STATE OF NEW YORK

2007--A

IN SENATE

January 23, 2017

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

AN ACT intentionally omitted (Part A); intentionally omitted (Part B); to amend the social services law, in relation to requiring monthly premium payments for the Essential Plan; to amend the insurance law, in relation to the definition of small group; to amend the insurance law, in relation to adjusting claims on behalf of municipal cooperative health benefit plans; and to repeal section 7 of chapter 12 of the laws of 2016 relating to directing the superintendent of financial services to contract with an independent entity to conduct an assessment regarding the impact of the prohibition on the sale of stop loss, catastrophic and reinsurance coverage to the small group market relating thereto (Part C); to amend the public health law, in relation to management of the cost of prescription drugs; to amend the social services law, in relation to Medicaid reimbursement of covered outpatient drugs; to amend the public health law and the general business law, in relation to price gouging on prescription drugs; to authorize the suspension of a provider's Medicaid enrollment for inappropriate prescribing of opioids; to amend the social services law, in relation to refills of controlled substances; to amend the social services law, in relation to aligning pharmacy copayment requirements with federal regulations, and to adjusting consumer price index penalties for generic drugs; to amend the public health law, in relation to establishing a Medicaid drug rebate remittance program; and directing the department of health to make biannual assessments of non-preferred drugs (Part D); to amend the social services law, in relation to hospice services covered under title XVIII of the federal social security act; to amend the public health law, in relation to defining home care aide; to amend the social services law, in relation to fiscal intermediary certification under the consumer directed personal assistance program; to amend part H of chapter 59 of the laws of 2011, amending the public health law and other laws relating to general hospital inpatient reimbursement for annual rates, in relation to state funding for nursing homes; to amend the public health law, in

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

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relation to the distribution of moneys received by managed long term care programs from the state for medicaid patients; to amend the social services law, in relation to authorizing assisted living program beds for any applicant that can satisfactorily demonstrate the public need for such beds; to amend the social services law, in relation to the provision of services to certain persons suffering from traumatic brain injuries or qualifying for nursing home diversion and transition services; to amend the public health law, in relation to adequate reimbursement for managed care plan and home care agency-delivered services; to amend the social services law, in relation to enhancing rate adequacy for medicaid managed care and managed long term care plans; in relation to a study and report by the department of health on the need for and feasibility of repatriation of complex-needs patients placed in out-of-state facilities; and to repeal certain provisions of the social services law relating thereto (Part E); to amend the social services law, in relation to carving out transportation from the managed long term care benefit; and to repeal subdivision 5 of section 365-h of the social services law, relating to rural transit assistance payments to counties (Part F); 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 requiring the savings allocation plan to be approved by the legislature; to amend section 91 of part H of chapter 59 of the laws of 2011, amending the public health law and other laws relating to general hospital inpatient reimbursement for annual rates, in relation to the department of health state funds Medicaid spending; to amend part C of chapter 58 of the laws of 2005, authorizing reimbursements for expenditures made by or on behalf of social services districts for medical assistance for needy persons and the administration thereof, in relation to an administrative cap on such program; to preclude the commissioner of health from reducing emergency room payments; and to amend the social services law, in relation to rates paid to managed care organizations (Part G); 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 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 the public health law, in relation to the assessments on covered lives; 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 thereof; 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 the effectiveness thereof; to amend the public health law and the social services law, in relation to rates of payment for personal care services workers; and to amend the public health law, in relation to the comprehensive diagnostic and treatment centers indigent care program; 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 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 apportioning premium for certain policies; and to amend part J of chapter 63 of the laws of 2001 amending 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 certain provisions concerning the hospital excess liability pool (Part H); to amend chapter 884 of the laws of 1990, amending the public health law relating to authorizing bad debt and charity care allowances for certified home health agencies, in relation to the effectiveness thereof; to amend chapter 60 of the laws of 2014 amending the social services law relating to eliminating prescriber prevails for brand name drugs with generic equivalents, in relation to the effectiveness thereof; to amend the public health law, in relation to extending the nursing home cash assessment; to amend chapter 474 of the laws of 1996, amending the education law and other laws relating to rates for residential health care facilities, in relation to the effectiveness thereof; to amend chapter 58 of the laws of 2007, amending the social services law and other laws relating to enacting the major components of legislation necessary to implement the health and mental hygiene budget for the 2007-2008 state fiscal year, in relation to delay of certain administrative cost; to amend chapter 81 of the laws of 1995, amending the public health law and other laws relating to medical reimbursement and welfare reform, in relation to the effectiveness thereof; to amend chapter 109 of the laws of 2010, amending the social services law relating to transportation costs, in relation to the effectiveness thereof; to amend 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 the effectiveness thereof; to amend chapter 2 of the laws of 1998, amending the public health law and other laws relating to expanding the child health insurance plan, in relation to the effectiveness thereof; 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 the effectiveness thereof; to amend the public health law, in relation to continuing nursing home upper payment limit payments; to amend chapter 904 of the laws of 1984, amending the public health law and the social services law relating to encouraging comprehensive health services, in relation to the effectiveness thereof; to amend chapter 62 of the laws of 2003, amending the public health law relating to allowing for the use of funds of the office of professional medical conduct for activities of the patient health information and quality improvement act of 2000, in relation to extending the provisions thereof; to amend chapter 59 of the laws of 2011, amending the public health law relating to the statewide health information network of New York and the statewide planning and research cooperative system and general powers and duties, in relation to the effectiveness thereof; and to amend chapter 58 of the laws of 2008, amending the elder law and other laws relating to reimbursement to participating provider pharmacies and prescription drug coverage, in relation to extending the expiration of certain provisions thereof (Part I); to amend the general obligations law, in relation to pharma-

cy benefit managers; and to amend the public health law and the insurance law, in relation to contracts between pharmacy benefit managers and health insurers to protect consumers (Part J); intentionally omitted (Part K); to amend the public health law, in relation to establishing a health care regulation modernization team within the department of health (Part L); to amend the public health law, in relation to creating the "Emerging Contaminant Monitoring Act" (Part M); to amend the public health law, in relation to creating the "drinking water quality institute" (Part N); intentionally omitted (Part O); to amend 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 extending government rates for behavioral services and adding a value based payment requirement; and to amend 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 extending government rates for behavioral services and adding a value based payment requirement (Part P); to amend chapter 57 of the laws of 2006, relating to establishing a cost of living adjustment for designated human services programs, in relation to forgoing such adjustment during the 2017-2018 state fiscal year and the effectiveness thereof (Part Q); to amend the mental hygiene law, in relation to prohibiting the collocation of certain facilities (Part R); to require the commissioner of the office for people with developmental disabilities to establish the care demonstration program; and providing for the repeal of such provisions upon expiration thereof (Part S); to amend the public health law, the general business law, the administrative code of the city of New York, and the education law, in relation to tobacco products, herbal cigarettes, and vapor products (Part T); to amend the social services law, in relation to investigating reports of suspected elder abuse or maltreatment; to amend the elder law, in relation to an economically sustainable transportation demonstration program; and to amend the elder law, in relation to creating a statewide central register of elder abuse and maltreatment reports (Part U); to amend the social services law, in relation to requiring medical assistance coverage for the cost of donor breast milk in certain circumstances; to amend the public health law, in relation to payments to rural hospitals designated as critical access hospitals; to amend chapter 474 of the laws of 1996, amending the education law and other laws relating to rates for residential healthcare facilities, in relation to directing the department of health to make additional payments for inpatient services to certain public general hospitals; to amend the public health law, in relation to additional premium assistance for persons with acquired immune deficiency syndrome; to amend the social services law, in relation to school-based health centers; to amend the social services law, in relation to health homes, in relation to certain not-for-profit residential health care facilities in the county of Monroe; and to amend the social services law, in relation to medical assistance for infertility services (Part V); to amend the public health law, in relation to submission of information to the department of health for physician profiles; to amend the public health law, the tax law and the social services law, in relation to support of living organ donation; to amend the public health law, in relation to creating the lupus research enhancement program; to amend the state finance

law, in relation to creating the lupus research enhancement fund; to amend the public health law, in relation to authorizing collaborative programs for community paramedicine services; and and to amend the public health law, in relation to maintenance of effort (Part W); and to enact the "clean water bond act of 2017"; to amend the public health law, the environmental conservation law, the state finance law and the public authorities law, in relation to the implementation of the "clean water act of 2017"; to enact the "New York state regional water infrastructure improvement act of 2017"; establishing a concentrated animal feeding operations assistance program; to establish a septic system rebate program; to establish an online tracking and mapping system for New York water; and to repeal certain provisions of the environmental conservation law and the state finance law relating thereto (Part X)

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. This act enacts into law major components of legislation which are necessary to implement the state fiscal plan for the 2017-2018 state fiscal year. Each component is wholly contained within a Part identified as Parts A through X. The effective date for each particular provision contained within such Part is set forth in the last section of such Part. Any provision in any section contained within a Part, including the effective date of the Part, which makes a reference to a section "of this act", when used in connection with that particular component, shall be deemed to mean and refer to the corresponding section of the Part in which it is found. Section three of this act sets forth the general effective date of this act.

PART A

Intentionally Omitted

PART B

Intentionally Omitted

PART C

Section 1. Subdivision 5 of section 369-gg of the social services law, as added by section 51 of part C of chapter 60 of the laws of 2014, is amended to read as follows:

5. Premiums and cost sharing. (a) Subject to federal approval, the commissioner shall establish premium payments enrollees shall pay to approved organizations for coverage of health care services pursuant to this title. Such premium payments shall be established in the following manner:

(i) up to twenty dollars monthly for an individual with a household income above one hundred and [~~fifty~~] **thirty-eight** percent of the federal poverty line but at or below two hundred percent of the federal poverty line defined and annually revised by the United States department of health and human services for a household of the same size; **beginning in**

two thousand eighteen and annually thereafter, such amount shall be increased based on the percentage increase in the medical consumer price index, rounded up to the nearest dollar; and

(ii) no payment is required for individuals with a household income at or below one hundred and [~~fifty~~] **thirty-eight** percent of the federal poverty line defined and annually revised by the United States department of health and human services for a household of the same size.

(b) The commissioner shall establish cost sharing obligations for enrollees, subject to federal approval.

§ 2. Paragraph 1 of subsection (a) of section 3231 of the insurance law, as amended by section 69 of part D of chapter 56 of the laws of 2013, is amended to read as follows:

(1) No individual health insurance policy and no group health insurance policy covering between one and fifty employees or members of the group [~~or between one and one hundred employees or members of the group for policies issued or renewed on or after January first, two thousand sixteen~~] exclusive of spouses and dependents, hereinafter referred to as a small group, providing hospital and/or medical benefits, including medicare supplemental insurance, shall be issued in this state unless such policy is community rated and, notwithstanding any other provisions of law, the underwriting of such policy involves no more than the imposition of a pre-existing condition limitation if otherwise permitted by this article.

§ 3. Paragraph 3 of subsection (a) of section 3231 of the insurance law, as amended by section 69 of part D of chapter 56 of the laws of 2013, is amended to read as follows:

(3) Once accepted for coverage, an individual or small group cannot be terminated by the insurer due to claims experience. Termination of an individual or small group shall be based only on one or more of the reasons set forth in subsection (g) of section three thousand two hundred sixteen or subsection (p) of section three thousand two hundred twenty-one of this article. Group hospital and/or medical coverage, including medicare supplemental insurance, obtained through an out-of-state trust covering a group of fifty or fewer employees, [~~or between one and one hundred employees for policies issued or renewed on or after January first, two thousand sixteen,~~] or participating persons who are residents of this state must be community rated regardless of the situs of delivery of the policy. Notwithstanding any other provisions of law, the underwriting of such policy may involve no more than the imposition of a pre-existing condition limitation if permitted by this article, and once accepted for coverage, an individual or small group cannot be terminated due to claims experience. Termination of an individual or small group shall be based only on one or more of the reasons set forth in subsection (p) of section three thousand two hundred twenty-one of this article.

§ 4. Paragraph 1 of subsection (h) of section 3231 of the insurance law, as amended by chapter 12 of the laws of 2016, is amended to read as follows:

(1) Notwithstanding any other provision of this chapter, no insurer, subsidiary of an insurer, or controlled person of a holding company system may act as an administrator or claims paying agent, as opposed to an insurer, on behalf of small groups which, if they purchased insurance, would be subject to this section. No insurer may provide stop loss, catastrophic or reinsurance coverage to small groups which, if they purchased insurance, would be subject to this section. [~~Provided, however, the provisions of this paragraph shall not apply to: (A) the~~

~~renewal of stop loss, catastrophic or reinsurance coverage issued and in effect on January first, two thousand fifteen to small groups covering between fifty-one and one hundred employees or members of the group; and (B) the issuance between January first, two thousand sixteen and December thirty-first, two thousand sixteen, of stop loss, catastrophic or reinsurance coverage, and any renewal thereof, to a small group covering between fifty-one and one hundred employees or members of the group, provided that such group had stop loss, catastrophic or reinsurance coverage issued and in effect on January first, two thousand fifteen.~~]

§ 5. Paragraph 1 of subsection (a) of section 4317 of the insurance law, as amended by section 72 of part D of chapter 56 of the laws of 2013, is amended to read as follows:

(1) No individual health insurance contract and no group health insurance contract covering between one and fifty employees or members of the group, [~~or between one and one hundred employees or members of the group for policies issued or renewed on or after January first, two thousand sixteen~~] exclusive of spouses and dependents, including contracts for which the premiums are paid by a remitting agent for a group, hereinafter referred to as a small group, providing hospital and/or medical benefits, including Medicare supplemental insurance, shall be issued in this state unless such contract is community rated and, notwithstanding any other provisions of law, the underwriting of such contract involves no more than the imposition of a pre-existing condition limitation if otherwise permitted by this article.

