONS AND/OR FUNDING THROUGH SECTION TWENTY-EIGHT HUNDRED SEVEN-V OF THIS ARTICLE, AS WELL AS WAIVERS OF REGULATIONS UNDER TITLE TEN OF THE NEW YORK CODES, RULES AND REGULATIONS, TO SUPPORT THE VOLUNTARY INITIATIVES AND OBJECTIVES OF THIS SECTION.

4. HOSPITAL-HOME CARE-PHYSICIAN COLLABORATIVE INITIATIVES UNDER THIS SECTION MAY INCLUDE, BUT ARE NOT LIMITED TO:

(A) HOSPITAL-HOME CARE-PHYSICIAN INTEGRATION INITIATIVES, INCLUDING BUT NOT LIMITED TO:

1 (I) TRANSITIONS IN CARE INITIATIVES TO HELP EFFECTIVELY TRANSITION
2 PATIENTS TO POST-ACUTE CARE AT HOME, COORDINATE FOLLOW-UP CARE AND
3 ADDRESS ISSUES CRITICAL TO CARE PLAN SUCCESS AND READMISSION AVOIDANCE;

4 (II) CLINICAL PATHWAYS FOR SPECIFIED CONDITIONS, GUIDING PATIENTS'
5 PROGRESS AND OUTCOME GOALS, AS WELL AS EFFECTIVE HEALTH SERVICES USE;

6 (III) APPLICATION OF TELEHEALTH/TELEMEDICINE SERVICES IN MONITORING
7 AND MANAGING PATIENT CONDITIONS, AND PROMOTING SELF-CARE/MANAGEMENT,
8 IMPROVED OUTCOMES AND EFFECTIVE SERVICES USE;

9 (IV) FACILITATION OF PHYSICIAN HOUSE CALLS TO HOMEBOUND PATIENTS
10 AND/OR TO PATIENTS FOR WHOM SUCH HOME VISITS ARE DETERMINED NECESSARY
11 AND EFFECTIVE FOR PATIENT CARE MANAGEMENT;

12 (V) ADDITIONAL MODELS FOR PREVENTION OF AVOIDABLE HOSPITAL READMIS-
13 SIONS AND EMERGENCY ROOM VISITS;

14 (VI) HEALTH HOME DEVELOPMENT;

15 (VII) DEVELOPMENT AND DEMONSTRATION OF NEW MODELS OF INTEGRATED OR
16 COLLABORATIVE CARE AND CARE MANAGEMENT NOT OTHERWISE ACHIEVABLE THROUGH
17 EXISTING MODELS; AND

18 (VIII) BUNDLED PAYMENT DEMONSTRATIONS FOR HOSPITAL-TO-POST-ACUTE-CARE
19 FOR SPECIFIED CONDITIONS OR CATEGORIES OF CONDITIONS, IN PARTICULAR,
20 CONDITIONS PREDISPOSED TO HIGH PREVALENCE OF READMISSION, INCLUDING
21 THOSE CURRENTLY SUBJECT TO FEDERAL/STATE PENALTY, AND OTHER DISCHARGES
22 WITH EXTENSIVE POST-ACUTE NEEDS;

23 (B) RECRUITMENT, TRAINING AND RETENTION OF HOSPITAL/HOME CARE DIRECT
24 CARE STAFF AND PHYSICIANS, IN GEOGRAPHIC OR CLINICAL AREAS OF DEMON-
25 STRATED NEED. SUCH INITIATIVES MAY INCLUDE, BUT ARE NOT LIMITED TO, THE
26 FOLLOWING ACTIVITIES:

27 (I) OUTREACH AND PUBLIC EDUCATION ABOUT THE NEED AND VALUE OF SERVICE
28 IN HEALTH OCCUPATIONS;

29 (II) TRAINING/CONTINUING EDUCATION AND REGULATORY FACILITATION FOR
30 CROSS-TRAINING TO MAXIMIZE FLEXIBILITY IN THE UTILIZATION OF STAFF,
31 INCLUDING:

32 (A) TRAINING OF HOSPITAL NURSES IN HOME CARE;

33 (B) DUAL CERTIFIED NURSE AIDE/HOME HEALTH AIDE CERTIFICATION; AND

34 (C) DUAL PERSONAL CARE AIDE/HHA CERTIFICATION;

35 (III) SALARY/BENEFIT ENHANCEMENT;

36 (IV) CAREER LADDER DEVELOPMENT; AND

37 (V) OTHER INCENTIVES TO PRACTICE IN SHORTAGE AREAS; AND

38 (C) HOSPITAL, HOME CARE, PHYSICIAN COLLABORATIVES FOR THE CARE AND
39 MANAGEMENT OF SPECIAL NEEDS, HIGH-RISK AND HIGH-COST PATIENTS, INCLUDING
40 BUT NOT LIMITED TO BEST PRACTICES, AND TRAINING AND EDUCATION OF DIRECT
41 CARE PRACTITIONERS AND SERVICE EMPLOYEES.

42 5. HOSPITALS AND HOME CARE AGENCIES WHICH ARE PROVIDED FINANCING OR
43 WAIVERS PURSUANT TO THIS SECTION SHALL REPORT TO THE COMMISSIONER ON THE
44 PATIENT, SERVICE AND COST EXPERIENCES PURSUANT TO THIS SECTION, INCLUD-
45 ING THE EXTENT TO WHICH THE PROJECT GOALS ARE ACHIEVED. THE COMMISSIONER
46 SHALL COMPILE AND MAKE SUCH REPORTS AVAILABLE ON THE DEPARTMENT'S
47 WEBSITE.

48 S 86. Subparagraph (i) of paragraph (a) of subdivision 7 of section
49 4403-f of the public health law, as amended by section 41-b of part H of
50 chapter 59 of the laws of 2011, is amended to read as follows:

51 (i) The commissioner shall promulgate regulations to implement this
52 section and to ensure the quality, appropriateness and cost-effective-
53 ness of the services provided by managed long term care plans. The
54 commissioner may waive rules and regulations of the department, includ-
55 ing but not limited to, those pertaining to duplicative requirements
56 concerning record keeping, boards of directors, staffing and reporting,

1 when such waiver will promote the efficient delivery of appropriate,
2 quality, cost-effective services and when the health, safety and general
3 welfare of enrollees will not be impaired as a result of such waiver. In
4 order to achieve managed long term care plan system efficiencies and
5 coordination and to promote the objectives of high quality, integrated
6 and cost effective care, the commissioner [may]:

7 (A) SHALL DEVELOP A LISTING OF THE RESPECTIVE RESPONSIBILITIES FOR THE
8 PROVISION OF SERVICES UNDER THIS SECTION BY MANAGED LONG TERM CARE PLANS
9 AND HOME CARE PROVIDERS LICENSED OR CERTIFIED UNDER ARTICLE THIRTY-SIX
10 OF THIS CHAPTER. SUCH DELINEATION OF PLAN-PROVIDER RESPONSIBILITIES
11 SHALL INCLUDE, BUT NOT BE LIMITED TO, RESPONSIBILITIES FOR: ENROLLEE
12 ASSESSMENT; SUPERVISION OF DIRECT CARE PERSONNEL; PROCUREMENT, MAINTENANCE
13 AND UPDATING OF MEDICAL ORDERS; RECORDKEEPING; AND REPORTING. THE
14 LISTING SHALL PROVIDE FOR CLARITY OF PLAN-PROVIDER RESPONSIBILITY, MINIMIZE
15 PLAN-PROVIDER DUPLICATION, RECONCILE ANY CONFLICTING REGULATIONS
16 AND PROGRAM REQUIREMENTS, AND OTHERWISE STREAMLINE PLAN-PROVIDER DUTIES
17 REQUIRED UNDER THIS SECTION. THE COMMISSIONER SHALL SEEK THE PARTICIPATION
18 AND ASSISTANCE OF REPRESENTATIVES OF THE HOME CARE WORKGROUP, MANAGED
19 LONG TERM CARE PLANS, LICENSED HOME CARE SERVICES AGENCIES, CERTIFIED
20 HOME HEALTH AGENCIES, LONG TERM HOME HEALTH CARE PROGRAMS AND STATEWIDE
21 ASSOCIATIONS REPRESENTATIVE OF SUCH PLANS AND PROVIDERS IN THE
22 DELINEATION AND STREAMLINING OF SUCH RESPONSIBILITIES. THE COMMISSIONER
23 SHALL ISSUE SUCH DELINEATION NO LATER THAN SIXTY DAYS FOLLOWING THE
24 EFFECTIVE DATE OF THIS CLAUSE; AND

25 (B) SHALL, IN CONSULTATION WITH THE DEPARTMENT OF FINANCIAL SERVICES,
26 EXAMINE AND, WITHIN SIXTY DAYS OF THE EFFECTIVE DATE OF THIS CLAUSE,
27 MAKE RECOMMENDATIONS TO THE LEGISLATURE REGARDING THE FEASIBILITY AND
28 APPROPRIATENESS OF CREATING SYSTEM-WIDE EFFICIENCIES THROUGH ESTABLISHMENT
29 OF PAYMENT PRACTICES, INCLUDING BUT NOT LIMITED TO: UNIFORM BILLING
30 CODES; TIMEFRAMES FOR THE PROVISION OF WRITTEN AUTHORIZATION FOR
31 SERVICES AND PAYMENT; PAYMENT ASSURANCES FOR SERVICES PROVIDED BASED ON
32 VERBAL AUTHORIZATION; AND, REQUIREMENTS FOR ELECTRONIC PAYMENT; AND

33 (C) MAY establish a single coordinated surveillance process, allow for
34 a comprehensive quality improvement and review process to meet component
35 quality requirements, and require a uniform cost report. The commissioner
36 shall require managed long term care plans to utilize quality
37 improvement measures, based on health outcomes data, for internal quality
38 assessment processes and may utilize such measures as part of the
39 single coordinated surveillance process.

40 S 87. Section 57-c of part A of chapter 56 of the laws of 2013, relating
41 to establishing the home and community-based care work group, is amended
42 to read as follows:

43 S 57-c. Home and community based care workgroup. The commissioner of
44 health shall convene a home and community based care workgroup to examine
45 and make recommendations on issues which include, but are not limited to:

47 a. State and federal regulatory requirements and related policy guidelines
48 (including the applicability of the federal conditions of participation);

50 b. Efficient home and community based care delivery, including telehealth
51 and hospice services; and

52 c. Alignment of functions between managed care entities and home and
53 community based providers.

54 The workgroup shall be 11 members. The members of the workgroup shall
55 including providers, plans and representatives of consumers and direct
56 caregivers with relevant expertise.

1 The commissioner of health, or his or her designee shall chair the
2 workgroup and department of health and other executive agencies and
3 offices shall provide relevant data and other information as is neces-
4 sary for the group to perform its duties.

5 The commissioner of health shall convene this workgroup by May 15,
6 [2013] 2014 and the group shall issue [a report] PERIODIC REPORTS with
7 recommendations by March 1, 2014, SEPTEMBER 1, 2014 AND FEBRUARY 28,
8 2015.

9 S 88. Subdivision 1 of section 206 of the public health law is amended
10 by adding two new paragraphs (u) and (v) to read as follows:

11 (U) THE COMMISSIONER SHALL PROVIDE A WRITTEN OR ELECTRONIC COPY OF ANY
12 DOCUMENT OR DOCUMENTS SUBMITTED TO THE CENTERS FOR MEDICARE AND MEDICAID
13 SERVICES RELATED TO THE STATE PLAN AMENDMENT TO THE CHAIR OF THE SENATE
14 STANDING COMMITTEE ON HEALTH AND THE CHAIR OF THE ASSEMBLY HEALTH
15 COMMITTEE, NO LATER THAN FIVE BUSINESS DAYS FROM THE DATE OF MAILING OR
16 SUBMISSION. SUCH DOCUMENTS MAY INCLUDE, BUT NOT BE LIMITED TO PART OF AN
17 INITIAL PROPOSAL, AN ONGOING NEGOTIATION, OR ANY WAIVER RENEWAL.

18 (V) THE COMMISSIONER SHALL PROVIDE AN ANNUAL WRITTEN REPORT TO THE
19 CHAIR OF THE SENATE FINANCE COMMITTEE, THE CHAIR OF THE ASSEMBLY WAYS
20 AND MEANS COMMITTEE, THE CHAIR OF THE SENATE STANDING COMMITTEE ON
21 HEALTH AND THE CHAIR OF THE ASSEMBLY HEALTH COMMITTEE BY NO LATER THAN
22 THE FIFTEENTH OF JANUARY. SUCH REPORT SHALL INCLUDE, BUT NOT BE LIMITED
23 TO: THE NUMBER OF HOSPITAL CLOSURES, SERVICE DELIVERY CHANGES, MERGERS,
24 ACQUISITIONS, AND DOWNSIZING. THE REPORT SHALL ALSO INCLUDE A
25 DESCRIPTION OF THE EFFECT OF SUCH CHANGES ON THE LOCAL HEALTH CARE
26 DELIVERY SYSTEM, AND ANY OTHER INFORMATION DEEMED NECESSARY AND APPRO-
27 PRIATE.

28 S 89. Section 92 of part H of chapter 59 of the laws of 2011, amending
29 the public health law and other laws relating to known and projected
30 department of health state fund medicaid expenditures, is amended by
31 adding a new subdivision 6 to read as follows:

32 6. THE COMMISSIONER OF HEALTH, IN CONSULTATION WITH THE DIVISION OF
33 THE BUDGET SHALL, UPON SUBMISSION OF THE EXECUTIVE BUDGET TO THE LEGIS-
34 LATURE, PROVIDE A DETAILED ACCOUNTING OF THE STATE MEDICAID GLOBAL CAP
35 ON THE CLOSE OUT OF THE PRIOR YEAR, A CURRENT YEAR RE-ESTIMATE, THE
36 PROSPECTIVE FIVE-YEAR ESTIMATE AND ANY OTHER INFORMATION DEEMED NECES-
37 SARY AND APPROPRIATE.

38 S 89-a. The state finance law is amended by adding a new section
39 97-xxxx to read as follows:

40 S 97-XXXX. STATE HEALTH INNOVATION PLAN ACCOUNT. 1. THERE IS HEREBY
41 ESTABLISHED IN THE JOINT CUSTODY OF THE STATE COMPTROLLER AND THE
42 COMMISSIONER OF THE DEPARTMENT OF HEALTH AN ACCOUNT OF THE MISCELLANEOUS
43 SPECIAL REVENUE FUND TO BE KNOWN AS THE STATE HEALTH INNOVATION PLAN
44 ACCOUNT.

45 2. NOTWITHSTANDING ANY OTHER LAW, RULE OR REGULATION TO THE CONTRARY,
46 THE STATE COMPTROLLER IS HEREBY AUTHORIZED AND DIRECTED TO RECEIVE FOR
47 DEPOSIT TO THE CREDIT OF THE STATE HEALTH INNOVATION PLAN ACCOUNT,
48 MONIES RECEIVED PURSUANT TO THE STATE INNOVATION MODEL INITIATIVE FROM
49 THE CENTERS FOR MEDICARE AND MEDICAID INNOVATION.

50 3. MONEYS OF THIS ACCOUNT, FOLLOWING APPROPRIATION BY THE LEGISLATURE,
51 SHALL BE AVAILABLE TO THE DEPARTMENT OF HEALTH FOR SERVICES AND EXPENSES
52 OF THE STATE HEALTH INNOVATION PLAN.

53 S 90. Severability clause. If any clause, sentence, paragraph, subdi-
54 vision, section or part of this act shall be adjudged by any court of
55 competent jurisdiction to be invalid, such judgment shall not affect,
56 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 91. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2014 provided that:

1. sections four and five of this act shall take effect July 1, 2014;

2. section twenty-six of this act shall take effect immediately and be deemed to have been in full force and effect on and after March 1, 2014;

3. section nine of this act shall take effect May 1, 2014; provided, however, that the amendments to subparagraph (iii) of paragraph (c) of subdivision 6 of section 367-a of the social services law made by section nine of this act shall not affect the repeal of such paragraph and shall be deemed repealed therewith;

3-a. the amendments made to subdivision 9 of section 367-a of the social services law by sections seventy and seventy-one of this act shall not affect the expiration of such subdivision and shall be deemed expired therewith;

4. section ten of this act shall expire and be deemed repealed March 31, 2016;

5. the amendments to section 1 of part H of chapter 111 of the laws of 2010 made by section fifteen of this act shall not affect the expiration of such section and shall be deemed expired therewith;

6. the amendments to section 364-j of the social services law made by sections two and forty-nine of this act shall not affect the repeal of such section and shall be deemed repealed therewith;

7. the amendments to section 48-a of part A of chapter 56 of the laws of 2013 made by section thirteen of this act shall not affect the repeal of such section and shall be deemed repealed therewith;

8. the amendments to section 4403-g of the public health law made by section twenty-seven-g of this act shall not affect the repeal of such paragraph and shall be deemed repealed therewith;

9. the amendments to subdivisions (a) and (b) of section 364-jj of the social services law made by section thirty-nine of this act shall not affect the expiration of such section and shall be deemed expired therewith;

9-a. sections twenty-seven-e and twenty-seven-f of this act shall take effect October 1, 2014; provided however that the commissioner of health shall convene the workgroup referenced in subdivision 6 of section 3612 of the public health law, as added by section twenty-seven-f of this act, as soon as practicable; provided further that the commissioner of education shall adopt or amend regulations, and may adopt emergency regulations as necessary to implement the provisions of paragraph 1 of subdivision 1 of section 6908 of the education law by such effective date; and provided, further, that the lack of recommendations from the workgroup established pursuant to such subdivision six of section 3612 of the public health law shall not prevent the commissioner of health from implementing the memorandum of understanding;

9-b. section six of this act shall take effect March 27, 2015;

9-c. section thirty-five of this act shall expire and be deemed repealed March 31, 2015;

9-d. section twelve of this act, and any rules or regulations promulgated pursuant thereto, shall expire and be deemed repealed March 31, 2017;

1 9-e. section forty-seven of this act shall expire and be deemed
2 repealed March 31, 2015;

3 10. the amendments to subdivision 4 of section 365-h of the social
4 services law made by section seventy-eight of this act shall not affect
5 the expiration and reversion of such section and shall be deemed to
6 expire therewith;

7 11. the amendments to section 364-j of the social services law made by
8 section eighty-two of this act shall not affect the repeal of such
9 section and shall be deemed repealed therewith;

10 12. section eighty-three of this act shall be deemed repealed April 1,
11 2017;

12 13. the amendments to section 4403-f of the public health law made by
13 section eighty-six of this act shall not affect the repeal of such
14 section and shall be deemed repealed therewith;

15 14. any rules or regulations necessary to implement the provisions of
16 this act may be promulgated and any procedures, forms, or instructions
17 necessary for such implementation may be adopted and issued on or after
18 the date this act shall have become a law;

19 15. this act shall not be construed to alter, change, affect, impair
20 or defeat any rights, obligations, duties or interests accrued, incurred
21 or conferred prior to the effective date of this act; and

22 16. the provisions of this act shall become effective notwithstanding
23 the failure of the commissioner of health or the superintendent of the
24 department of financial services or any council to adopt or amend or
25 promulgate regulations implementing this act.

26 PART D

27 Section 1. Subparagraph (iv) of paragraph a of subdivision 1 of
28 section 6908 of the education law, as amended by chapter 160 of the laws
29 of 2003, is amended and a new subparagraph (v) is added to read as
30 follows:

31 (iv) the furnishing of nursing assistance in case of an emergency; OR
32 (V) TASKS PROVIDED BY A DIRECT SUPPORT STAFF IN PROGRAMS FUNDED,
33 AUTHORIZED OR APPROVED BY THE OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISA-
34 BILITIES, WHEN PERFORMED UNDER THE SUPERVISION OF A REGISTERED PROFES-
35 SIONAL NURSE, INCLUDING MINIMUM STANDARDS OF TRAINING ON THE TASKS TO BE
36 ASSIGNED AND PERIODIC INSPECTION OF SUCH TASKS, IN ACCORDANCE WITH AN
37 AUTHORIZED PRACTITIONER'S ORDERED CARE, WHEREBY THE SUPERVISING REGIS-
38 TERED PROFESSIONAL NURSE ACCEPTS LIABILITY FOR THE ASSIGNED TASKS
39 PERFORMED BY DIRECT SUPPORT STAFF UNDER HIS OR HER SUPERVISION, AND
40 PURSUANT TO A MEMORANDUM OF UNDERSTANDING BETWEEN THE OFFICE OF PEOPLE
41 WITH DEVELOPMENTAL DISABILITIES AND THE DEPARTMENT WHICH SHALL INCLUDE,
42 AT A MINIMUM, THE SPECIFIC TASKS THAT DIRECT SUPPORT STAFF MAY PERFORM
43 AND THE SETTINGS IN WHICH SUCH TASKS MAY BE PERFORMED, PROVIDED HOWEVER
44 IN NO CASE WILL A REGISTERED PROFESSIONAL NURSE ALLOW DIRECT SUPPORT
45 STAFF TO PERFORM A NURSING PROCEDURE THAT IS OUTSIDE THE SCOPE OF PRAC-
46 TICE OF A LICENSED PRACTICAL NURSE;

47 S 2. This act shall take effect immediately.

48 PART E

49 Section 1. Section 3 of part A of chapter 111 of the laws of 2010
50 amending the mental hygiene law relating to the receipt of federal and
51 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] 2015.

S 2. This act shall take effect immediately.