§ 6. Paragraph 1 of subsection (e) of section 4317 of the insurance law, as amended by chapter 12 of the laws of 2016, is amended to read as follows:

(1) Notwithstanding any other provision of this chapter, no insurer, subsidiary of an insurer, or controlled person of a holding company system may act as an administrator or claims paying agent, as opposed to an insurer, on behalf of small groups which, if they purchased insurance, would be subject to this section. No insurer may provide stop loss, catastrophic or reinsurance coverage to small groups which, if they purchased insurance, would be subject to this section. [~~Provided, however, the provisions of this paragraph shall not apply to: (A) the renewal of stop loss, catastrophic or reinsurance coverage issued and in effect on January first, two thousand fifteen to small groups covering between fifty-one and one hundred employees or members of the group; and (B) the issuance between January first, two thousand sixteen, and December thirty-first, two thousand sixteen, of stop loss, catastrophic or reinsurance coverage, and any renewal thereof, to a small group covering between fifty-one and one hundred employees or members of the group, provided that such group had stop loss, catastrophic or reinsurance coverage issued and in effect on January first, two thousand fifteen.~~]

§ 7. Paragraph 1 of subsection (g) of section 3231 of the insurance law, as amended by chapter 12 of the laws of 2016, is amended to read as follows:

(1) [~~(A)~~] This section shall also apply to policies issued to a group defined in subsection (c) of section four thousand two hundred thirty-five of this chapter, including but not limited to an association or trust of employers, if the group includes one or more member employers or other member groups having [~~one hundred~~] **fifty** or fewer employees or members exclusive of spouses and dependents. For a policy issued or renewed on or after January first, two thousand fourteen, if the group includes one or more member small group employers eligible for coverage subject to this section, then such member employers shall be classified

as small groups for rating purposes and the remaining members shall be rated consistent with the rating rules applicable to such remaining members pursuant to paragraph two of this subsection. [~~(B) Subparagraph A of this paragraph shall not apply to either the renewal of a policy issued to a group or the issuance, between January first, two thousand sixteen and December thirty-first, two thousand sixteen, of a policy, and any renewal thereof, to a group, provided that the following three requirements are met: (I) the group had been issued a policy that was in effect on July first, two thousand fifteen; (II) the group had member employers, who, on or after July first, two thousand fifteen, have between fifty-one and one hundred employees, exclusive of spouses and dependents; and (III) the group is either: (i) comprised entirely of one or more municipal corporations or districts (as such terms are defined in section one hundred nineteen-n of the general municipal law); or (ii) comprised entirely of nonpublic schools providing education in any grade from pre-kindergarten through twelfth grade.~~]

§ 8. Paragraph 1 of subsection (d) of section 4317 of the insurance law, as amended by chapter 12 of the laws of 2016, is amended to read as follows:

(1) [~~(A)~~] This section shall also apply to a contract issued to a group defined in subsection (c) of section four thousand two hundred thirty-five of this chapter, including but not limited to an association or trust of employers, if the group includes one or more member employers or other member groups having [~~one hundred~~] **fifty** or fewer employees or members exclusive of spouses and dependents. For a contract issued or renewed on or after January first, two thousand fourteen, if the group includes one or more member small group employers eligible for coverage subject to this section, then such member employers shall be classified as small groups for rating purposes and the remaining members shall be rated consistent with the rating rules applicable to such remaining members pursuant to paragraph two of this subsection. [~~(B) Subparagraph A of this paragraph shall not apply to either the renewal of a contract issued to a group or the issuance, between January first, two thousand sixteen and December thirty-first, two thousand sixteen, of a contract, and any renewal thereof, to a group, provided that the following three requirements are met: (I) the group had been issued a contract that was in effect on July first, two thousand fifteen; (II) the group had member employers, who, on or after July first, two thousand fifteen, have between fifty-one and one hundred employees, exclusive of spouses and dependents; and (III) the group is either: (i) comprised entirely of one or more municipal corporations or districts (as such terms are defined in section one hundred nineteen-n of the general municipal law); or (ii) comprised entirely of nonpublic schools providing education in any grade from pre-kindergarten through twelfth grade.~~]

§ 9. Section 7 of chapter 12 of the laws of 2016 relating to directing the superintendent of financial services to contract with an independent entity to conduct an assessment regarding the impact of the prohibition on the sale of stop loss, catastrophic and reinsurance coverage to the small group market, is REPEALED.

§ 10. Item (i) of subparagraph (C) of paragraph 2 of subsection (c) of section 4304 of the insurance law, as amended by chapter 388 of the laws of 2014, is amended to read as follows:

(i) Discontinuance of a class of contract upon not less than [~~five months'~~] **ninety days'** prior written notice. In exercising the option to discontinue coverage pursuant to this item, the corporation must act uniformly without regard to any health status-related factor of enrolled

individuals or individuals who may become eligible for such coverage and must offer to subscribers or group remitting agents, as may be appropriate, the option to purchase all other individual health insurance coverage currently being offered by the corporation to applicants in that market. Provided, however, the superintendent may, after giving due consideration to the public interest, approve a request made by a corporation for the corporation to satisfy the requirements of this item through the offering of contracts at each level of coverage as defined in section 1302(d) of the affordable care act, 42 U.S.C. § 18022(d) that contains the benefits described in paragraph one of subsection (b) of section four thousand three hundred twenty-eight of this [~~chapter~~] article by another corporation, insurer or health maintenance organization within the corporation's same holding company system, as defined in article fifteen of this chapter.

§ 11. Subparagraph (B) of paragraph 1 of subsection (g) of section 2101 of the insurance law, as amended by chapter 301 of the laws of 2008, is amended to read as follows:

(B) any officer, director or regular salaried employee of an insurer authorized to write accident and health insurance, a corporation licensed under article forty-three of this chapter (collectively, as used in this paragraph, a "health insurer") or a health maintenance organization, or any manager thereof, individual or corporate, when the claim to be adjusted is issued or administered by another health insurer or health maintenance organization within the same holding company system as the health insurer or health maintenance organization adjusting the claim or is adjusted on behalf of a municipal cooperative health benefit plan certified pursuant to article forty-seven of this chapter;

§ 12. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2017; provided, however that section one of this act shall be deemed to have been in full force and effect on and after January 1, 2018; provided, however that the amendments to paragraph 1 of subsection (g) and paragraph 1 of subsection (h) of section 3231, and paragraph 1 of subsection (d) and paragraph 1 of subsection (e) of section 4317 of the insurance law made by sections seven, four, eight and six of this act respectively shall not affect the expiration and reversion of such paragraphs and shall expire and be deemed repealed therewith.

PART D

Section 1. Intentionally omitted.

§ 1-a. The public health law is amended by adding a new section 280 to read as follows:

§ 280. High cost drugs. 1. The legislature hereby finds and declares that there is a significant public interest for the state to manage the cost of drugs in a manner that improves healthcare outcomes for patients without restricting access or stifling innovation. It is therefore intended that the department be permitted to limit unjustifiable and sudden price increases on: (a) existing drugs through previously enacted provisions of law; (b) offset the cost of similar increases on existing brand drugs through federally enacted regulations; and (c) impose an overall limit on the amount the state spends on drugs that fail to generate corresponding healthcare offsets or savings for the taxpayer.

2. Notwithstanding any inconsistent provision of state law, rule or regulation to the contrary, subject to federal approval, the year to

year rate of growth of department of health state funds Medicaid drug spending shall not exceed five percent plus the ten year rolling average of the medical component of the consumer price index as published by the United States department of labor, bureau of labor statistics, for the preceding ten year or more than double the annual total Medicaid growth, whichever is greater.

(a) For the purposes of this section, the Medicaid drug expenditure shall mean the total amount of state funds expended for drugs in both the Medicaid fee-for-service and Medicaid managed care programs.

(b) Drug expenditures shall be a separately accounted component within the Medicaid global cap, as defined in section ninety-one of Part H of chapter fifty-nine of the laws of two thousand eleven.

(c) The department in conjunction with the division of budget shall maintain an accounting of the total amount expended for each drug and its percentage of the total drug expenditure for all drugs covered in the Medicaid program.

(d) The department and division of budget shall conduct an audit and accounting of the Medicaid drug expenditure on a basis necessary for management of the drug expenditure component.

(e) If on the basis of the audit and accounting requirements of this section, a drug or drugs are determined to cause the total Medicaid drug expenditure to exceed the annual growth limitation of this section, without corresponding health care offsets or savings, the department may impose a supplemental rebate in proportion to the amount the drug causes the total Medicaid drug expenditure to exceed the annual growth limit.

(f) Supplemental rebate received by the state under this section that are a result of drug utilization in the Medicaid managed care program shall be credited to the Medicaid managed care organization in proportion to the organization's corresponding drug utilization.

3. Annual drug expenditure growth shall be equal to the total amount expended on drugs in both Medicaid fee-for-service and Medicaid managed care less corresponding manufacturer rebates and corresponding health care offsets and savings. The following shall not be accounted towards the expenditure growth limitation of subdivision two of this section:

(a) The amount a drug reduces Medicaid costs through avoidance of alternative pharmaceutical and clinical treatments covered under the Medicaid program in proportion of the drug's attribution of such pharmaceutical and clinical offsets or savings.

(b) The amount expended on drugs for the treatment of emerging diseases or conditions as determined by the commissioner.

(c) The amount expended on drugs for the treatment of outbreaks and epidemics as determined by the commissioner.

(d) The amount expended on any drug or classes of drugs determined by the drug utilization review board to be appropriately priced in consideration of the investment necessary for research, development, and regulatory approval and the population the drug serves.

(e) The amount expended on any drug that the department has determined not to include in the Medicaid drug expenditure growth limitation in consideration of a supplemental rebate offered to the state by the manufacturer.

4. The state shall use an independent actuary to determine:

(a) The amount expended on each drug available in the Medicaid program.

(b) The total amount expended on all drugs in the Medicaid program.

(c) The total amount of all drug expenditures that are excluded from the annual growth limitation pursuant to subdivision two of this section.

(d) The proportional amount a drug causes the annual growth limitation to be exceeded.

(e) The amount the total expenditure for a drug results in savings or offset to costs that would have otherwise likely occurred in the state Medicaid program. Savings and offsets to other Medicaid expenditures shall be determined by calculating:

(i) The total state Medicaid expenditure, including current drug expenditure, for each disease, medical condition, and other ailments occurring in the prior fiscal year.

(ii) The total state Medicaid drug expenditure for each disease, medical condition, and other ailments occurring in the prior fiscal year.

(iii) The total cost of treatment for each disease, medical condition, or other ailment, on a per patient basis, in the absence of each drug subjected to the excessive drug growth supplemental rebate.

(iv) The cost or savings of treatment for each disease, medical condition, or other ailment, on a per patient basis, as a result of each drug subjected to the excessive drug growth supplemental rebate.

(f) The amount of the supplemental rebate imposed on the manufacturer, as determined by the amount the drug causes the annual growth limitation to be exceeded that does not result in savings or offset to costs that would have otherwise occurred in the state Medicaid program.

5. The department shall notify the manufacturer when a drug causes the annual drug growth limit to be exceeded and the amount of any corresponding supplemental rebate. The manufacturer shall have the right to review any data the state is relying upon in determining the rebate. The manufacturer shall have the right to appeal to the drug utilization review board.

6. The department shall consider any information submitted by a drug manufacturer regarding the manufacturing costs and fiscal savings and/or offsets generated to the state for a drug product covered under the state's Medicaid program prior to making a determination of annual growth calculation or supplemental rebate imposition. The department shall make such manufacturer information available to the drug utilization review board and the independent actuary.

7. The department shall provide an annual report to the chairs of the assembly and senate health committees regarding the Medicaid drug expenditure detailing:

(a) The annual growth of the total Medicaid drug expenditure.

(b) Drugs that have caused the annual drug growth limitation to be exceeded.

(c) Drugs requiring manufacturers to provide a rebate under this section.

(d) Drugs that were excluded from annual growth calculation and the basis for exclusion.

(e) A summary of all information required under subdivision four of this section.

§ 2. Intentionally omitted.

§ 2-a. The public health law is amended by adding a new section 278-a to read as follows:

§ 278-a. Limitation on excessive price increases; prescription drugs: 1. In the event a manufacturer, as defined in subdivision twenty-one of section sixty-eight hundred two of the education law, of a brand or

generic drug, made available in New York, increases the wholesale acquisition cost (WAC) of a drug by a percent equal to or greater than one hundred percent at any one time or in the aggregate in any twelve month period or if a manufacturer of a generic drug with a fifty dollar wholesale acquisition cost (WAC) price for a thirty day supply increases their supply by one hundred percent or more at any one time or in the aggregate in any twelve month period:

(a) The manufacturer shall, not less than thirty days prior to instituting such increase, notify the commissioner and the drug utilization review board established under section three hundred sixty-nine-bb of the social services law. Notice shall be provided on the form established pursuant to subdivision two of this section; and

(b) The commissioner shall require prior authorization and authorize Medicaid managed care plans to require prior authorization for the drug effective as of the date of the price increase and continuing until a determination is made by the drug utilization review board.

2. The commissioner, in consultation with the drug utilization review board, shall produce and make available to manufacturers a price increase notification form that shall elicit:

(a) The most recent wholesale acquisition cost (WAC) of the drug prior to an increase equal to or greater than one hundred percent at any one time or in the aggregate in any twelve month period in either pricing measure. For the purposes of this section wholesale acquisition cost (WAC) shall include the prices for each dosage, size or concentration of the drug offered or sold by the manufacturer;

(b) The wholesale acquisition cost (WAC) of the drug when exceeding the one hundred percent threshold;

(c) Any material change in ingredient, production, or manufacturing costs resulting in the price increase;

(d) In the case of a brand drug, the expiration date of the patent;

(e) In the case of a generic drug, whether the drug is a sole source drug; and

(f) Any other information the manufacturer deems relevant to the board's review.

3. Upon receipt of a price increase notification form, the drug utilization review board shall review the price increase and make a determination as to whether the price increase is excessive. In making a determination the board shall consider:

(a) The wholesale acquisition cost (WAC) of the drug in comparison to any generic equivalent or therapeutically equivalent drug;

(b) The FDA approved or compendium supported use of the drug and critical need to the patient;

(c) Any known market factors justifying the price increase, including but not limited to:

(i) whether the drug has been absent from the market for any period of time; and

(ii) changes in manufacturing or regulatory requirements or costs.

(d) Any material change in the prevalence or severity of the disease or medical condition or conditions that the drug is approved to treat;

(e) In the case of a brand drug, the expiration date of the patent; and

(f) In the case of a generic drug, whether the drug is a sole source drug.

4. Upon a finding by the drug utilization review board that a manufacturer has instituted an excessive price increase, (a) the board shall require prior authorization for the drug and authorize Medicaid managed

care plans to require prior authorization until the board determines otherwise; and (b) the board may refer the matter to the attorney general with any information necessary for the investigation and prosecution of price gouging violations under section three hundred ninety-six-rrr of the general business law. In the event the board does not find that the manufacturer has engaged in an excessive price increase, the board shall remove the requirement for prior authorization and such authority granted to Medicaid managed care plans to institute prior authorization under this section shall cease.

§ 2-b. The general business law is amended by adding a new section 396-rrr to read as follows:

§ 396-rrr. Price gouging; prescription drugs. 1. Legislative findings and declaration. The legislature hereby finds that excessive price increases to prescription drugs that lack justification based on market forces create a public health risk to consumers that rely on these prescription drugs. In order to prevent a manufacturer, as defined in subdivision twenty-one of section sixty-eight hundred two of the education law, from taking unfair advantage of consumers who rely upon and may lose access to the prescription drugs if the medication has a sudden and excessive price increase, the legislature declares that the public interest requires that such conduct be prohibited and made subject to civil penalties.