PART F

Section 1. Section 1 of part D of chapter 111 of the laws of 2010 relating to the recovery of exempt income by the office of mental health for community residences and family-based treatment programs, as amended by section 1 of part I of chapter 56 of the laws of 2013, is amended to read as follows:

Section 1. The office of mental health is authorized to recover funding from community residences and family-based treatment providers 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, in an amount equal to 50 percent of the income received by such providers which exceeds the fixed amount of annual Medicaid revenue limitations, as established by the commissioner of mental health. Recovery of such excess income shall be for the following fiscal periods: for programs in counties located outside of the city of New York, the applicable fiscal periods shall be January 1, 2003 through December 31, 2009 and January 1, 2011 through December 31, [2014] 2015; and for programs located within the city of New York, the applicable fiscal periods shall be July 1, 2003 through June 30, 2010 and July 1, 2011 through June 30, [2014] 2015.

S 2. This act shall take effect immediately.

PART G

Intentionally Omitted

PART H

Intentionally Omitted

PART I

Section 1. Section 13.40 of the mental hygiene law is amended by adding a new subdivision (h) to read as follows:

(H) THE COMMISSIONER AND THE COMMISSIONER OF HEALTH SHALL JOINTLY ESTABLISH THE MANAGED CARE FOR PERSONS WITH DEVELOPMENTAL DISABILITIES ADVOCACY PROGRAM, HEREINAFTER REFERRED TO AS THE ADVOCACY PROGRAM. THE ADVOCACY PROGRAM SHALL BE INTEGRATED WITH AND PROVIDED IN ADDITION TO INDEPENDENT MEDICAID MANAGED CARE OMBUDS SERVICES PROVIDED TO PERSONS WITH DISABILITIES ENROLLING IN MEDICAID MANAGED CARE. THE ADVOCACY PROGRAM SHALL: ADVISE INDIVIDUALS OF APPLICABLE RIGHTS AND RESPONSIBILITIES, INCLUDING, BUT NOT LIMITED TO, THE RIGHT TO TREATMENT, PERSON CENTERED CARE, CARE IN THE MOST INTEGRATED SETTING, AND THE RIGHT TO CONTEST DECISIONS MADE BY A MANAGED CARE COMPANY; PROVIDE INFORMATION, REFERRALS AND TECHNICAL ASSISTANCE TO ADDRESS THE NEEDS OF INDIVIDUALS WITH DISABILITIES; AND PURSUE LEGAL, ADMINISTRATIVE AND OTHER APPROPRIATE REMEDIES OR APPROACHES TO ENSURE THE PROTECTION OF AND ADVOCACY FOR THE RIGHTS OF THE ENROLLEES. THE ADVOCACY PROGRAM SHALL ALSO PROVIDE SUPPORT TO ELIGIBLE INDIVIDUALS ENROLLING IN DISCOS, HMOS PROVIDING SERVICES PURSUANT TO SUBDIVISION EIGHT OF SECTION FORTY-FOUR HUNDRED

1 THREE OF THE PUBLIC HEALTH LAW, MANAGED LONG TERM CARE PLANS PROVIDING
2 SERVICES UNDER SUBDIVISIONS TWELVE, THIRTEEN AND FOURTEEN OF SECTION
3 FORTY-FOUR HUNDRED THREE-F OF THE PUBLIC HEALTH LAW, FULLY INTEGRATED
4 DUAL ADVANTAGE PROVIDING SERVICES UNDER SUBDIVISION TWENTY-SEVEN OF
5 SECTION THREE HUNDRED SIXTY-FOUR-J OF THE SOCIAL SERVICES LAW, AND ANY
6 OTHER MANAGED CARE ENTITY; SUPPORT DURING THE PERSON-CENTERED PLANNING
7 PROCESS AND RELATED PROCESSES INCLUDING UPDATES TO THE PERSON-CENTERED
8 CARE PLAN; AND ASSISTANCE WITH SECURING HOUSING, EMPLOYMENT, AND COMMU-
9 NITY-BASED SUPPORTS AND SERVICES THAT FALL OUTSIDE OF THE SCOPE OF DISCO
10 SERVICES AND SUPPORTS.

11 THE COMMISSIONERS SHALL JOINTLY DESIGNATE AN INDEPENDENT AGENCY OR
12 ORGANIZATION TO ADMINISTER THE ADVOCACY PROGRAM. SUCH AGENCY SHALL BE
13 THE AGENCY COORDINATING THE INDEPENDENT MEDICAID MANAGED CARE OMBUDS
14 SERVICES, OR A SUB-CONTRACTOR OF THAT AGENCY. THE ADVOCACY PROGRAM SHALL
15 BE ADVISED BY A BOARD, WHOSE MEMBERSHIP SHALL REFLECT REPRESENTATION OF
16 THE DEVELOPMENTAL DISABILITY POPULATION.

17 S 2. Nothing in this act is intended to transfer to the developmental
18 disabilities advocacy program created by subdivision (h) of section
19 13.40 of the mental hygiene law any current duties, including Medicaid
20 service coordination, of state employees who are employed by the office
21 for people with developmental disabilities.

22 S 3. This act shall take effect April 1, 2015.

23

PART J

24 Section 1. The mental hygiene law is amended by adding a new section
25 13.41 to read as follows:

26 S 13.41 DIRECT SUPPORT PROFESSIONAL CREDENTIAL PILOT PROGRAM.

27 (A) THE OFFICE SHALL INITIATE A PROGRAM TO GAIN KNOWLEDGE OF THE
28 DEVELOPMENTAL DISABILITIES WORKFORCE AND OF RECRUITMENT AND RETENTION
29 NEEDS THROUGHOUT THE FIELD. THE OFFICE SHALL IMPLEMENT A DIRECT SUPPORT
30 PROFESSIONAL CREDENTIAL PILOT PROGRAM TO ASSIST INDIVIDUALS IN THE FIELD
31 OF DIRECT SUPPORT, ADVANCE DIRECT SUPPORT AS A CAREER AND PROFESSIONAL-
32 IZE THE FIELD TO PROMOTE WORKFORCE RECRUITMENT AND RETENTION, ADVANCE
33 SKILLS AND COMPETENCIES, AND FURTHER ENSURE THE HEALTH, SAFETY AND
34 WELLBEING OF THE INDIVIDUALS BEING SERVED.

35 (B) THERE HEREBY IS CREATED THE DIRECT SUPPORT PROFESSIONAL CREDENTIAL
36 PILOT PROGRAM WITHIN THE OFFICE TO ASSIST INDIVIDUALS IN THE FIELD
37 OBTAIN A CREDENTIAL IN THEIR FIELD OF EXPERTISE.

38 (1) SUCH PILOT PROGRAM SHALL BE ADMINISTERED BY THE OFFICE FOR THREE
39 YEARS. THE PILOT PROGRAM SHALL INCLUDE STATE-OPERATED FACILITIES AND
40 NOT-FOR-PROFIT PROVIDERS, LICENSED AND CERTIFIED BY THE OFFICE. THE
41 PURPOSE OF THE PILOT PROGRAM SHALL BE TO ASSESS HOW THE ESTABLISHMENT OF
42 A STATE ACCREDITED DIRECT SUPPORT PROFESSIONAL CREDENTIAL: (A) PROMOTES
43 RECRUITMENT AND RETENTION EFFORTS IN THE DEVELOPMENTAL DISABILITIES
44 FIELD, NOTABLY THE DIRECT SUPPORT PROFESSIONAL POSITION; (B) ENHANCES
45 COMPETENCE IN THE DEVELOPMENTAL DISABILITIES FIELD; (C) YIELDS QUALITY
46 SUPPORTS AND SERVICES TO INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES;
47 AND (D) ADVANCES THE HEALTH AND SAFETY REQUIREMENTS SET FORTH BY THE
48 STATE.

49 (2) THE OFFICE IN ADMINISTERING THE PILOT PROGRAM SHALL CONSIDER, BUT
50 NOT BE LIMITED TO:

51 (A) BEST PRACTICES LEARNING INITIATIVES, INCLUDING THE UNIVERSITY OF
52 MINNESOTA'S COLLEGE OF DIRECT SUPPORT AND NEW YORK STATE DIRECT SUPPORT
53 PROFESSIONAL COMPETENCIES;

(B) NATIONAL DIRECT SUPPORT PROFESSIONAL COMPETENCIES OR CREDENTIALING BASED STANDARDS AND TRAININGS;

(C) FACILITATING DIRECT SUPPORT PROFESSIONALS PORTFOLIO DEVELOPMENT;

(D) THE ROLE AND VALUE OF SKILL MENTORS; AND

(E) CREATING A CAREER LADDER.

(3) "DIRECT SUPPORT PROFESSIONAL CREDENTIAL" MEANS THE DOCUMENT ISSUED TO AN INDIVIDUAL BY THE OFFICE OR BY AN ACCREDITING BODY AUTHORIZED, APPROVED OR RECOGNIZED BY THE COMMISSIONER ATTESTING THAT SUCH INDIVIDUAL HAS MET THE PROFESSIONAL REQUIREMENTS OF THE CREDENTIALING PROGRAM BY THE OFFICE.

(4) THE OFFICE SHALL PRODUCE A REPORT TO BE PROVIDED TO THE LEGISLATURE BY OCTOBER FIRST, TWO THOUSAND SEVENTEEN, DETAILING THE PROGRESS OF THE PILOT PROGRAM. SUCH REPORT SHALL INCLUDE, BUT NOT BE LIMITED TO:

(A) THE RATE OF RECRUITMENT AND RETENTION FOR DIRECT SUPPORT PROFESSIONALS OF PROVIDERS PARTICIPATING IN THE PILOT PROGRAM COMPARED TO THE RATE FOR NON-PARTICIPATING PROVIDERS;

(B) THE NUMBER OF DIRECT SUPPORT PROFESSIONALS CREDENTIALLED; AND

(C) THE ENHANCEMENT OF QUALITY SUPPORTS AND SERVICES TO INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES.

S 2. This act shall take effect on the one hundred eightieth day after it shall have become a law and shall expire and be deemed repealed April 30, 2018.

PART K

Section 1. No state operated facility, as listed in section 7.17 of the mental hygiene law, shall experience any significant service reductions by the department of mental hygiene pursuant to this act, prior to January 1, 2016.

S 2. The office of mental health shall commission an independent study on the impact of the expanded investments in community mental health services aimed at containing costs, building infrastructure and improving service effectiveness for children and adolescents and adults. This study shall examine individual, provider and system-level outcomes. Measures of access to services, appropriateness of services, individual outcomes and consumer and family satisfaction shall be reported. A report shall be provided to the executive and legislature by December 31, 2015. The entity conducting the study shall be afforded the full cooperation of the office of mental health.

S 3. Paragraph 3 of subdivision (e) of section 7.17 of the mental hygiene law, as amended by chapter 83 of the laws of 1995, is amended to read as follows:

3. provide for a mechanism which may reasonably be expected to provide notice to local governments, community organizations, employee labor organizations, managerial and confidential employees, consumer and advocacy groups of the potential for significant service reductions at such state-operated hospitals and state-operated research institutes at least twelve months AND AT MOST ONE YEAR AND ONE MONTH prior to commencing such service reduction, provided, however, that this requirement shall be deemed satisfied with respect to reductions at Central Islip Psychiatric Center, Gowanda Psychiatric Center, Harlem Valley Psychiatric Center, Kings Park Psychiatric Center, Willard Psychiatric Center and Manhattan Children's Psychiatric Center; and

S 4. This act shall take effect immediately.

PART L

1 Section 1. The mental hygiene law is amended by adding a new section
2 13.41 to read as follows:

3 S 13.41 INTEGRATED EMPLOYMENT, ECONOMIC DEVELOPMENT AND SAFETY NET
4 SYSTEM.

5 (A) AS USED IN THIS SECTION, "INTEGRATED EMPLOYMENT CENTER" MEANS A
6 FACILITY IN WHICH INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES AND
7 NON-DISABLED WORKERS ARE EMPLOYED AND IN WHICH THE NUMBER OF NON-DISA-
8 BLED WORKERS, EXCLUDING THOSE PAID TO PROVIDE CARE AND SUPERVISION TO
9 THE INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES COMPLIES WITH 41 U.S.C.
10 S 8501(6)(C).

11 (B)(1) THE COMMISSIONER, IN COLLABORATION WITH THE DEVELOPMENTAL DISA-
12 BILITIES ADVISORY COUNCIL, SHALL ESTABLISH A PLAN SETTING FORTH THE
13 REQUIREMENTS AND A TIMETABLE FOR THE IMPLEMENTATION OF THIS SECTION.
14 SUCH PLAN AND TIMETABLE SHALL BE SUBMITTED TO THE TEMPORARY PRESIDENT OF
15 THE SENATE AND THE SPEAKER OF THE ASSEMBLY WITHIN THIRTY DAYS OF THE
16 CENTERS FOR MEDICARE AND MEDICAID SERVICES' APPROVAL OF THE PLAN TO
17 INCREASE COMPETITIVE EMPLOYMENT OPPORTUNITIES FOR PEOPLE WITH DEVELOP-
18 MENTAL DISABILITIES.

19 (2) THE PLAN ESTABLISHED PURSUANT TO THIS SECTION SHALL INCLUDE, BUT
20 NOT BE LIMITED TO:

21 A. THE IDENTIFICATION OF EXISTING EMPLOYMENT OPPORTUNITIES FOR THE
22 DEVELOPMENTALLY DISABLED THROUGHOUT THE STATE, AND DATA RELATED TO
23 EMPLOYMENT OPPORTUNITIES, UNEMPLOYMENT RATES AND GAPS IN THE SPECTRUM OF
24 EMPLOYMENT BY GEOGRAPHIC AREA;

25 B. RECOMMENDATIONS TO RETAIN AN ARRAY OF INTEGRATED SUPPORTED ENVIRON-
26 MENTS WITH CONSIDERATIONS INCLUDING, BUT NOT LIMITED TO, ABILITY LEVELS,
27 CRITICAL LIFE TRANSITIONS AND APPROPRIATE OPTIONS;

28 C. TECHNICAL ASSISTANCE, COMPLIANCE ASSISTANCE AND TRANSITION ASSIST-
29 ANCE PROCEDURES FOR EXISTING PROVIDERS IN THEIR TRANSITION TO INTEGRATED
30 SUPPORTED ENVIRONMENTS;

31 D. A TRANSITION PLAN FOR EXISTING SHELTERED WORKSHOP PROVIDERS TO
32 TRANSFORM SUCH PROGRAMS INTO INTEGRATED EMPLOYMENT CENTERS IN ORDER FOR
33 CURRENT AND FUTURE ENROLLEES TO REMAIN ELIGIBLE FOR HOME AND COMMUNITY
34 BASED SERVICES WAIVER FUNDING;