2. In order to prevent a drug manufacturer, as defined in subdivision twenty-one of section sixty-eight hundred two of the education law, from imposing unconscionably and unjustifiably excessive price increases, the attorney general may, upon referral from the drug utilization review board as codified in section two hundred seventy-eight-a of the public health law, apply in the name of the people of the state of New York to the supreme court within the judicial district in which such violations are alleged to have occurred, on notice of five days, for an order enjoining or restraining commission or continuance of the alleged unlawful acts. In any such proceeding, the court may impose a civil penalty in an amount not to exceed twenty-five thousand dollars and, where appropriate, order restitution to aggrieved consumers.

3. Whether a price is unconscionably and unjustifiably excessive is a question of law for the court. The court's determination that a violation of this section has occurred shall be based upon the following factors:

(a) the increase in price is unconscionably extreme;

(b) the drug is vital and medically necessary to the health of the consumer;

(c) the drug is a sole source drug without a therapeutic equivalent; and

(d) the price increase was within the control of the manufacturer and not caused by costs imposed on or factors beyond the control of the manufacturer.

§ 3. Intentionally omitted.

§ 4. Intentionally omitted.

§ 5. Intentionally omitted.

§ 6. Intentionally omitted.

§ 7. The opening paragraph and subparagraphs (i) and (ii) of paragraph (b) and paragraph (d) of subdivision 9 of section 367-a of the social services law, the opening paragraph and paragraph (d) as amended by chapter 19 of the laws of 1998, subparagraphs (i) and (ii) of paragraph (b) as amended by section 2 of part C of chapter 60 of the laws of 2014, subparagraph (i) of paragraph (d) as amended by section 10-a of part H

of chapter 59 of the laws of 2011 and subparagraph (ii) of paragraph (d) as amended by section 48 of part C of chapter 58 of the laws of 2009, are amended to read as follows:

Notwithstanding any inconsistent provision of law or regulation to the contrary, for those drugs which may not be dispensed without a prescription as required by section sixty-eight hundred ten of the education law and for which payment is authorized pursuant to paragraph (g) of subdivision two of section three hundred sixty-five-a of this title, **and for those drugs that are available without a prescription as required by section sixty-eight hundred ten of the education law but are reimbursed as items of medical assistance pursuant to paragraph (a) of subdivision four of section three hundred sixty-five-a of this title,** payments under this title shall be made at the following amounts:

(i) [~~if the drug dispensed is a multiple source prescription drug for which an upper limit has been set by the federal centers for medicare and medicaid services, the lower of: (A) an amount equal to the specific upper limit set by such federal agency for the multiple source prescription drug; (B) the estimated acquisition cost of such drug to pharmacies which, for purposes of this subparagraph, shall mean the average wholesale price of a prescription drug based on the package size dispensed from, as reported by the prescription drug pricing service used by the department, less twenty-five percent thereof; (C) the maximum acquisition cost, if any, established pursuant to paragraph (e) of this subdivision, provided that the methodology used by the department to establish a maximum acquisition cost shall not include average acquisition cost as determined by department surveys; or (D) the dispensing pharmacy's usual and customary price charged to the general public; and~~] **if the drug dispensed is a generic prescription drug, or is a drug that is available without a prescription as required by section sixty-eight hundred ten of the education law but is reimbursed as an item of medical assistance pursuant to paragraph (a) of subdivision four of section three hundred sixty-five-a of this title, the lower of: (A) an amount equal to the national average drug acquisition cost set by the federal centers for medicare and medicaid services for the drug, if any, or if such amount if not available, the wholesale acquisition cost of the drug based on the package size dispensed from, as reported by the prescription drug pricing service used by the department; (B) the federal upper limit, if any, established by the federal centers for medicare and medicaid services; (C) the state maximum acquisition cost, if any, established pursuant to paragraph (e) of this subdivision; or (D) the dispensing pharmacy's usual and customary price charged to the general public;**

(ii) if the drug dispensed is [~~a multiple source prescription drug or~~] a brand-name prescription drug [~~for which no specific upper limit has been set by such federal agency~~], the lower of [~~the estimated acquisition cost of such drug to pharmacies or the dispensing pharmacy's usual and customary price charged to the general public. For sole and multiple source brand name drugs, estimated acquisition cost means the average wholesale price of a prescription drug based upon the package size dispensed from, as reported by the prescription drug pricing service used by the department, less seventeen percent thereof or the wholesale acquisition cost of a prescription drug based upon package size dispensed from, as reported by the prescription drug pricing service used by the department, minus zero and forty-one hundredths percent thereof, and updated monthly by the department. For multiple source generic drugs, estimated acquisition cost means the lower of the average~~

~~wholesale price of a prescription drug based on the package size dispensed from, as reported by the prescription drug pricing service used by the department, less twenty-five percent thereof, or the maximum acquisition cost, if any, established pursuant to paragraph (e) of this subdivision, provided that the methodology used by the department to establish a maximum acquisition cost shall not include average acquisition cost as determined by department surveys.~~]:

(A) an amount equal to the national average drug acquisition cost set by the federal centers for medicare and medicaid services for the drug, if any, or if such amount is not available, the wholesale acquisition cost of the drug based on the package size dispensed from, as reported by the prescription drug pricing service used by the department; or (B) the dispensing pharmacy's usual and customary price charged to the general public; and

(d) In addition to the amounts paid pursuant to paragraph (b) of this subdivision [~~to pharmacies for those drugs which may not be dispensed without a prescription, as required by section sixty-eight hundred ten of the education law and for which payment is authorized pursuant to paragraph (g) of subdivision two of section three hundred sixty-five-a of this title~~], the department shall pay a professional pharmacy dispensing fee for each such [~~prescription~~] drug dispensed[~~, which dispensing fee shall not be less than the following amounts:~~

~~(i) for prescription drugs categorized as generic by the prescription drug pricing service used by the department, three dollars and fifty cents per prescription; and~~

~~(ii) for prescription drugs categorized as brand-name prescription drugs by the prescription drug pricing service used by the department, three dollars and fifty cents per prescription, provided, however, that for brand name prescription drugs reimbursed pursuant to subparagraph (ii) of paragraph (a-1) of subdivision four of section three hundred sixty-five-a of this title, the dispensing fee shall be four dollars and fifty cents per prescription~~] in the amount of twelve dollars per prescription or written order of a practitioner; provided, however that this professional dispensing fee will not apply to drugs that are available without a prescription as required by section sixty-eight hundred ten of the education law but do not meet the definition of a covered outpatient drug pursuant to Section 1927K of the Social Security Act.

§ 8. It shall be an unacceptable practice in the Medicaid program established pursuant to title 11 of article 5 of the social services law for a provider to prescribe opioids in violation of the requirements of paragraph (g-1) of subdivision 2 of section 365-a of such law, in violation of any other applicable law limiting or restricting the prescribing of opioids, and/or contrary to recommendations issued by the drug utilization review board established by section 369-bb of the social services law, and such practice may result in the provider being excluded from participation in the Medicaid program. Exclusion of a provider from the Medicaid program under this section may not occur unless there has been an order issued pursuant to a proceeding initiated under section twelve-a of the public health law.

§ 9. Paragraph (g-1) of subdivision 2 of section 365-a of the social services law, as amended by section 5 of part C of chapter 60 of the laws of 2014, 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 shall determine to be reimbursable based upon such factors as the availability of such drugs or alternatives at low cost if purchased by a medicaid recipient, or the essential nature of such drugs as described by such commissioner in regulations, provided, however, that such drugs, exclusive of long-term maintenance drugs, shall be dispensed in quantities no greater than a thirty day supply or one hundred doses, whichever is greater; provided further that the commissioner of health is authorized to require prior authorization for any refill of a prescription when more than a ten day supply of the previously dispensed amount should remain were the product used as normally indicated**, or in the case of a controlled substance, as defined in section thirty-three hundred two of the public health law, when more than a seven day supply of the previously dispensed amount should remain were the product used as normally indicated**; provided further that the commissioner of health is authorized to require prior authorization of prescriptions of opioid analgesics in excess of four prescriptions in a thirty-day period in accordance with section two hundred seventy-three of the public health law; medical assistance shall not include any drug provided on other than an in-patient basis for which a recipient is charged or a claim is made in the case of a prescription drug, in excess of the maximum reimbursable amounts to be established by department regulations in accordance with standards established by the secretary of the United States department of health and human services, or, in the case of a drug not requiring a prescription, in excess of the maximum reimbursable amount established by the commissioner of health pursuant to paragraph (a) of subdivision four of this section;

§ 10. Intentionally omitted.

§ 11. Intentionally omitted.

§ 12. Intentionally omitted.

§ 13. Intentionally omitted.

§ 14. Intentionally omitted.

§ 15. Intentionally omitted.

§ 16. Subparagraph (iii) of paragraph (c) of subdivision 6 of section 367-a of the social services law, as amended by section 9 of part C of chapter 60 of the laws of 2014, is amended to read as follows:

(iii) Notwithstanding any other provision of this paragraph, co-payments charged for each generic prescription drug dispensed shall be one dollar and for each brand name prescription drug dispensed shall be [~~three dollars~~] **two dollars and fifty cents**; provided, however, that the co-payments charged for [~~each brand name prescription drug on the preferred drug list established pursuant to section two hundred seventy-two of the public health law or, for managed care providers operating pursuant to section three hundred sixty-four-j of this title, for each brand name prescription drug on a managed care provider's formulary that such provider has designated as a preferred drug, and the co-payments charged for~~] each brand name prescription drug reimbursed pursuant to subparagraph (ii) of paragraph (a-1) of subdivision four of section three hundred sixty-five-a of this title shall be one dollar.

§ 17. Intentionally omitted.

§ 18. The public health law is amended by adding a new section 276-a to read as follows:

§ 276-a. Medicaid drug rebate remittance program. 1. The department shall establish a Medicaid drug rebate remittance program for the purpose of working collaboratively with a qualified third party vendor, selected in a manner to be determined by the commissioner without a

competitive bid or request for proposal, to validate the existing Medicaid drug rebate claims and determine whether the data contains duplicate claims or claims on which rebates may already have been paid all or in part to Medicare Part D plans or some other third parties, or were otherwise subject to a discount pursuant to section 340B of the Public Health Service Act, 42 U.S.C. § 256b, in order to rectify disputed claims and reduce invalid disputes before the department. A qualified third party vendor must possess and maintain, at the time of application to the department: (a) secure data infrastructure to house large claim data sets; (b) proven experience in the collection and standardization of multiple state Medicaid data sets; (c) an established secure web portal for manufacturers to access the manufacturer's labeler claim level data; and (d) a robust validation tool for manufacturers to identify valid disputes.

2. For the purposes of this program, the department shall provide utilization information tying to invoices sent to pharmaceutical manufacturers, which have entered into a rebate agreement with the department or with the federal secretary of health and human services on behalf of the department under section 1927 of the federal social security act, and to third party data vendors, for the purpose of validating claims submitted under such rebate agreement or program including but not limited to, the program for elderly pharmaceutical insurance coverage, and the Medicaid drug rebate program in general for the period from January first, two thousand fourteen through June thirtieth, two thousand eighteen. Such utilization information shall include, but not be limited to: prescription numbers, national drug codes, number of units dispensed, claims paid date, date of service, prescribing physician state identification number, amount billed for each prescription, amount of reimbursement received for each prescription (including any adjustment codes), dispensing pharmacy's state identification number, dispensing fee, any applicable third-party payments, applicable co-payments, refill code, internal claim number of the prescription, days supply, J-Code claims including single source and multisource physician administered drugs, NPI numbers, MCO plan identifier, MCO plan name, and the name, address, city, state and zip code of the prescribing practitioner and pharmacy. The prescription drug utilization information shall be provided to the third party data vendor as soon as practicable following establishment of this program. There shall be no cost to the department for services performed by the third party data vendor. Any prescription drug utilization data provided to the third party data vendor under this program shall not be shared with other parties, except participating drug manufacturers who have entered into a rebate agreement with the department or with the federal secretary of health and human services on behalf of the department under section 1927 of the 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 select a qualified vendor no later than June first, two thousand seventeen. The department shall subsequently provide a report on the results of the 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 eighteen. The report shall include findings as to the program's contribution to improving the ability of the department to validate drug rebate claims and rectify disputed claims.

§ 19. 1. Medicaid FFS, the department of health shall make biannual assessments of non-preferred drugs in the best clinical interests of New York Medicaid beneficiaries. The department of health shall include, at the manufacturer's option, a non-preferred drug as a preferred drug when at least thirty-five percent of prescriptions filled in that drug's class in the previous two quarters were for a non-preferred drug on the PDL, provided that the manufacturer of such previously non-preferred drug agrees to the rebate required under section 1927 of the Social Security Act and an additional supplemental rebate. The department of health and the manufacturer may negotiate the alternative supplemental rebate. The previously non-preferred drug will not be disadvantaged, including but not limited to imposing prior authorization or utilization management requirements, to the other preferred drugs in its class other than what is required by the FDA-approved label.

2. The department of health shall provide an annual report to the legislature that outlines, with respect to any drug class on the PDL in which only a single therapeutic pathway, which may involve one or more drugs prescribed in combination for the same patient, is preferred, the financial impact of the state's PDL decision, the clinical evidence the state relied on in establishing preferences for the class, and the clinical criteria that permit beneficiaries to access non-preferred drug in such a class.

§ 20. Severability. If any clause, sentence, paragraph, or subdivision of this section shall be adjudged by any court of competent jurisdiction to be invalid, such judgment shall not affect, impair, or invalidate the remainder thereof, but shall be confined in its operation to the clause, sentence, paragraph, or subdivision 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 section would have been enacted even if such invalid provisions had not been included herein.

§ 21. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2017; provided, however, that sections nine and sixteen of this act shall take effect July 1, 2017; provided, further, that the amendments to paragraph (c) of subdivision 6 of section 367-a of the social services law made by section sixteen of this act shall not affect the repeal of such paragraph and shall be deemed repealed therewith; and provided, further, that the amendments to subdivision 9 of section 367-a of the social services law made by section seven of this act shall not affect the expiration of such subdivision and shall be deemed to expire therewith.

PART E

Section 1. Intentionally omitted.

§ 2. Intentionally omitted.

§ 3. Intentionally omitted.

§ 4. Intentionally omitted.

§ 5. Intentionally omitted.

§ 6. Paragraph (m) of subdivision 2 of section 365-a of the social services law, as amended by chapter 725 of the laws of 1989, is amended to read as follows:

(m) hospice services provided by a hospice certified pursuant to article forty of the public health law, to the extent that federal financial participation is available **and that such services are covered under title XVIII of the federal social security act, to the extent that such coverage does not result in a rate or reimbursement reduction to the health care plan or provider**, and, notwithstanding federal financial participation**, coverage under title XVIII of the federal social security act to the extent that such coverage does not result in a rate or reimbursement reduction to the health care plan or provider,** and any provision of law or regulation to the contrary, for hospice services provided pursuant to the hospice supplemental financial assistance program for persons with special needs as provided for in article forty of the public health law.