35 E. ASSESSMENTS OF FUNDING AND NECESSARY SUPPORTS TO INCREASE THE
36 NUMBER OF STUDENTS TO TRANSITION FROM SPECIAL EDUCATION PROGRAMS TO
37 INTEGRATED AND COMPETITIVE EMPLOYMENT IN THE COMMUNITY;

38 F. RECOMMENDATIONS TO REALIGN, REDIRECT AND ENHANCE, AS NECESSARY,
39 FUNDING FOR INTEGRATED SUPPORT ENVIRONMENTS SUCH THAT INDIVIDUALS WITH
40 MORE SIGNIFICANT DISABILITIES, INCLUDING MANY INDIVIDUALS SERVED IN
41 SHELTERED WORKSHOPS, CAN PARTICIPATE IN SUPPORTED WORK;

42 G. THE IDENTIFICATION OF NEW TAX INCENTIVES OR EXISTING TAX INCENTIVES
43 THAT, WITH APPROPRIATE AMENDMENT, WILL ENCOURAGE EXISTING BUSINESSES TO
44 EMPLOY INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES, AND
45 WILL HELP FOSTER THE START-UP OR EXPANSION OF BUSINESSES OWNED OR
46 CONTROLLED BY INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES;

47 H. AN EVALUATION OF THE NEEDS OF INDIVIDUALS WITH DEVELOPMENTAL DISA-
48 BILITIES WITHIN RURAL COUNTIES AS DEFINED BY SECTION FOUR HUNDRED EIGHT-
49 Y-ONE OF THE EXECUTIVE LAW, WITH CONSIDERATIONS OF APPROPRIATE OPTIONS,
50 AVAILABILITY OF EMPLOYMENT OPPORTUNITIES AND UNEMPLOYMENT RATES;

51 I. RECOMMENDATIONS TO RETAIN A COMPREHENSIVE SPECTRUM OF EMPLOYMENT
52 OPPORTUNITIES FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES WITHIN
53 RURAL COUNTIES;

54 J. THE IDENTIFICATION OF ANY REGULATION, REGULATORY CHANGE OR GUIDANCE
55 TO EFFECTUATE THE PURPOSES OF THIS SECTION; AND

1 K. A RECOMMENDATION OF THE AMOUNT OF MONIES TO BE APPROPRIATED TO
2 FACILITATE THE PURPOSES OF SUCH PLAN.

3 (3) PROGRAMS DEVELOPED IN ACCORDANCE WITH THE COMMISSIONER'S PLAN
4 PURSUANT TO THIS SUBDIVISION SHALL, TO THE MAXIMUM EXTENT PRACTICABLE,
5 CONTINUE TO BE ELIGIBLE FOR MEDICAL ASSISTANCE FUNDING.

6 (4) THE COMMISSIONER, IN CONJUNCTION WITH THE COMMISSIONER OF TRANS-
7 PORTATION, AND IN CONSULTATION WITH OTHER HUMAN SERVICE AGENCIES, SHALL
8 DELIVER A REPORT TO THE GOVERNOR, THE TEMPORARY PRESIDENT OF THE SENATE,
9 AND THE SPEAKER OF THE ASSEMBLY ON OR BEFORE JANUARY FIRST, TWO THOUSAND
10 FIFTEEN, PROVIDING RECOMMENDATIONS TO ESTABLISH RURAL INTEGRATED TRANS-
11 PORTATION DEMONSTRATION PROGRAMS. SUCH REPORT SHALL ADDRESS ANY REGULA-
12 TORY OR STATUTORY CHANGES NECESSARY TO EFFECTUATE SUCH DEMONSTRATION
13 PROGRAMS. THE REPORT SHALL ADDRESS HOW PARTICIPATING HUMAN SERVICE AGEN-
14 CIES OPERATING TRANSPORTATION SERVICES COULD INTRODUCE TRANSPORTATION
15 OPPORTUNITIES FOR ELIGIBLE RIDERS THROUGH COORDINATION OF EXISTING
16 TRANSPORTATION SERVICES IN RURAL COUNTIES, PARTICULARLY FOR INDIVIDUALS
17 WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES SEEKING OPPORTUNITIES
18 FOR INTEGRATED EMPLOYMENT. THE REPORT SHALL EXAMINE HOW HUMAN SERVICE
19 AGENCIES MAY PROVIDE COORDINATED TRANSPORTATION SERVICES TO OTHER HUMAN
20 SERVICE AGENCY RIDERS UNLESS SUCH TRANSPORTATION SERVICES ARE OPEN TO
21 THE PUBLIC. THE COMMISSIONER, IN PROVIDING RECOMMENDATIONS, SHALL
22 CONSIDER THE AVAILABILITY OF PUBLIC TRANSPORTATION, PUBLIC SAFETY
23 CONCERNS AND DUPLICATION OF SERVICES.

24 S 2. This act shall take effect immediately.

25 PART M

26 Section 1. Subdivision (a) of section 13.37-a of the mental hygiene
27 law, as added by chapter 405 of the laws of 1998, is amended to read as
28 follows:

29 (a) For purposes of this section, "transitional care" shall mean care
30 and maintenance of persons:

31 1. who were placed in foster care by a social services district pursu-
32 ant to article six of the social services law and who have become twen-
33 ty-one years of age, or who were placed in a residential educational
34 placement, WITHIN THE STATE OR OUT OF STATE, by a school district pursu-
35 ant to article eighty-nine of the education law and who are no longer
36 eligible for free educational services because they have completed the
37 school year in which they became twenty-one;

38 2. who were disabled and in need of residential care prior to becoming
39 age twenty-one or prior to becoming ineligible for free education
40 services and who have since remained continuously disabled and contin-
41 uously in need of residential care;

42 3. [who became twenty-one or became ineligible for free educational
43 services prior to July first, nineteen hundred ninety-six;

44 4.] with respect to whom the office has approved a plan of continued
45 out of home care for the person but has not yet identified a currently
46 available appropriate placement; AND

47 [5.] 4. whose residential needs can be met by the facility in which
48 the persons resided prior to becoming age twenty-one or becoming ineli-
49 gible for free educational services[; and

50 6. who on July first, nineteen hundred ninety-eight are in receipt of
51 transitional care, or who have continuously remained in the foster care
52 or residential education placement where they had received transitional
53 care].

1 S 2. Section 13.38 of the mental hygiene law, as amended by chapter
2 405 of the laws of 1998, is amended to read as follows:

3 S 13.38 Additional duties of the office with respect to persons receiv-
4 ing transitional care.

5 (a) The office shall, in consultation with the department of social
6 services, the education department, the office of mental health, and the
7 council on children and families, develop a plan and implement
8 procedures to help assure that all persons who are at the age or time
9 to first qualify for transitional care, as described in section 13.37-a
10 of this article, and for whom the office has accepted planning respon-
11 sibilities, receive assistance in locating an appropriate and available
12 residential placement or plan of services, within the state and within
13 the system of care subject to the jurisdiction of the office, prior to
14 the age or time at which they would otherwise have qualified for transi-
15 tional care[, if such individuals had become twenty-one or become ineli-
16 gible for educational services prior to July first, nineteen hundred
17 ninety-six]. For purposes of this section, the age or time at which a
18 person would qualify for transitional care is twenty-one for persons in
19 foster care, and the end of the school year in which they become
20 twenty-one for persons in residential schools.

21 (b) The office shall, in consultation with the department of social
22 services, the education department, the office of mental health, and
23 the council on children and families, develop a plan and implement
24 procedures to help assure that all persons in transitional care
25 receive assistance in locating appropriate and available placements
26 within the adult care systems supervised or funded by the office, and to
27 monitor the health and safety of persons receiving transitional
28 funding pursuant to section 13.37-a of this article. In connection with
29 the plans and procedures, the office shall establish standards governing
30 the quality of care provided to such persons by the residential
31 programs, including standards relating to the development and monitoring
32 of written individual services plans for each such person, the
33 involvement of the individual and, unless the individual objects,
34 parents, guardians or other persons interested in the care of such
35 persons in the development of written individual services plans, and
36 the investigation of complaints relating to the quality of care or
37 services provided to such persons. In appropriate circumstances, the
38 office shall work with the individual and, unless the individual
39 objects, the parents, guardians or other family members to help deter-
40 mine what services would be necessary to enable the family to provide
41 care for the person at their home or in an independent community
42 setting, and shall provide or assist in arranging for those services to
43 the extent funds are available for that purpose.

44 (c) The office shall enter into a memorandum of understanding with the
45 department of social services to facilitate access by the office to
46 child care facilities providing transitional care to young adults as may
47 be necessary for the office to meet its responsibilities for monitoring
48 the care of the young adults.

49 (d) The office shall enter into memorandums of understanding with the
50 department of social services and the state education department to
51 address any requirements of those departments relating to the removal of
52 any person receiving transitional care from a child care facility or
53 residential school whose continuation in such facility or school may
54 adversely affect the health, safety or welfare of children residing in
55 the facility or school. The memorandum shall set forth the procedures
56 the office will follow in offering a placement or services in the adult

1 care system, if necessary and appropriate, on an expedited basis, or any
2 other procedures for assuring alternative care and services are avail-
3 able to the young adult, and the manner in which the department of
4 social services or state education department will be informed of the
5 progress of those efforts.

6 (e) Upon making a determination that a person who is receiving transi-
7 tional care can be appropriately cared for in an available adult care
8 facility or service licensed, certified or approved by the office, and
9 whose removal from a child care facility is not required on an expedited
10 basis, the office shall notify BY CERTIFIED MAIL, RETURN RECEIPT
11 REQUESTED, the person and the person's guardian, if one has been
12 appointed, or another individual who has been involved in the care of
13 the person and who can represent the person's interests, of the avail-
14 ability of an administrative appeal to review the determination, and of
15 the need to request such an appeal within thirty days of the notice. If
16 the person, guardian or other individual requests an administrative
17 appeal within the time required, the office shall schedule a hearing and
18 the commissioner or his or her designee shall issue a determination
19 within thirty days of the adjournment of the hearing, on whether the
20 adult placement identified by the office is appropriate to the needs of
21 the person and is available or will become available on an identified
22 date certain. THE COMMISSIONER'S DECISION IS THE FINAL ADMINISTRATIVE
23 REMEDY AVAILABLE AND MAY BE APPEALED IN ACCORDANCE WITH THE PROVISIONS
24 OF ARTICLE SEVENTY-EIGHT OF THE CIVIL PRACTICE LAW AND RULES.

25 (F) If the person, guardian or other individual does not request a
26 hearing within the time required, or if the hearing results in a deter-
27 mination that the proposed adult services or placement is appropriate to
28 the needs of the person and is available or will be available on an
29 identified date certain, the office shall discontinue transitional care
30 funding for the person as of a date certain.

31 [(f)] (G) In any case where an individual receiving transitional care
32 is about to be transferred from one facility to another, a transfer
33 plan shall be prepared by the sending facility and forwarded to the
34 receiving facility, the individual and, unless the individual objects,
35 the parents, guardian or other family members prior to the transfer. The
36 transfer plan shall include any information necessary to facilitate a
37 safe transfer, such as specific problems, a schedule for administering
38 medications and behavior unique to the individual.

39 [(g)] (H) The office may make payments necessary to maintain indi-
40 viduals described in subdivision (a) of this section in a child care
41 facility or residential school on an emergency basis where circumstances
42 temporarily prevent the transfer of individuals to adult services or
43 placements.

44 S 3. This act shall take effect immediately.

45 PART N

46 Section 1. Section 1.03 of the mental hygiene law is amended by
47 adding a new subdivision 59 to read as follows:

48 59. "COMMUNITY MENTAL HEALTH REINVESTMENT SERVICES" SHALL MEAN THE
49 FOLLOWING PERSON-CENTERED AND EVIDENCE-BASED SERVICES FOR PERSONS WITH
50 SERIOUS MENTAL ILLNESS, INCLUDING CHILDREN AND ADOLESCENTS AND ADULTS
51 WITH SERIOUS EMOTIONAL DISTURBANCES AND CO-OCCURRING DISORDERS, AS
52 DEFINED ELSEWHERE IN THIS CHAPTER:

53 (A) EMERGENCY AND CRISIS SERVICES PROVIDED IN A PROGRAM LICENSED,
54 CERTIFIED, OPERATED, OR FUNDED BY THE OFFICE;

(B) CASE MANAGEMENT AND INTENSIVE CASE MANAGEMENT SERVICES;

(C) OUTPATIENT SERVICES WHICH PROVIDE AN ADEQUATE LEVEL OF TREATMENT AND REHABILITATION TO PERSONS LIVING WITH MENTAL ILLNESS PROVIDED IN A PROGRAM LICENSED, CERTIFIED, OPERATED OR FUNDED BY THE OFFICE;

(D) RESIDENTIAL SERVICES, OTHER THAN INPATIENT SERVICES, PROVIDED IN PROGRAMS LICENSED, CERTIFIED, OPERATED OR FUNDED BY THE OFFICE, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, COMMUNITY RESIDENCES, RESIDENTIAL CARE CENTERS FOR ADULTS, FAMILY CARE HOMES, CRISIS RESIDENCE OR SUPPORTED HOUSING;

(E) COMMUNITY SUPPORT SERVICES AS DEFINED IN SUBDIVISION THIRTEEN OF SECTION 41.03 OF THIS CHAPTER;

(F) OTHER SUPPORT SERVICES, INCLUDING, BUT NOT LIMITED TO, PSYCHIATRIC REHABILITATION, CLIENT ADVOCACY, SUPPORTED EMPLOYMENT, CONSUMER SELF-HELP, FAMILY SUPPORT, PEER SUPPORT AND VOCATIONAL TRAINING AS APPROVED BY THE OFFICE;

(G) SERVICES FOR SPECIAL POPULATIONS INCLUDING THOSE LIVING WITH MENTAL ILLNESSES AND HOMELESSNESS, CO-OCCURRING SUBSTANCE ABUSE DISORDERS, AND/OR PHYSICAL DISABILITIES THAT MAY IMPEDE RECOVERY FROM MENTAL ILLNESS, PROVIDED BY PROGRAMS LICENSED, CERTIFIED, OPERATED OR FUNDED BY THE OFFICE; AND

(H) ANY OTHER SERVICES THAT MEET THE NEEDS OF CHILDREN AND ADOLESCENTS AND ADULTS PROVIDED BY PROGRAMS LICENSED, CERTIFIED, OPERATED OR FUNDED BY THE OFFICE.