§ 6-a. Paragraph (d) of subdivision 1 of section 3614-c of the public health law, as amended by chapter 56 of the laws of 2016, is amended to read as follows:

(d) "Home care aide" means a home health aide, personal care aide, home attendant or other licensed or unlicensed person whose primary responsibility includes the provision of in-home assistance with activities of daily living, instrumental activities of daily living or health-related tasks; provided, however, that home care aide does not include any individual [~~(i)~~] working on a casual basis[~~, or (ii) who is a relative through blood, marriage or adoption of: (1) the employer; or (2) the person for whom the worker is delivering services, under a program funded or administered by federal, state or local government~~].

§ 6-b. Section 365-f of the social services law is amended by adding two new subdivisions 4-a and 4-b to read as follows:

4-a. Fiscal intermediary services. (a) For the purposes of this section:

(i) "Fiscal intermediary" means an entity that provides fiscal intermediary services and has a contract for providing such services with:

(A) a local department of social services;

(B) an organization licensed under article forty-four of the public health law; or

(C) an accountable care organization certified under article twenty-nine-E of the public health law or an integrated delivery system composed primarily of health care providers recognized by the department as a performing provider system under the delivery system reform incentive payment program.

(ii) Fiscal intermediary services shall include the following services, performed on behalf of the consumer to facilitate his or her role as the employer:

(A) wage and benefit processing for consumer directed personal assistants;

(B) processing all income tax and other required wage withholdings;

(C) complying with workers' compensation, disability and unemployment requirements;

(D) maintaining personnel records for each consumer directed personal assistant, including time sheets and other documentation needed for wages and benefit processing and a copy of the medical documentation required pursuant to regulations established by the commissioner;

(E) ensuring that the health status of each consumer directed personal assistant is assessed prior to service delivery pursuant to regulations issued by the commissioner;

(F) maintaining records of authorizations or reauthorizations of services;

(G) monitoring the consumer's or, if applicable, the designated representative's continuing ability to fulfill the consumer's responsibilities under the program and promptly notifying the authorizing entity of any circumstance that may affect the consumer's or, if applicable, the designated representative's ability to fulfill such responsibilities;

(H) complying with regulations established by the commissioner specifying the responsibilities of providers providing services under this title; and

(I) entering into a department approved memorandum of understanding with the consumer that describes the parties' responsibilities under this program.

(iii) Fiscal intermediaries are not responsible for, and fiscal intermediary services shall not include, fulfillment of the responsibilities of the consumer or, if applicable, the consumer's designated representative as established by the commissioner. A fiscal intermediary's responsibilities shall not include, and a fiscal intermediary shall not engage in: managing the plan of care including recruiting and hiring a sufficient number of individuals who meet the definition of consumer directed personal assistant, as such term is defined by the commissioner, to provide authorized services that are included on the consumer's plan of care; training, supervising and scheduling each consumer directed personal assistant; terminating the consumer directed personal assistant's employment; or assuring that each consumer directed personal assistant competently and safely performs the personal care services, home health aide services and skilled nursing tasks that are included on the consumer's plan of care. A fiscal intermediary shall exercise reasonable care in properly carrying out its responsibilities under the program.

(b) No entity shall provide, directly or through contract, fiscal intermediary services without a certification as a fiscal intermediary issued by the commissioner in accordance with this subdivision.

(c) An application for certification as a fiscal intermediary shall be filed with the commissioner, together with such other forms and information as shall be prescribed by, or acceptable to the commissioner. Such information shall include, but not be limited to:

(i) the name, employer identification number, and Medicaid provider identification number of the organization, including any subsidiary corporations, if applicable, and any name under which the entity does business;

(ii) all addresses at which the organization operates;

(iii) the names, titles and contact information of all officers and directors in a not-for-profit company or business, or managers in a limited liability company, as well as the name and employment history of the individual ultimately accountable for operation of the fiscal intermediary; and for a not-for-profit entity, the number of director positions set by the company's by-laws, and how many are currently filled;

(iv) a history of the organization, along with an overview of the organization and all services it offers, including any relationships with outside agencies that may influence in any way the ability of the organization to provide fiscal intermediary services consistent with the manner described in its application;

(v) all policies and procedures of the fiscal intermediary, including any contracts or other documents used in communications with consumers;

(vi) plans to solicit and consider input from the fiscal intermediary's consumers, staff, personal assistants and other interested parties which may be charged with roles including, but not limited to,

quality assurance review, referral, program monitoring or development or establishing and responding to community needs; such input may be in the form of a board of directors, committee, survey, or other mechanism, provided that the majority of input obtained as part of this process must be from individual consumers and consumer advocates of the fiscal intermediary;

(vii) the organization's plan to address the needs of consumers and their personal assistants in a timely manner, regardless of where they live, including, but not limited to, input from consumers, obtaining physicals and other health information from personal assistants, obtaining time records for payroll, and timely processing of payroll; and

(viii) a written sworn statement by an officer of the entity disclosing any pending litigation, unsatisfied judgments or penalties, convictions for fraud or sanctions imposed by government authorities.

(d) The entity shall reasonably promptly notify the department of any change in the information submitted to the department for certification under this subdivision.

(e) The commissioner shall not approve an application for certification unless he or she is satisfied as to the character, competence and standing in the community of the applicant's incorporators, directors, sponsors, stockholders or operators and finds that the personnel, rules, consumer contracts or agreements, and fiscal intermediary services are fit and adequate, and that the fiscal intermediary services will be provided in the manner required by this subdivision and the rules and regulations hereunder, in a manner determined by the commissioner.

(f) The commissioner may contract with an entity with appropriate knowledge, expertise and experience possessing extensive knowledge of consumer directed personal assistance fiscal intermediary services and which has a history of providing similar services in relation to a self-directed program to develop and to assist the commissioner in evaluating applicants for certifications or readiness reviews to be a fiscal intermediary.

(g) Neither public need, tax status nor profit-making status shall be a criterion for certification under this subdivision. Status as a licensed home care services agency or other health provider shall not positively or negatively affect an application for certification under this subdivision. An organization authorized pursuant to article forty-four of the public health law shall not be a fiscal intermediary.

(h) A certification under this subdivision shall last for a period of five years. Upon application for a renewal, the fiscal intermediary shall submit up to date information to the commissioner.

(i) The commissioner shall charge applicants for the certification an application fee of one thousand dollars.

4-b. Proceedings involving the certification of a fiscal intermediary. (a) A certification of a fiscal intermediary may be revoked, suspended, limited or annulled by the commissioner on proof that it has failed to comply with the provisions of this subdivision or regulations promulgated hereunder.

(b) No such certification shall be revoked, suspended, limited, annulled or denied without a hearing. However, a certification may be temporarily suspended or limited without a hearing for a period not in excess of thirty days upon written notice to the fiscal intermediary following a finding by the department that the public health or safety is in imminent danger. Such period may be renewed upon written notice and a continued finding under this paragraph.

(c) The commissioner shall fix a time and place for the hearing. A copy of the charges, together with the notice of the time and place of the hearing, shall be served in person or mailed by registered or certified mail to the fiscal intermediary at least twenty-one days before the date fixed for the hearing. The fiscal intermediary shall file with the department not less than eight days prior to the hearing, a written answer to the charges.

(d) All orders or determinations under this subdivision shall be subject to review as provided in article seventy-eight of the civil practice law and rules.

§ 6-c. Subdivision (a) of section 90 of part H of chapter 59 of the laws of 2011, amending the public health law and other laws, relating to general hospital inpatient reimbursement for annual rates, as amended by section 38 of part C of chapter 60 of the laws of 2014, is amended to read as follows:

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

(2) Alternative methods of cost containment as authorized and implemented pursuant to paragraph one of this subdivision shall continue to be applied and maintained for periods on and after April 1, 2014, provided, however, that the commissioner of health, in consultation with the director of the budget, is authorized to terminate such alternative methods upon a finding that they are no longer necessary to maintain essential cost savings.

(3) Notwithstanding any other provision of law to the contrary, for the state fiscal years beginning April 1, 2014, and until such time as the state receives approval of its state plan amendment #15-0056 to the title XIX Medicaid state plan for long term care, the state shall fund nursing homes the Medicaid state share of the federal medical assistance percentage.

§ 6-d. Paragraph (b) of subdivision 10 of section 3614 of the public health law, as amended by section 5 of part C of chapter 109 of the laws of 2006, is amended and a new paragraph (e) is added to read as follows:

(b) Programs which have their rates adjusted pursuant to this subdivision shall use such funds solely for the purposes of recruitment, training and retention of non-supervisory home care services workers or other

personnel with direct patient care responsibility. Such purpose shall include the recruitment, training and retention of non-supervisory home care services workers or any worker with direct patient care responsibility employed in licensed home care services agencies under contract with such agencies. Such agencies are prohibited from using such fund for any other purpose. For purposes of the long term home health care program, such payment shall be treated as supplemental payments and not effect any current cost cap requirement. **For purposes of the managed long term care program, plans shall distribute such funds in their entirety using a reasonable methodology. Such payments shall be supplemental to reimbursement rates, and plans shall provide written notification to each contracted agency indicating the amount of funds disbursed for the purpose of recruitment, training and retention of non-supervisory home care services workers or any personnel with direct patient care responsibility.** Each such agency shall submit, at a time and in a manner determined by the commissioner, a written certification attesting that such funds will be used solely for the purpose of recruitment, training and retention of non-supervisory home health aides or any personnel with direct patient care responsibility. **When submitting attestations to the department, managed long term care plans shall include the methodology utilized in the disbursement of funds.** The commissioner is authorized to audit each such agency or program to ensure compliance with the written certification required by this subdivision and shall recoup any funds determined to have been used for purposes other than recruitment and retention of non-supervisory home health aides or other personnel with direct patient care responsibility. Such recoupment shall be in addition to any other penalties provided by law.

(e) The department shall provide a report to the chairs of the senate finance committee, assembly ways and means committee, and senate health and assembly health committees. Such report shall be submitted on or before January first, two thousand eighteen and shall include the distribution of monies by plan and provider of the funds set forth in this subdivision.

§ 6-e. Subdivision 3 of section 461-l of the social services law, as added by chapter 165 of the laws of 1991, subparagraph (iii) of paragraph (a) as amended by chapter 438 of the laws of 1994, paragraphs (b), (c), (e) and (f) as amended by section 82 of part A of chapter 58 of the laws of 2010, paragraph (d) as amended by chapter 591 of the laws of 1999, paragraph (g) as amended by chapter 397 of the laws of 2012, paragraph (h) as added by section 20 of part B of chapter 58 of the laws of 2007, paragraph (i) as amended by section 67 of part C of chapter 60 of the laws of 2014 and paragraph (j) as added by section 70 of part A of chapter 56 of the laws of 2013, is amended to read as follows:

3. Assisted living program approval. (a) An eligible applicant proposing to operate an assisted living program **or increase the number of beds within an existing program** shall submit an application to the [~~**department. Upon receipt, the department shall transmit a copy of the application and accompanying documents to the**~~] department of health. Such application shall be in a format and a quantity determined by the department **of health** and shall include, but not be limited to:

(i) a copy of or an application for an adult care facility operating certificate;

(ii) a copy of or an application for a home care services agency license or a copy of a certificate for a certified home health agency or authorization as a long term home health care program;

(iii) a copy of a proposed contract with a social services district or in a social services district with a population of one million or more, a copy of a proposed contract with the social services district or the department;

(iv) if the applicant is not a long term home health care program or certified home health agency, a copy of a proposed contract with a long term home health care program or certified home health agency for the provisions of services in accordance with article thirty-six of the public health law; and

(v) a detailed description of the proposed program including budget, staffing and services.

(b) If the application for the proposed program includes an application for licensure as a home care service agency, the department of health shall forward the application for the proposed program and accompanying documents to the public health and health planning council for its written approval in accordance with the provisions of section thirty-six hundred five of the public health law.

(c) An application for an assisted living program **or an expansion of an existing program** shall not be approved unless the commissioner is satisfied as to:

(i) the character, competence and standing in the community of the operator of the adult care facility;

(ii) the financial responsibility of the operator of the adult care facility;

(iii) that the buildings, equipment, staff, standards of care and records of the adult care facility to be employed in the operation comply with applicable law, rule and regulation;

(iv) the commissioner of health is satisfied that the licensed home care agency has received the written approval of the public health and health planning council as required by paragraph (b) of this subdivision and the equipment, personnel, rules, standards of care, and home care services provided by the licensed home care agency and certified home health agency or long term home health care program are fit and adequate and will be provided in the manner required by article thirty-six of the public health law and the rules and regulations thereunder; and

(v) [~~the commissioner and~~] the commissioner of health [~~are~~] **is** satisfied as to the public need for the assisted living program **beds being proposed after giving consideration to the relative concentration of assisted living program beds in existence in the area to be served, the need for alternative levels of care in the area served, the impact on other providers of care and the overall availability of assisted living program beds in the state**.

(d) The department **of health** shall not approve an application for an assisted living program **or an expansion of an existing program** for any eligible applicant who does not meet the requirements of this article, including but not limited to, an eligible applicant who is already or within the past ten years has been an incorporator, director, sponsor, principal stockholder, member or owner of any adult care facility which has been issued an operating certificate by the board or the department, or of a halfway house, hostel or other residential facility or institution for the care, custody or treatment of the mentally disabled which is subject to approval by an office of the department of mental hygiene, or of any residential health care facility or home care agency as defined in the public health law, unless [~~the department, in conjunction with the department of health,~~] **it** finds by substantial evidence as to each such applicant that a substantially consistent high level of care

has been rendered in each such facility or institution under which such person is or was affiliated. For the purposes of this paragraph, there may be a finding that a substantially consistent high level of care has been rendered despite a record of violations of applicable rules and regulations, if such violations (i) did not threaten to directly affect the health, safety or welfare of any patient or resident, and (ii) were promptly corrected and not recurrent.

(e) [~~The commissioner of health shall provide written notice of approval or disapproval of portions of the proposed application concerning a licensed home care agency, certified home health agency or long term home health care program, and, where applicable, of the approval or disapproval of the public health and health planning council to the commissioner.~~] If an application receives all the necessary approvals, the commissioner **of health** shall notify the applicant in writing. The commissioner's written approval shall constitute authorization to operate an assisted living program.

(f) No assisted living program may be operated without the written approval of [~~the department,~~] the department of health and, where applicable, the public health and health planning council.

(g) Notwithstanding any other provision of law to the contrary, any assisted living program having less than seventy-five authorized bed slots, located in a county with a population of more than one hundred ten thousand and less than one hundred fifty thousand persons based upon the decennial federal census for the year two thousand, and which at any point in time is unable to accommodate individuals awaiting placement into the assisted living program, shall be authorized to increase the number of assisted living beds available for a specified period of time as part of a demonstration program by up to thirty percent of its approved bed level; provided, however, that such program shall otherwise satisfy all other assisted living program requirements as set forth in this section. In addition, any program which receives such authorization and which at any point on or after July first, two thousand five is unable to accommodate individuals awaiting placement into the assisted program, shall be authorized to further increase the number of assisted living beds available as part of this demonstration program by up to twenty-five percent of its bed level as of July first, two thousand five; provided, however, that such program shall otherwise satisfy all other assisted living program requirements as set forth in this section.

(h) The commissioner is authorized to add one thousand five hundred assisted living program beds to the gross number of assisted living program beds having been determined to be available as of April first, two thousand seven.

(i) (a) The commissioner of health is authorized to add up to six thousand assisted living program beds to the gross number of assisted living program beds having been determined to be available as of April first, two thousand nine. Nothing herein shall be interpreted as prohibiting any eligible applicant from submitting an application for any assisted living program bed so added. The commissioner of health shall not be required to review on a comparative basis applications submitted for assisted living program beds made available under this paragraph. The commissioner of health shall only authorize the addition of six thousand beds pursuant to a seven year plan ending prior to January 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.

(j) The commissioner of health is authorized to add up to four thousand five hundred assisted living program beds to the gross number of assisted living program beds having been determined to be available as of April first, two thousand twelve. Applicants eligible to submit an application under this paragraph shall be limited to adult homes established pursuant to section four hundred sixty-one-b of this article with, as of September first, two thousand twelve, a certified capacity of eighty beds or more in which twenty-five percent or more of the resident population are persons with serious mental illness as defined in regulations promulgated by the commissioner of health. The commissioner of health shall not be required to review on a comparative basis applications submitted for assisted living program beds made available under this paragraph.

(k) Beginning on April first, two thousand seventeen, the commissioner of health is authorized to approve assisted living program beds for any eligible applicant that satisfactorily demonstrates the public need for such beds in the area to be served and meets all other applicable requirements of this section. Assisted living program bed availability determinations and limitations in place prior to April first, two thousand seventeen shall no longer be applicable, and assisted living program beds shall be generally available to meet demonstrated public need on a case by case basis whenever the commissioner is satisfied public need exists at the time and place and under circumstances proposed by the applicant; provided, however, the prior bed authorizations in paragraphs (h), (i) and (j) of this subdivision shall continue in full force and effect.

§ 6-f. Paragraph (d-2) of subdivision 3 of section 364-j of the social services law, as added by section 20-a of part B of chapter 59 of the laws of 2016, is amended to read as follows:

(d-2) Services provided pursuant to waivers, granted pursuant to subsection (c) of section 1915 of the federal social security act, to persons suffering from traumatic brain injuries or qualifying for nursing home diversion and transition services, shall not be provided to medical assistance recipients through managed care programs [~~until at least January first, two thousand eighteen~~] **established pursuant to this section, and shall continue to be provided outside of managed care programs and in accordance with such waiver programs as they existed on January first, two thousand fifteen; provided, further that the commissioner of health is hereby directed to take any action required, including but not limited to filing waivers and waiver extensions as necessary with the federal government, to continue the provision of such services**.

§ 6-g. Subdivision 8 of section 4403-f of the public health law, as amended by section 21 of part B of chapter 59 of the laws of 2016, is amended as follows:

8. Payment rates for managed long term care plan enrollees eligible for medical assistance. The commissioner shall establish payment rates for services provided to enrollees eligible under title XIX of the federal social security act. Such payment rates shall be subject to approval by the director of the division of the budget and shall reflect savings to both state and local governments when compared to costs which would be incurred by such program if enrollees were to receive compara-

ble health and long term care services on a fee-for-service basis in the geographic region in which such services are proposed to be provided. **In addition, the commissioner shall be authorized to apply a positive, geographic adjustment to the rates for managed long term care plans serving either rural or other regions where costs are increased due to elements of geography, regional resource limitations, population density and/or other regional factors, and where such rate adjustment is necessary in order to ensure adequate service capacity and quality care in the region.** Payment rates shall be risk-adjusted to take into account the characteristics of enrollees, or proposed enrollees, including, but not limited to: frailty, disability level, health and functional status, age, gender, the nature of services provided to such enrollees, and other factors as determined by the commissioner. The risk adjusted premiums may also be combined with disincentives or requirements designed to mitigate any incentives to obtain higher payment categories. In setting such payment rates, the commissioner shall consider costs borne by the managed care program **plans and service providers** to ensure actuarially sound and adequate rates of payment to ensure quality of care shall comply with all applicable laws and regulations, state and federal, including regulations as to actuarial soundness for medicaid managed care. **To ensure quality care, the commissioner shall also consider the need for any necessary positive adjustments in the premium and rate calculations based on critical costs and need not be reflected in the managed care program historical cost and encounter statistical base, including but not limited to cost and need for direct care personnel wages and benefits and related cost to ensure workforce/service capacity to meet community need, provider technology capacity, quality innovation, essential direct care staff training, addressing public health priorities, and other system infrastructure and transition needs. In setting actuarially sound and adequate payment rates, the commissioner shall follow the analysis and recommendations of an independent actuary, which shall also provide his or her certification and analysis directly to the chairs of the senate and assembly committees on health, the chair of the senate finance committee and the chair of the assembly committee on ways and means. The commissioner shall submit to the director of the budget, rates that are actuarially sound to cover these costs.**

§ 6-h. Paragraph (c) of subdivision 18 of section 364-j of the social services law, as added by section 40-c of part B of chapter 57 of the laws of 2015 is REPEALED.

§ 6-i. Paragraph (c) of subdivision 18 of section 364-j of the social services law, as added by section 55 of part B of chapter 57 of the laws of 2015, is amended to read as follows:

(c) **(i) In setting such reimbursement methodologies, the department shall consider costs borne by the managed care program to ensure that each plan receives actuarially sound and adequate rates of payment to ensure quality of care for its enrollees.** The department of health shall require the independent actuary selected pursuant to paragraph (b) of this subdivision to provide a complete actuarial memorandum, along with all actuarial assumptions made and all other data, materials and methodologies used in the development of rates, to managed care providers thirty days prior to submission of such rates to the centers for medicare and medicaid services for approval. Managed care providers may request additional review of the actuarial soundness of the rate setting process and/or methodology.

(ii) In fulfilling the requirements of this paragraph, the department of health, in consultation with the independent actuary, the affected managed care providers and other interested parties, shall develop and utilize statistically validated assessment tools to determine the care needs of individuals enrolled in managed care plans, which shall involve consideration of variables including, but not limited to, physical and behavioral functioning, activities of daily living and instrumental activities of daily living, and primary or secondary diagnoses of cognitive impairment or mental illness.

(iii) The department shall establish separate rate cells to reflect the costs of care for specific high-need and/or high-cost enrollees of managed care providers operating on a full capitation basis and in managed long term care plans operating in accordance with the provisions of section forty-four hundred three-f of the public health law. By June thirtieth, two thousand seventeen the commissioner shall submit to the Centers for Medicare and Medicaid Services a state plan amendment or other appropriate approval of a capitated rate which includes a separate rate cell or cells and shall also include policies and procedures to ensure Americans with Disability Act and federal Olmstead compliance for covering the cost of care for each of the following:

(A) individuals in managed care providers operating on a full capitation basis and individuals in managed long term care plans that are either already residing in a skilled nursing home or are placed in a skilled nursing home;

(B) individuals in managed long term care plans, who remain in the community and who daily receive live-in or twelve hours or more of personal care or home health services;

(C) individuals in fully-capitated plans who satisfy the criteria for inclusion in a health and recovery plan for persons with serious mental illness, but have not been enrolled in such a plan; and

(D) such other individuals who, based on the assessment of their care needs, their diagnosis or other factors, are determined to present uniquely high-needs and are likely to generate high costs, as may be identified by the department.

(iv) Should the commissioner not receive authorization by the Centers for Medicare and Medicaid Services to implement a separate nursing home facility rate cell or cells under clause (A) of subparagraph (iii) of this paragraph by December thirty-first, two thousand seventeen, the commissioner shall direct managed care organizations licensed under article forty-four of the public health law, article forty-three of the insurance law, and this section, to continue to reimburse nursing home facilities for services provided to persons eligible for medical assistance who are enrolled in such managed care organizations at a benchmark rate which is to be the fee-for-service rate calculated pursuant to section twenty-eight hundred eight of the public health law paid by the Medicaid program for such services. The commissioner shall further insure that the premium paid to managed care organizations for such services is commensurate with the benchmark rate. The benchmark fee-for-service rate shall continue to be paid by such managed care organizations for all services provided by residential health care facilities from the effective date of this subparagraph at least until March thirty-first, two thousand nineteen.

§ 6-j. The department of health shall study and report to the legislature by June 1, 2017 on the need for and feasibility of repatriation of complex-needs patients placed in out-of-state facilities and funded through medical assistance.

§ 7. This act shall take effect immediately; provided, however, that:

a. section six of this act shall take effect June 1, 2017;

b. section six-b of this act shall take effect on the first of January after it shall have become a law; provided that prior to that date, the commissioner of health shall make regulations and take other actions reasonably necessary to implement section six-b of this act on that date; and provided further that any entity operating as a fiscal intermediary prior to this act becoming a law may continue to do so for one year after this act takes effect, and may continue to do so after that time only upon obtaining certification under this act;

c. the amendments to section 364-j of the social services law, made by sections six-f and six-i of this act, shall not affect the expiration and repeal of such section, and shall expire and be deemed repealed therewith; and

d. the amendments to section 4403-f of the public health law made by section six-g of this act shall not affect the repeal of such section and shall be deemed repealed therewith.

PART F

Section 1. Subdivision 4 of section 365-h of the social services law, as separately amended by section 50 of part B and section 24 of part D of chapter 57 of the laws of 2015, 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, other than transportation services provided or arranged for enrollees of managed long term care plans issued certificates of authority under section forty-four hundred three-f of the public health law**; and adult day health care programs located at a licensed residential health care facility as defined by section twenty-eight hundred one of the public health law or any approved extension site thereof**. 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. 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 be subject to the review and approval of the commissioner.

§ 2. Subdivision 5 of section 365-h of the social services law is REPEALED.

§ 3. Intentionally omitted.

§ 4. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2017; provided, further, that the amendments to section 365-h of the social services law made by section one of this act shall not affect the repeal of such section and shall be deemed repealed therewith.

PART G

Section 1. Subdivision 1 of section 92 of part H of chapter 59 of the laws of 2011, amending the public health law and other laws relating to known and projected department of health state fund medicaid expenditures, as separately amended by section 1 of part JJ of chapter 54 of the laws of 2016 and section 18 of part B of chapter 59 of the laws of 2016, is amended to read as follows:

1. For state fiscal years 2011-12 through 2017-18, the director of the budget, in consultation with the commissioner of health referenced as "commissioner" for purposes of this section, shall assess on a monthly basis, as reflected in monthly reports pursuant to subdivision five of this section known and projected department of health state funds medicaid expenditures by category of service and by geographic regions, as defined by the commissioner, and if the director of the budget determines that such expenditures are expected to cause medicaid disbursements for such period to exceed the projected department of health medicaid state funds disbursements in the enacted budget financial plan pursuant to subdivision 3 of section 23 of the state finance law, the commissioner of health, in consultation with the director of the budget, shall develop a medicaid savings allocation plan to limit such spending to the aggregate limit level specified in the enacted budget financial plan, provided, however, such [~~projections may be adjusted by the director of the budget to account for any changes in the New York state federal medical assistance percentage amount established pursuant to the federal social security act, changes in provider revenues, reductions to local social services district medical assistance administration, minimum wage increases, and beginning April 1, 2012 the operational costs of the New York state medical indemnity fund and state costs or savings from the basic health plan. Such projections may be adjusted by the director of the budget to account for increased or expedited department of health state funds medicaid expenditures as a result of a natural or other type of disaster, including a governmental declaration of emergency~~] **savings allocation plan must be approved by legislation prior to implementation**.

§ 1-a. Section 91 of part H of chapter 59 of the laws of 2011, amending the public health law and other laws relating to general hospital inpatient reimbursement for annual rates, as amended by section 5 of part F of chapter 56 of the laws of 2012 and subdivision 1 as amended by section 2 of part A of chapter 56 of the laws of 2013, is amended to read as follows:

§ 91. 1. Notwithstanding any inconsistent provision of state law, rule or regulation to the contrary, subject to federal approval, the year to year rate of growth of department of health state funds Medicaid **medical assistance** spending **on programs that (a) receive federal financial participation; (b) are required to be made by the state under the federal medical assistance program laws, rules or regulations; (c) are required under the state's Medicaid state plan; or (d) are otherwise enumerated in this section** shall not exceed the ten year rolling average

of the medical component of the consumer price index as published by the United States department of labor, bureau of labor statistics, for the preceding ten years; provided, however, that for state fiscal year 2013-14 and for each fiscal year thereafter, the maximum allowable annual increase in the amount of department of health state funds Medicaid spending shall be calculated by multiplying the department of health state funds Medicaid spending for the previous year, minus the amount of any department of health state operations spending included therein, by such ten year rolling average.

2. Except as provided in subdivision three of this section, for state fiscal year 2013-14 and for each fiscal year thereafter, the spending limit calculated pursuant to subdivision one of this section shall be increased by an amount equal to the difference between the total social services district medical assistance expenditure amounts calculated for such period in conformance with subdivisions (b), (c), (c-1), and (d) of section 1 of part C of chapter 58 of the laws of 2005 and the total social services district medical expenditure amounts that would have resulted if the provisions of subdivision (c-1) of such section had not been applied.

3. With respect to a social services district that rescinds the exercise of the option provided in paragraph (i) of subdivision (b) of section 2 of part C of chapter 58 of the laws of 2005, for state fiscal year 2013-14 and for each fiscal year thereafter, the spending limit calculated pursuant to subdivision one of this section shall be reduced by the amount of the medical assistance expenditure amount calculated for such district for such period.

4. The year to year rate of growth shall be rebased as of April 1, 2017 in proportion to the elimination of funds currently calculated in the annual department of health state funds Medicaid spending that do not satisfy subdivision one of this section.

§ 2. Intentionally omitted.

§ 3. Section 4-a of part C of chapter 58 of the laws of 2005, authorizing reimbursements for expenditures made by or on behalf of social services districts for medical assistance for needy persons and the administration thereof, is amended by adding a new subdivision (e) to read as follows:

(e) Beginning with state fiscal year 2017-18, the amount due to be reimbursed under subdivision (a) of this section to a social services district which includes a city with a population of more than five million shall be reduced annually by 50 million dollars unless:

(i) By June 30, 2017, such district has a shared savings allocation plan approved by the commissioner of health to increase by 100 million dollars the current annual dollar amount of the city's finally submitted and payable Medicaid claims for preschool and school supportive health services eligible for federal financial participation; the department of health will provide technical assistance as needed to assist the social services district in implementing the plan, which must detail: how the city will identify preschool and school-aged children who are receiving preschool and school supportive health services reimbursable under the current Medicaid state plan and submit claims for reimbursement; and how the plan will generate fifty million dollars in state savings to the Medicaid program. Such plan may be revised, subject to the review and approval of the commissioner of health, as necessary to maintain the increased level of claiming and to generate the required Medicaid state savings in subsequent fiscal years; and

(ii) On October 1, 2017 and annually thereafter, the commissioner of health determines that ongoing activities under the approved shared savings allocation plan approved pursuant to subparagraph (i) of this paragraph are likely to achieve the targeted dollar amount of payable Medicaid claims for preschool and school supportive health services for the applicable fiscal year; the social services district and city shall provide such information and documentation as the commissioner of health may require in order to make such determination.