S 2. Subdivision (a) of section 7.15 of the mental hygiene law, as amended by section 3 of part I of chapter 58 of the laws of 2005, is amended to read as follows:

(a) The commissioner shall plan, promote, establish, develop, coordinate, evaluate, and conduct programs and services of prevention, diagnosis, examination, care, treatment, rehabilitation, training, and research for the benefit of the mentally ill. Such programs shall include but not be limited to in-patient, out-patient, partial hospitalization, day care, emergency, rehabilitative, COMMUNITY MENTAL HEALTH REINVESTMENT SERVICES PURSUANT TO SECTION 41.55 OF THIS CHAPTER, and other appropriate treatments and services. He or she shall take all actions that are necessary, desirable, or proper to implement the purposes of this chapter and to carry out the purposes and objectives of the department within the amounts made available therefor by appropriation, grant, gift, devise, bequest, or allocation from the mental health services fund established under section ninety-seven-f of the state finance law.

S 3. Subdivision (a) of section 41.13 of the mental hygiene law is amended by adding a new paragraph 17 to read as follows:

17. THE OFFICE OF MENTAL HEALTH SHALL ALSO BE RESPONSIBLE FOR SUCH PROGRAM DEVELOPMENT RELATING TO COMMUNITY MENTAL HEALTH REINVESTMENT SERVICES IN AREAS WHERE THE RESPONSIBLE LOCAL GOVERNMENT UNIT DOES NOT RECEIVE A GRANT OF STATE AID SPECIFICALLY FOR THE PURPOSE OF FUNDING COMMUNITY MENTAL HEALTH REINVESTMENT SERVICES PURSUANT TO THIS CHAPTER.

S 4. Subdivisions (b), (e) and (h) of section 41.55 of the mental hygiene law, subdivisions (b) and (h) as added by section 2 of part R2 of chapter 62 of the laws of 2003, subdivision (e) as amended by section 3 of part C of chapter 111 of the laws of 2010 and subdivision (h) as relettered by section 4 of part C of chapter 111 of the laws of 2010, are amended to read as follows:

(b) Amounts provided pursuant to this section shall only be used to fund COMMUNITY mental health REINVESTMENT SERVICES, MENTAL HEALTH workforce related activities, including recruitment and retention initi-

atives and training programs, and other general programmatic activities to help ensure a stable mental health system. Such grants and other funds shall not be used for capital costs associated with the development of community mental health support and workforce reinvestment services.

(e) The amount of community mental health support and workforce reinvestment funds for the office of mental health shall be determined in the annual budget and shall include the amount of actual state operations general fund appropriation reductions, including personal service savings and other than personal service savings directly attributed to each child and adult non-geriatric inpatient bed closure. For the purposes of this section a bed shall be considered to be closed upon the elimination of funding for such beds in the executive budget. The appropriation reductions as a result of inpatient bed closures shall be no less than [seventy] THE GREATER OF ONE HUNDRED PERCENT OF THE CALCULATED VALUE OF SAVINGS PER BED OR ONE HUNDRED TEN thousand dollars per bed on a full annual basis, as annually [recommended] CALCULATED by the commissioner, subject to the approval of the director of the budget, in the executive budget request prior to the fiscal year for which the executive budget is being submitted. The methodologies used to calculate the per bed closure savings shall be developed by the commissioner and the director of the budget. In no event shall the full annual value of community mental health support and workforce reinvestment programs attributable to beds closed as a result of net inpatient census decline exceed the twelve month value of the office of mental health state operations general fund reductions resulting from such census decline. Such reinvestment amount shall be made available in the same proportion by which the office of mental health's state operations general fund appropriations are reduced each year as a result of child and adult non-geriatric inpatient bed closures due to census decline.

(h) Amounts made available to the community mental health support and workforce reinvestment program of the office of mental health shall be subject to annual appropriations therefor. Up to fifteen percent of the amounts so appropriated shall be made available for STAFF TRAINING, staffing at state mental health facilities, OR TO AID IN WORKFORCE TRAINITION and at least seven percent of the remaining funds may be allocated for state operated community services pursuant to this section.

S 5. Subdivision 2 of section 97-dddd of the state finance law, as added by section 6 of part R2 of chapter 62 of the laws of 2003, is amended to read as follows:

2. The commissioner of the office of mental health shall notify the director of the budget when the number of children's psychiatric center beds or adult, non-geriatric psychiatric center beds closed in any one year exceeds the number of beds projected to be closed by the office of mental health in the executive budget request submitted in the year prior to the fiscal year for which the executive budget is being submitted. Notwithstanding any other law, rule or regulation to the contrary the director of the budget shall then transfer the amount of actual state operations general fund appropriation reductions, including personal service and nonpersonal service, directly attributed to the closure of such beds, to the state comptroller who shall then credit such appropriation reductions to the community mental health support and workforce reinvestment account. The per bed appropriation reduction shall be no less than [seventy] THE GREATER OF ONE HUNDRED PERCENT OF THE CALCULATED VALUE OF SAVINGS PER BED OR ONE HUNDRED TEN thousand dollars on a full annual basis.

1 S 6. Section 7 of part R2 of chapter 62 of the laws of 2003, amending
2 the mental hygiene law and the state finance law relating to the commu-
3 nity mental health support and workforce reinvestment program, the
4 membership of subcommittees for mental health of community services
5 boards and the duties of such subcommittees and creating the community
6 mental health and workforce reinvestment account, as amended by section
7 3 of part H of chapter 56 of the laws of 2013, is amended to read as
8 follows:

9 S 7. This act shall take effect immediately [and shall expire March
10 31, 2015 when upon such date the provisions of this act shall be deemed
11 repealed].

12 S 7. This act shall take effect January 1, 2016; provided that section
13 six of this act shall take effect immediately.

14 PART O

15 Section 1. The opening paragraph of section 13.13 of the mental
16 hygiene law is designated subdivision (a) and a new subdivision (b) is
17 added to read as follows:

18 (B) PRIOR TO THE TRANSFER OF ANY PERSON FROM A FACILITY OPERATED BY
19 THE OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES TO A COMMUNITY
20 PROGRAM OR RESIDENCE, THE LOCAL GOVERNMENT UNIT, AS DEFINED IN ARTICLE
21 FORTY-ONE OF THIS CHAPTER, SHALL BE NOTIFIED OF SUCH TRANSFER AND IF
22 REQUESTED BY THE LOCAL GOVERNMENTAL UNIT, THE COMMISSIONER SHALL CONSULT
23 WITH THE LOCAL GOVERNMENTAL UNIT TO ASSURE THAT SUCH TRANSFER IS MADE IN
24 ACCORDANCE WITH THE APPROPRIATE LOCAL PLAN.

25 S 2. This act shall take effect immediately.

26 S 2. Severability clause. If any clause, sentence, paragraph, subdivi-
27 sion, section or part of this act shall be adjudged by any court of
28 competent jurisdiction to be invalid, such judgment shall not affect,
29 impair, or invalidate the remainder thereof, but shall be confined in
30 its operation to the clause, sentence, paragraph, subdivision, section
31 or part thereof directly involved in the controversy in which such judg-
32 ment shall have been rendered. It is hereby declared to be the intent of
33 the legislature that this act would have been enacted even if such
34 invalid provisions had not been included herein.

35 S 3. This act shall take effect immediately provided, however, that
36 the applicable effective date of Parts A through O of this act shall be
37 as specifically set forth in the last section of such Parts.