(iii) The non-federal share of the costs of services for which claims are submitted as a result of the implementation of the shared savings allocation plan established pursuant to this paragraph shall be the responsibility of the social services district.

(iv) Any reduction in the amount due to be reimbursed under subdivision (a) of this section as a result of the operation of this subdivision shall be in addition to any reduction imposed pursuant to subdivision (c) of this section or authorized pursuant to any other applicable law.

§ 3-a. Notwithstanding any contrary provision of law, the commissioner of health shall not take any action with the purpose of reducing payment for general hospital emergency services visits provided to patients eligible for medical assistance pursuant to title 11 of article 5 of the social services law, including such patients enrolled in organizations operating in accordance with the provisions of article 44 of the public health law or in health maintenance organizations organized and operating in accordance with article 43 of the insurance law.

§ 3-b. Section 364-j of the social services law is amended by adding a new subdivision 33 to read as follows:

33. Rates paid to managed care organizations participating in a managed care program pursuant to this section may not be reduced as part of any administrative action if:

(a) any managed care organization participating in the same managed care program has reported on the fourth quarter operating reports of the immediately preceding calendar year that the sum of the reported medical expenses and administrative expenses exceeded rates paid to the managed care organization for the managed care program; or

(b) any managed care organization participating in the same managed care program has reported a medical loss ratio exceeding ninety percent in the preceding calendar year; or

(c) the reduction is applicable to a rate period that began prior to the date that the rates for that period have been implemented.

For purposes of this subdivision "rates" shall include the total payments made to plans for purposes of distributions under a quality pool program. While the amount paid to each plan may vary depending on plan performance under the quality payment metrics, the total amount paid to all plans for quality pool payments shall constitute "rates" and are subject to the provisions of this section. "Rates" shall not include specifically identified amounts added to reimburse plans for payments due to providers or other entities pursuant to statutory obligations, taxes or waiver program participation.

§ 4. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2017; provided, however, that the amendments made to section 364-j of the social services law made by section three-b of this act shall not affect the repeal of such section and shall be deemed to be repealed therewith.

PART H

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 B of chapter 60 of the laws of 2014, 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, [~~2017~~] **2020**, 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, [~~2017~~] **2020**, and continued expenditure of funds authorized for programs and grants until the exhaustion of funds therefor;

§ 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 B of chapter 60 of the laws of 2014, 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, [~~2017~~] **2020**, 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, [~~2017~~] **2020**, and continued expenditure of funds authorized for programs and grants until the exhaustion of funds therefor;

§ 3. Subparagraph (xv) of paragraph (a) of subdivision 6 of section 2807-s of the public health law, as amended by section 3 of part B of chapter 60 of the laws of 2014, is amended to read as follows:

(xv) A gross annual statewide amount for the period January first, two thousand fifteen through December thirty-first, two thousand [~~seventeen~~] **twenty**, shall be one billion forty-five million dollars.

§ 4. Subparagraph (xiii) of paragraph (a) of subdivision 7 of section 2807-s of the public health law, as amended by section 4 of part B of chapter 60 of the laws of 2014, is amended to read as follows:

(xiii) twenty-three million eight hundred thirty-six thousand dollars each state fiscal year for the period April first, two thousand twelve through March thirty-first, two thousand [~~seventeen~~] **twenty**;

§ 5. Subparagraphs (iv) and (v) of paragraph (a) of subdivision 9 of section 2807-j of the public health law, as amended by section 5 of part B of chapter 60 of the laws of 2014, are amended to read as follows:

(iv) seven hundred sixty-five million dollars annually of the funds accumulated for the periods January first, two thousand through December thirty-first, two thousand [~~sixteen~~] **nineteen**, and

(v) one hundred ninety-one million two hundred fifty thousand dollars of the funds accumulated for the period January first, two thousand [~~seventeen~~] **twenty** through March thirty-first, two thousand [~~seventeen~~] **twenty**.

§ 6. Subdivisions 5-a and 7 of section 2807-m of the public health law, as amended by section 9 of part B of chapter 60 of the laws of 2014, subparagraphs (iv), (v) and (vi) of paragraph (d) of subdivision 5-a as added by section 4 of part W of chapter 57 of the laws of 2015, are amended to read as follows:

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

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

(b) Empire clinical research investigator program (ECRIP). Nine million one hundred twenty thousand dollars annually for the period January first, two thousand nine through December thirty-first, two thousand ten, and two million two hundred eighty thousand dollars for the period January first, two thousand eleven, through March thirty-first, two thousand eleven, nine million one hundred twenty thousand dollars each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen, [~~and~~] up to eight million six hundred twelve thousand dollars each state fiscal year for the period April first, two thousand fourteen through March thirty-first, two thousand seventeen**, and up to eight million six hundred twelve thousand dollars each state fiscal year for the period April first, two thousand seventeen through March thirty-first, two thousand twenty**, shall be set aside and reserved by the commissioner from the regional pools established pursuant to subdivision two of this section to be allocated regionally with two-thirds of the available funding going to New York city and one-third of the available funding going to the rest of the state and shall be available for distribution as follows:

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

agraph. Such distributions shall be made in accordance with the following methodology:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(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, 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~~] up to four million sixty thousand dollars each state fiscal year for the period April first, two thousand fourteen through March thirty-first, two thousand seventeen**, and up to four million sixty thousand dollars each fiscal year for the period April first, two thousand seventeen through March thirty-first, two thousand twenty**, 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 sponsoring institutions to be directed to support clinical training of medical students and residents in free-standing ambulatory care settings, including community health centers and private practices. Such funding shall be allocated regionally with two-thirds of the available funding going to New York city and one-third of the available funding going to the rest of the state and shall be distributed to sponsoring institutions in each region pursuant to a request for application or request for proposal process with preference being given to sponsoring institutions which provide training in sites located in underserved rural or inner-city areas and those that include medical students in such training.

(d) Physician loan repayment program. One million nine hundred sixty thousand dollars for the period January first, two thousand eight through December thirty-first, two thousand eight, one million nine hundred sixty thousand dollars for the period January first, two thousand nine through December thirty-first, two thousand nine, one million nine hundred sixty thousand dollars for the period January first, two thousand ten through December thirty-first, two thousand ten, four hundred ninety thousand dollars for the period January first, two thousand eleven through March thirty-first, two thousand eleven, one million seven hundred thousand dollars each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen, [~~and~~] up to one million seven hundred five thousand

dollars each state fiscal year for the period April first, two thousand fourteen through March thirty-first, two thousand seventeen**, and up to one million seven hundred five thousand dollars each state fiscal year for the period April first, two thousand seventeen through March thirty-first, two thousand twenty**, 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 purposes of physician loan repayment in accordance with subdivision ten of this section. Notwithstanding any contrary provision of this section, sections one hundred twelve and one hundred sixty-three of the state finance law, or any other contrary provision of law, such funding shall be allocated regionally with one-third of available funds going to New York city and two-thirds of available funds going to the rest of the state and shall be distributed in a manner to be determined by the commissioner without a competitive bid or request for proposal process as follows:

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

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

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

(iv) In addition to the funds allocated under this paragraph, for the period April first, two thousand fifteen through March thirty-first, two thousand sixteen, two million dollars shall be available for the purposes described in subdivision ten of this section;

(v) In addition to the funds allocated under this paragraph, for the period April first, two thousand sixteen through March thirty-first, two thousand seventeen, two million dollars shall be available for the purposes described in subdivision ten of this section;

(vi) Notwithstanding any provision of law to the contrary, and subject to the extension of the Health Care Reform Act of 1996, sufficient funds shall be available for the purposes described in subdivision ten of this section in amounts necessary to fund the remaining year commitments for awards made pursuant to subparagraphs (iv) and (v) of this paragraph.

(e) Physician practice support. 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 annually for the period January first, two thousand nine 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, 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~~] up to four million three hundred sixty thousand dollars each state fiscal year for the period April first, two thousand fourteen through March thirty-first, two thousand seventeen**, and up to four million three hundred sixty thousand dollars for each state fiscal year for the period April first, two thousand seventeen through March**

thirty-first, two thousand twenty, 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 purposes of physician practice support. Notwithstanding any contrary provision of this section, sections one hundred twelve and one hundred sixty-three of the state finance law, or any other contrary provision of law, such funding shall be allocated regionally with one-third of available funds going to New York city and two-thirds of available funds going to the rest of the state and shall be distributed in a manner to be determined by the commissioner without a competitive bid or request for proposal process as follows:

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

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

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

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

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

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

(f) Study on physician workforce. Five hundred ninety thousand dollars annually for the period January first, two thousand eight through December thirty-first, two thousand ten, one hundred forty-eight thousand dollars for the period January first, two thousand eleven through March thirty-first, two thousand eleven, five hundred sixteen thousand dollars each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen, [~~and~~] up to four hundred eighty-seven thousand dollars each state fiscal year for the period April first, two thousand fourteen through March thirty-first, two thousand seventeen**, and up to four hundred eighty-seven thousand dollars for each state fiscal year for the period April first, two thousand seventeen through March thirty-first, two thousand twenty**, 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 to fund a study of physician workforce needs and solutions including, but not limited to, an analysis of residency programs and projected physician workforce and community needs. The commissioner

shall enter into agreements with one or more organizations to conduct such study based on a request for proposal process.

(g) Diversity in medicine/post-baccalaureate program. Notwithstanding any inconsistent provision of section one hundred twelve or one hundred sixty-three of the state finance law or any other law, one million nine hundred sixty thousand dollars annually for the period January first, two thousand eight through December thirty-first, two thousand ten, four hundred ninety thousand dollars for the period January first, two thousand eleven through March thirty-first, two thousand eleven, one million seven hundred thousand dollars each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen, [~~and~~] up to one million six hundred five thousand dollars each state fiscal year for the period April first, two thousand fourteen through March thirty-first, two thousand seventeen**, and up to one million six hundred five thousand dollars each state fiscal year for the period April first, two thousand seventeen through March thirty-first, two thousand twenty**, 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 the Associated Medical Schools of New York to fund its diversity program including existing and new post-baccalaureate programs for minority and economically disadvantaged students and encourage participation from all medical schools in New York. The associated medical schools of New York shall report to the commissioner on an annual basis regarding the use of funds for such purpose in such form and manner as specified by the commissioner.

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

7. Notwithstanding any inconsistent provision of section one hundred twelve or one hundred sixty-three of the state finance law or any other law, up to one million dollars for the period January first, two thousand through December thirty-first, two thousand, one million six hundred thousand dollars annually for the periods January first, two thousand one through December thirty-first, two thousand eight, one million five hundred thousand dollars annually for the periods January first, two thousand nine through December thirty-first, two thousand ten, three hundred seventy-five thousand dollars for the period January first, two thousand eleven through March thirty-first, two thousand eleven, one million three hundred twenty thousand dollars each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen, [~~and~~] up to two million seventy-seven thousand dollars each state fiscal year for the period April first, two thousand fourteen through March thirty-first, two thousand seventeen**, and up to two million seventy-seven thousand dollars for each state fiscal year for the period April first, two thousand seventeen through March thirty-first, two thousand twenty**, 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 the New York state area health education center program for the purpose of expanding community-based training of medical students. In addition, one million dollars annually for the period January first, two thousand eight through December thirty-first, two thousand ten, two hundred fifty thousand dollars for the period January

first, two thousand eleven through March thirty-first, two thousand eleven, and eight hundred eighty thousand dollars each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen, 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 the New York state area health education center program for the purpose of post-secondary training of health care professionals who will achieve specific program outcomes within the New York state area health education center program. The New York state area health education center program shall report to the commissioner on an annual basis regarding the use of funds for each purpose in such form and manner as specified by the commissioner.

§ 7. Paragraph (a) of subdivision 12 of section 367-b of the social services law, as amended by section 10 of part B of chapter 60 of the laws of 2014, is amended to read as follows:

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

§ 8. Section 2 of chapter 600 of the laws of 1986 amending the public health law relating to the development of pilot reimbursement programs for ambulatory care services, as amended by section 11 of part B of chapter 60 of the laws of 2014, is amended to read as follows:

§ 2. This act shall take effect immediately, except that this act shall expire and be of no further force and effect on and after April 1, [~~2017~~] 2020; provided, however, that the commissioner of health shall submit a report to the governor and the legislature detailing the objective, impact, design and computation of any pilot reimbursement program established pursuant to this act, on or before March 31, 1994 and annually thereafter. Such report shall include an assessment of the financial impact of such payment system on providers, as well as the impact of such system on access to care.

§ 9. Paragraph (i) of subdivision (b) of section 1 of 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, as amended by section 12 of part B of chapter 60 of the laws of 2014, is amended to read as follows:

(i) oversight and evaluation of the inpatient financing system in place for 1988 through March 31, [~~2017~~] 2020, and the appropriateness and effectiveness of the bad debt and charity care financing provisions;

§ 10. Paragraph (l) of subdivision 9 of section 3614 of the public health law, as added by section 13 of part B of chapter 60 of the laws of 2014, is amended and three new paragraphs (m), (n) and (o) are added to read as follows:

(l) for the period April first, two thousand sixteen through March thirty-first, two thousand seventeen, up to one hundred million dollars[~~.~~];

(m) for the period April first, two thousand seventeen through March thirty-first, two thousand eighteen, up to one hundred million dollars;

(n) for the period April first, two thousand eighteen through March thirty-first, two thousand nineteen, up to one hundred million dollars;

(o) for the period April first, two thousand nineteen through March thirty-first, two thousand twenty, up to one hundred million dollars.

§ 11. Paragraph (p) of subdivision 1 of section 367-q of the social services law, as added by section 14 of part B of chapter 60 of the laws of 2014, is amended and three new paragraphs (q), (r) and (s) are added to read as follows:

(p) for the period April first, two thousand sixteen through March thirty-first, two thousand seventeen, up to twenty-eight million five hundred thousand dollars[~~,~~];

(q) for the period April first, two thousand seventeen through March thirty-first, two thousand eighteen, up to twenty-two million four hundred thousand dollars;

(r) for the period April first, two thousand eighteen through March thirty-first, two thousand nineteen, twenty-two million four hundred thousand dollars;

(s) for the period April first, two thousand nineteen through March thirty-first, two thousand twenty, twenty-two million four hundred thousand dollars.

§ 12. Subdivision 6 of section 2807-t of the public health law, as amended by section 15 of part B of chapter 60 of the laws of 2014, is amended to read as follows:

6. Prospective adjustments. (a) The commissioner shall annually reconcile the sum of the actual payments made to the commissioner or the commissioner's designee for each region pursuant to section twenty-eight hundred seven-s of this article and pursuant to this section for the prior year with the regional allocation of the gross annual statewide amount specified in subdivision six of section twenty-eight hundred seven-s of this article for such prior year. The difference between the actual amount raised for a region and the regional allocation of the specified gross annual amount for such prior year shall be applied as a prospective adjustment to the regional allocation of the specified gross annual payment amount for such region for the year next following the calculation of the reconciliation. The authorized dollar value of the adjustments shall be the same as if calculated retrospectively.

(b) Notwithstanding the provisions of paragraph (a) of this subdivision, for covered lives assessment rate periods on and after January first, two thousand fifteen through December thirty-first, two thousand [~~seventeen~~] twenty, for amounts collected in the aggregate in excess of one billion forty-five million dollars on an annual basis, prospective adjustments shall be suspended if the annual reconciliation calculation from the prior year would otherwise result in a decrease to the regional allocation of the specified gross annual payment amount for that region, provided, however, that such suspension shall be lifted upon a determination by the commissioner, in consultation with the director of the budget, that sixty-five million dollars in aggregate collections on an annual basis over and above one billion forty-five million dollars on an annual basis have been reserved and set aside for deposit in the HCRA resources fund. Any amounts collected in the aggregate at or below one billion forty-five million dollars on an annual basis, shall be subject to regional adjustments reconciling any decreases or increases to the regional allocation in accordance with paragraph (a) of this subdivision.

§ 13. Subdivision 4-c of section 2807-p of the public health law, as amended by section 16 of part B of chapter 60 of the laws of 2014, is amended to read as follows:

4-c. Notwithstanding any provision of law to the contrary, the commissioner shall make additional payments for uncompensated care to voluntary non-profit diagnostic and treatment centers that are eligible for distributions under subdivision four of this section in the following amounts: for the period June first, two thousand six through December thirty-first, two thousand six, in the amount of seven million five hundred thousand dollars, for the period January first, two thousand seven through December thirty-first, two thousand seven, seven million five hundred thousand dollars, for the period January first, two thousand eight through December thirty-first, two thousand eight, seven million five hundred thousand dollars, for the period January first, two thousand nine through December thirty-first, two thousand nine, fifteen million five hundred thousand dollars, for the period January first, two thousand ten through December thirty-first, two thousand ten, seven million five hundred thousand dollars, for the period January first, two thousand eleven though December thirty-first, two thousand eleven, seven million five hundred thousand dollars, for the period January first, two thousand twelve through December thirty-first, two thousand twelve, seven million five hundred thousand dollars, for the period January first, two thousand thirteen through December thirty-first, two thousand thirteen, seven million five hundred thousand dollars, for the period January first, two thousand fourteen through December thirty-first, two thousand fourteen, seven million five hundred thousand dollars, for the period January first, two thousand fifteen through December thirty-first, two thousand fifteen, seven million five hundred thousand dollars, for the period January first two thousand sixteen through December thirty-first, two thousand sixteen, seven million five hundred thousand dollars, **for the period January first, two thousand seventeen through December thirty-first, two thousand seventeen, seven million five hundred thousand dollars, for the period January first, two thousand eighteen through December thirty-first, two thousand eighteen, seven million five hundred thousand dollars, for the period January first, two thousand nineteen through December thirty-first, two thousand nineteen, seven million five hundred thousand dollars,** and for the period January first, two thousand [~~**seventeen**~~] **twenty** through March thirty-first, two thousand [~~**seventeen**~~] **twenty**, in the amount of one million six hundred thousand dollars, provided, however, that for periods on and after January first, two thousand eight, such additional payments shall be distributed to voluntary, non-profit diagnostic and treatment centers and to public diagnostic and treatment centers in accordance with paragraph (g) of subdivision four of this section. In the event that federal financial participation is available for rate adjustments pursuant to this section, the commissioner shall make such payments as additional adjustments to rates of payment for voluntary non-profit diagnostic and treatment centers that are eligible for distributions under subdivision four-a of this section in the following amounts: for the period June first, two thousand six through December thirty-first, two thousand six, fifteen million dollars in the aggregate, and for the period January first, two thousand seven through June thirtieth, two thousand seven, seven million five hundred thousand dollars in the aggregate. The amounts allocated pursuant to this paragraph shall be aggregated with and distributed pursuant to the same methodology applicable to the amounts allocated to such diagnostic and treatment centers for such periods pursuant to subdivision four of this section if federal financial participation is not available, or pursuant to subdivision four-a of this section if federal financial participation is available.

Notwithstanding section three hundred sixty-eight-a of the social services law, there shall be no local share in a medical assistance payment adjustment under this subdivision.

§ 14. Section 34 of part A3 of 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, as amended by section 6 of part B of chapter 60 of the laws of 2014, is amended to read as follows:

§ 34. (1) Notwithstanding any inconsistent provision of law, rule or regulation and effective April 1, 2008 through March 31, [~~2017~~] **2020**, the commissioner of health is authorized to transfer and the state comptroller is authorized and directed to receive for deposit to the credit of the department of health's special revenue fund - other, health care reform act (HCRA) resources fund - 061, provider collection monitoring account, within amounts appropriated each year, those funds collected and accumulated pursuant to section 2807-v of the public health law, including income from invested funds, for the purpose of payment for administrative costs of the department of health related to administration of statutory duties for the collections and distributions authorized by section 2807-v of the public health law.

(2) Notwithstanding any inconsistent provision of law, rule or regulation and effective April 1, 2008 through March 31, [~~2017~~] **2020**, the commissioner of health is authorized to transfer and the state comptroller is authorized and directed to receive for deposit to the credit of the department of health's special revenue fund - other, health care reform act (HCRA) resources fund - 061, provider collection monitoring account, within amounts appropriated each year, those funds collected and accumulated and interest earned through surcharges on payments for health care services pursuant to section 2807-s of the public health law and from assessments pursuant to section 2807-t of the public health law for the purpose of payment for administrative costs of the department of health related to administration of statutory duties for the collections and distributions authorized by sections 2807-s, 2807-t, and 2807-m of the public health law.

(3) Notwithstanding any inconsistent provision of law, rule or regulation and effective April 1, 2008 through March 31, [~~2017~~] **2020**, 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 paragraph (a) of subdivision 1 of section 2807-l of the public health law for the purposes of payment for administrative costs of the department of health related to the child health insurance plan program authorized pursuant to title 1-A of article 25 of the public health law into the special revenue funds - other, health care reform act (HCRA) resources fund - 061, child health insurance account, established within the department of health.

(4) Notwithstanding any inconsistent provision of law, rule or regulation and effective April 1, 2008 through March 31, [~~2017~~] **2020**, 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 paragraph (e) of subdivision 1 of section 2807-l of the public health law for the purpose of payment for administrative costs of the department of health related to the health occupation development and workplace demonstration program established pursuant to section 2807-h and the health workforce retraining program established pursuant to section

2807-g of the public health law into the special revenue funds - other, health care reform act (HCRA) resources fund - 061, health occupation development and workplace demonstration program account, established within the department of health.

(5) Notwithstanding any inconsistent provision of law, rule or regulation and effective April 1, 2008 through March 31, [~~2017~~] **2020**, the commissioner of health is authorized to transfer and the comptroller is authorized to deposit, within amounts appropriated each year, those funds allocated pursuant to paragraph (j) of subdivision 1 of section 2807-v of the public health law for the purpose of payment for administrative costs of the department of health related to administration of the state's tobacco control programs and cancer services provided pursuant to sections 2807-r and 1399-ii of the public health law into such accounts established within the department of health for such purposes.

(6) Notwithstanding any inconsistent provision of law, rule or regulation and effective April 1, 2008 through March 31, [~~2017~~] **2020**, the commissioner of health is authorized to transfer and the comptroller is authorized to deposit, within amounts appropriated each year, the funds authorized for distribution in accordance with the provisions of section 2807-l of the public health law for the purposes of payment for administrative costs of the department of health related to the programs funded pursuant to section 2807-l 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, [~~2017~~] **2020**, 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-l 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-l 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, [~~2017~~] **2020**, 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-l 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-l 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, [~~2017~~] **2020**, 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.

§ 15. Section 2807-l of the public health law, as amended by section 7 of part B of chapter 60 of the laws of 2014, is amended to read as follows:

§ 2807-l. 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 or retained by the commissioner or by the state comptroller, as applicable, in accordance with the following.

(a) Funds shall be reserved and accumulated from year to year and shall be available, including income from invested funds, for purposes of distributions to programs to provide health care coverage for uninsured or underinsured children pursuant to sections twenty-five hundred ten and twenty-five hundred eleven of this chapter from the respective health care initiatives pools established for the following periods 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, up to one hundred twenty million six hundred thousand dollars;

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

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

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

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

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

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

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

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

sand five through December thirty-first, two thousand five, up to one hundred fifty-three million eight hundred thousand dollars;

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

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

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

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

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

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

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

(xvii) from the health care reform act (HCRA) resources fund for each state fiscal year for periods on and after April first, two thousand fourteen, within amounts appropriated.

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

(i) (A) an amount not to exceed six million dollars on an annualized basis for the periods January first, nineteen hundred ninety-seven through December thirty-first, nineteen hundred ninety-nine; up to six million dollars for the period January first, two thousand through December thirty-first, two thousand; up to five million dollars for the period January first, two thousand one through December thirty-first, two thousand one; up to four million dollars for the period January first, two thousand two through December thirty-first, two thousand two; up to two million six hundred thousand dollars for the period January first, two thousand three through December thirty-first, two thousand three; up to one million three hundred thousand dollars for the period January first, two thousand four through December thirty-first, two thousand four; up to six hundred seventy thousand dollars for the period January first, two thousand five through June thirtieth, two thousand five; up to one million three hundred thousand dollars for the period

April first, two thousand six through March thirty-first, two thousand seven; and up to one million three hundred thousand dollars annually for the period April first, two thousand seven through March thirty-first, two thousand nine, shall be allocated to individual subsidy programs; and

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

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

(c) Up to seventy-eight million dollars shall be reserved and accumulated from year to year from the pool for the period January first, nineteen hundred ninety-seven through December thirty-first, nineteen hundred ninety-seven, for purposes of public health programs, up to seventy-six million dollars shall be reserved and accumulated from year to year from the pools for the periods January first, nineteen hundred ninety-eight through December thirty-first, nineteen hundred ninety-eight and January first, nineteen hundred ninety-nine through December thirty-first, nineteen hundred ninety-nine, up to eighty-four million dollars shall be reserved and accumulated from year to year from the pools for the period January first, two thousand through December thirty-first, two thousand, up to eighty-five million dollars shall be reserved and accumulated from year to year from the pools for the period January first, two thousand one through December thirty-first, two thousand one, up to eighty-six million dollars shall be reserved and accumulated from year to year from the pools for the period January first, two thousand two through December thirty-first, two thousand two, up to eighty-six million one hundred fifty thousand dollars shall be reserved and accumulated from year to year from the pools for the period January first, two thousand three through December thirty-first, two thousand three, up to fifty-eight million seven hundred eighty thousand dollars shall be reserved and accumulated from year to year from the pools for the period January first, two thousand four through December thirty-first, two thousand four, up to sixty-eight million seven hundred thirty

thousand dollars shall be reserved and accumulated from year to year from the pools or the health care reform act (HCRA) resources fund, whichever is applicable, for the period January first, two thousand five through December thirty-first, two thousand five, up to ninety-four million three hundred fifty thousand dollars shall be reserved and accumulated from year to year from the health care reform act (HCRA) resources fund for the period January first, two thousand six through December thirty-first, two thousand six, up to seventy million nine hundred thirty-nine thousand dollars shall be reserved and accumulated from year to year from the health care reform act (HCRA) resources fund for the period January first, two thousand seven through December thirty-first, two thousand seven, up to fifty-five million six hundred eighty-nine thousand dollars annually shall be reserved and accumulated from year to year from the health care reform act (HCRA) resources fund for the period January first, two thousand eight through December thirty-first, two thousand ten, up to thirteen million nine hundred twenty-two thousand dollars shall be reserved and accumulated from year to year from the health care reform act (HCRA) resources fund for the period January first, two thousand eleven through March thirty-first, two thousand eleven, and for periods on and after April first, two thousand eleven, up to funding amounts specified below and shall be available, including income from invested funds, for:

(i) deposit by the commissioner, within amounts appropriated, and the state comptroller is hereby authorized and directed to receive for deposit to, to the credit of the department of health's special revenue fund - other, hospital based grants program account or the health care reform act (HCRA) resources fund, whichever is applicable, for purposes of services and expenses related to general hospital based grant programs, up to twenty-two million dollars annually from the nineteen hundred ninety-seven pool, nineteen hundred ninety-eight pool, nineteen hundred ninety-nine pool, two thousand pool, two thousand one pool and two thousand two pool, respectively, up to twenty-two million dollars from the two thousand three pool, up to ten million dollars for the period January first, two thousand four through December thirty-first, two thousand four, up to eleven million dollars for the period January first, two thousand five through December thirty-first, two thousand five, up to twenty-two million dollars for the period January first, two thousand six through December thirty-first, two thousand six, up to twenty-two million ninety-seven thousand dollars annually for the period January first, two thousand seven through December thirty-first, two thousand ten, up to five million five hundred twenty-four thousand dollars for the period January first, two thousand eleven through March thirty-first, two thousand eleven, up to thirteen million four hundred forty-five thousand dollars for the period April first, two thousand eleven through March thirty-first, two thousand twelve, and up to thirteen million three hundred seventy-five thousand dollars each state fiscal year for the period April first, two thousand twelve through March thirty-first, two thousand fourteen;

(ii) deposit by the commissioner, within amounts appropriated, and the state comptroller is hereby authorized and directed to receive for deposit to, to the credit of the emergency medical services training account established in section ninety-seven-q of the state finance law or the health care reform act (HCRA) resources fund, whichever is applicable, up to sixteen million dollars on an annualized basis for the periods January first, nineteen hundred ninety-seven through December thirty-first, nineteen hundred ninety-nine, up to twenty million dollars

for the period January first, two thousand through December thirty-first, two thousand, up to twenty-one million dollars for the period January first, two thousand one through December thirty-first, two thousand one, up to twenty-two million dollars for the period January first, two thousand two through December thirty-first, two thousand two, up to twenty-two million five hundred fifty thousand dollars for the period January first, two thousand three through December thirty-first, two thousand three, up to nine million six hundred eighty thousand dollars for the period January first, two thousand four through December thirty-first, two thousand four, up to twelve million one hundred thirty thousand dollars for the period January first, two thousand five through December thirty-first, two thousand five, up to twenty-four million two hundred fifty thousand dollars for the period January first, two thousand six through December thirty-first, two thousand six, up to twenty million four hundred ninety-two thousand dollars annually for the period January first, two thousand seven through December thirty-first, two thousand ten, up to five million one hundred twenty-three thousand dollars for the period January first, two thousand eleven through March thirty-first, two thousand eleven, up to eighteen million three hundred fifty thousand dollars for the period April first, two thousand eleven through March thirty-first, two thousand twelve, up to eighteen million nine hundred fifty thousand dollars for the period April first, two thousand twelve through March thirty-first, two thousand thirteen, up to nineteen million four hundred nineteen thousand dollars for the period April first, two thousand thirteen through March thirty-first, two thousand fourteen, [~~and~~] up to nineteen million six hundred fifty-nine thousand seven hundred dollars each state fiscal year for the period of April first, two thousand fourteen through March thirty-first, two thousand seventeen**, and up to sixteen million two hundred seventy-nine thousand dollars each state fiscal year for the period April first, two thousand seventeen through March thirty-first, two thousand twenty**;

(iii) priority distributions by the commissioner up to thirty-two million dollars on an annualized basis for the period January first, two thousand through December thirty-first, two thousand four, up to thirty-eight million dollars on an annualized basis for the period January first, two thousand five through December thirty-first, two thousand six, up to eighteen million two hundred fifty thousand dollars for the period January first, two thousand seven through December thirty-first, two thousand seven, up to three million dollars annually for the period January first, two thousand eight through December thirty-first, two thousand ten, up to seven hundred fifty thousand dollars for the period January first, two thousand eleven through March thirty-first, two thousand eleven, up to two million nine hundred thousand dollars each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen, [~~and~~] up to two million nine hundred thousand dollars each state fiscal year for the period April first, two thousand fourteen through March thirty-first, two thousand seventeen**, and up to two million nine hundred thousand dollars each state fiscal year for the period April first, two thousand seventeen through March thirty-first, two thousand twenty** to be allocated (A) for the purposes established pursuant to subparagraph (ii) of paragraph (f) of subdivision nineteen of section twenty-eight hundred seven-c of this article as in effect on December thirty-first, nineteen hundred ninety-six and as may thereafter be amended, up to fifteen million dollars annually for the periods January first, two thousand through December thirty-first, two thousand four, up to twenty-one million dollars annu-

ally for the period January first, two thousand five through December thirty-first, two thousand six, and up to seven million five hundred thousand dollars for the period January first, two thousand seven through March thirty-first, two thousand seven;

(B) pursuant to a memorandum of understanding entered into by the commissioner, the majority leader of the senate and the speaker of the assembly, for the purposes outlined in such memorandum upon the recommendation of the majority leader of the senate, up to eight million five hundred thousand dollars annually for the period January first, two thousand through December thirty-first, two thousand six, and up to four million two hundred fifty thousand dollars for the period January first, two thousand seven through June thirtieth, two thousand seven, and for the purposes outlined in such memorandum upon the recommendation of the speaker of the assembly, up to eight million five hundred thousand dollars annually for the periods January first, two thousand through December thirty-first, two thousand six, and up to four million two hundred fifty thousand dollars for the period January first, two thousand seven through June thirtieth, two thousand seven; and

(C) for services and expenses, including grants, related to emergency assistance distributions as designated by the commissioner. Notwithstanding section one hundred twelve or one hundred sixty-three of the state finance law or any other contrary provision of law, such distributions shall be limited to providers or programs where, as determined by the commissioner, emergency assistance is vital to protect the life or safety of patients, to ensure the retention of facility caregivers or other staff, or in instances where health facility operations are jeopardized, or where the public health is jeopardized or other emergency situations exist, up to three million dollars annually for the period April first, two thousand seven through March thirty-first, two thousand eleven, up to two million nine hundred thousand dollars each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen, [~~and~~] up to two million nine hundred thousand dollars each state fiscal year for the period April first, two thousand fourteen through March thirty-first, two thousand seventeen**, and up to two million nine hundred thousand dollars each state fiscal year for the period April first, two thousand seventeen through March thirty-first, two thousand twenty**. Upon any distribution of such funds, the commissioner shall immediately notify the chair and ranking minority member of the senate finance committee, the assembly ways and means committee, the senate committee on health, and the assembly committee on health;

(iv) distributions by the commissioner related to poison control centers pursuant to subdivision seven of section twenty-five hundred-d of this chapter, up to five million dollars for the period January first, nineteen hundred ninety-seven through December thirty-first, nineteen hundred ninety-seven, up to three million dollars on an annualized basis for the periods during the period January first, nineteen hundred ninety-eight through December thirty-first, nineteen hundred ninety-nine, up to five million dollars annually for the periods January first, two thousand through December thirty-first, two thousand two, up to four million six hundred thousand dollars annually for the periods January first, two thousand three through December thirty-first, two thousand four, up to five million one hundred thousand dollars for the period January first, two thousand five through December thirty-first, two thousand six annually, up to five million one hundred thousand dollars annually for the period January first, two thousand seven

through December thirty-first, two thousand nine, up to three million six hundred thousand dollars for the period January first, two thousand ten through December thirty-first, two thousand ten, up to seven hundred seventy-five thousand dollars for the period January first, two thousand eleven through March thirty-first, two thousand eleven, up to two million five hundred thousand dollars each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen, [~~and~~] up to three million dollars each state fiscal year for the period April first, two thousand fourteen through March thirty-first, two thousand seventeen**, and up to one million nine hundred thousand dollars for each state fiscal year for the period April first, two thousand seventeen through March thirty-first, two thousand twenty**; and

(v) deposit by the commissioner, within amounts appropriated, and the state comptroller is hereby authorized and directed to receive for deposit to, to the credit of the department of health's special revenue fund - other, miscellaneous special revenue fund - 339 maternal and child HIV services account or the health care reform act (HCRA) resources fund, whichever is applicable, for purposes of a special program for HIV services for women and children, including adolescents pursuant to section twenty-five hundred-f-one of this chapter, up to five million dollars annually for the periods January first, two thousand through December thirty-first, two thousand two, up to five million dollars for the period January first, two thousand three through December thirty-first, two thousand three, up to two million five hundred thousand dollars for the period January first, two thousand four through December thirty-first, two thousand four, up to two million five hundred thousand dollars for the period January first, two thousand five through December thirty-first, two thousand five, up to five million dollars for the period January first, two thousand six through December thirty-first, two thousand six, up to five million dollars annually for the period January first, two thousand seven through December thirty-first, two thousand ten, up to one million two hundred fifty thousand dollars for the period January first, two thousand eleven through March thirty-first, two thousand eleven, and up to five million dollars each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen;

(d) (i) An amount of up to twenty million dollars annually for the period January first, two thousand through December thirty-first, two thousand six, up to ten million dollars for the period January first, two thousand seven through June thirtieth, two thousand seven, up to twenty million dollars annually for the period January first, two thousand eight through December thirty-first, two thousand ten, up to five million dollars for the period January first, two thousand eleven through March thirty-first, two thousand eleven, up to nineteen 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~~] up to nineteen million six hundred thousand dollars each state fiscal year for the period April first, two thousand fourteen through March thirty-first, two thousand seventeen, **and up to nineteen million six hundred thousand dollars each state fiscal year for the period April first, two thousand seventeen through March thirty-first, two thousand twenty,** shall be transferred to the health facility restructuring pool established pursuant to section twenty-eight hundred fifteen of this article;

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

(e) Funds shall be reserved and accumulated from year to year and shall be available, including income from invested funds, for purposes of distributions to organizations to support the health workforce retraining program established pursuant to section twenty-eight hundred seven-g of this article from the respective health care initiatives pools established for the following periods in the following amounts from the pools or the health care reform act (HCRA) resources fund, whichever is applicable, during the period January first, nineteen hundred ninety-seven through December thirty-first, nineteen hundred ninety-nine, up to fifty million dollars on an annualized basis, up to thirty million dollars for the period January first, two thousand through December thirty-first, two thousand, up to forty million dollars for the period January first, two thousand one through December thirty-first, two thousand one, up to fifty million dollars for the period January first, two thousand two through December thirty-first, two thousand two, up to forty-one million one hundred fifty thousand dollars for the period January first, two thousand three through December thirty-first, two thousand three, up to forty-one million one hundred fifty thousand dollars for the period January first, two thousand four through December thirty-first, two thousand four, up to fifty-eight million three hundred sixty thousand dollars for the period January first, two thousand five through December thirty-first, two thousand five, up to fifty-two million three hundred sixty thousand dollars for the period January first, two thousand six through December thirty-first, two thousand six, up to thirty-five million four hundred thousand dollars annually for the period January first, two thousand seven through December thirty-first, two thousand ten, up to eight million eight hundred fifty thousand dollars for the period January first, two thousand eleven through March thirty-first, two thousand eleven, up to twenty-eight million four hundred thousand dollars each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen, [~~and~~] up to twenty-six million eight hundred seventeen thousand dollars each state fiscal year for the period April first, two thousand fourteen through March thirty-first, two thousand seventeen, **and up to twenty-six million eight hundred seventeen thousand dollars each state fiscal year for the period April first, two thousand seventeen through March thirty-first, two thousand twenty,** less the amount of funds available for allocations for rate adjustments for workforce training programs for payments by state governmental agencies for inpatient hospital services.

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

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

(ii) from the pool for the period January first, nineteen hundred ninety-eight through December thirty-first, nineteen hundred ninety-

eight, eighty-two million dollars shall be transferred and deposited and credited to the credit of the state general fund medical assistance local assistance account;

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

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

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

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

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

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

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

(h) Funds shall be reserved and accumulated from year to year by the commissioner and shall be available, including income from invested funds, for purposes of primary care education and training pursuant to

article nine of this chapter from the respective health care initiatives pools established for the following periods in the following percentage amounts of funds remaining after allocations in accordance with paragraphs (a) through (f) of this subdivision and shall be available for distributions as follows:

(i) funds shall be reserved and accumulated:

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

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

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

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

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

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

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

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

(i) Funds shall be reserved and accumulated from year to year and shall be available, including income from invested funds, for distributions in accordance with section twenty-nine hundred fifty-two and section twenty-nine hundred fifty-eight of this chapter for rural health care delivery development and rural health care access development, respectively, from the respective health care initiatives pools or the health care reform act (HCRA) resources fund, whichever is applicable, for the following periods in the following percentage amounts of funds remaining after allocations in accordance with paragraphs (a) through (f) of this subdivision, and for periods on and after January first, two thousand, in the following amounts:

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

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

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

(iv) from the pool for the periods January first, two thousand through December thirty-first, two thousand two, seventeen million dollars annually, and for the period January first, two thousand three through 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, 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~~] up to sixteen million two hundred thousand dollars each state fiscal year for the period April first, two thousand fourteen through March thirty-first, two thousand seventeen**, and up to fifteen million nine hundred fifty thousand dollars each state fiscal year for the period April first, two thousand seventeen through March thirty-first, two thousand twenty**.

(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:

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

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

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

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

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

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

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

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

(v) (A) from the pool or the health care reform act (HCRA) resources fund, whichever is applicable, for the period July first, two thousand three through December thirty-first, two thousand three, up to six million dollars, for the period January first, two thousand four through December thirty-first, two thousand six, up to twelve million dollars annually, for the period January first, two thousand seven through December thirty-first, two thousand thirteen, up to forty-eight million dollars annually, for the period January first, two thousand fourteen through March thirty-first, two thousand fourteen, up to twelve million dollars [~~and~~], for the period April first, two thousand fourteen through March thirty-first, two thousand seventeen, up to forty-eight million dollars annually**, and for the period April first, two thousand seventeen through March twenty-first, two thousand twenty, up to forty-eight million dollars annually**;

(B) from the health care reform act (HCRA) resources fund for the period January first, two thousand six through December thirty-first, two thousand six, an additional seven million five hundred thousand dollars, for the period January first, two thousand seven through December thirty-first, two thousand thirteen, an additional seven million five hundred thousand dollars annually, for the period January first, two thousand fourteen through March thirty-first, two thousand fourteen, an additional one million eight hundred seventy-five thousand dollars, [~~and~~] for the period April first, two thousand fourteen through March thirty-first, two thousand seventeen, an additional seven million five hundred thousand dollars annually**, and for the period April first, two thousand seventeen through March thirty-first, two thousand twenty, an additional six million four hundred thousand dollars annually** for voluntary non-profit diagnostic and treatment center uncompensated care in accordance with subdivision four-c of section twenty-eight hundred seven-p of this article; and

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

(l) Funds shall be reserved and accumulated from year to year by the commissioner and shall be available, including income from invested funds, for transfer to and allocation for services and expenses for the payment of benefits to recipients of drugs under the AIDS drug assistance program (ADAP) - HIV uninsured care program as administered by

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

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

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

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

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

(v) from the pool or the health care reform act (HCRA) resources fund, whichever is applicable, for the periods January first, two thousand four through December thirty-first, two thousand four, up to fifty-six million dollars, for the period January first, two thousand five through December thirty-first, two thousand six, up to sixty million dollars annually, for the period January first, two thousand seven through December thirty-first, two thousand ten, up to sixty million dollars annually, for the period January first, two thousand eleven through March thirty-first, two thousand eleven, up to fifteen million dollars, each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen, up to forty-two million three hundred thousand dollars [~~and~~], up to forty-one million fifty thousand dollars each state fiscal year for the period April first, two thousand fourteen through March thirty-first, two thousand seventeen**, and up to forty-one million fifty thousand dollars each state fiscal year for the period April first, two thousand seventeen through March thirty-first, two thousand twenty**.

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

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

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

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

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

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

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

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

2. Notwithstanding any inconsistent provision of law, rule or regulation, any 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, as a result of surcharges, assessments or other obligations during the periods January first, nineteen hundred ninety-seven through December thirty-first, nineteen hundred ninety-nine, which are unused or uncommitted for distributions pursuant to this section shall be reserved and accumulated from year to year by the commissioner and, within amounts appropriated, transferred and deposited into the special revenue funds - other, miscellaneous special revenue fund - 339, child health insurance account or any successor fund or account, for purposes of distributions to implement the child health insurance program established pursuant to sections twenty-five hundred ten and twenty-five hundred eleven of this chapter for periods on and after January first, two thousand one; provided, however, funds reserved and accumulated for priority distributions pursuant to subparagraph (iii) of paragraph (c) of subdivision one of this section shall not be transferred and deposited into such account pursuant to this subdivision; and provided further, however, that any unused or uncommitted pool funds accumulated and allocated pursuant to paragraph (j) of subdivision one of this section shall be distributed for purposes of the health information and quality improvement act of 2000.

3. Revenue from distributions pursuant to this section shall not be included in gross revenue received for purposes of the assessments pursuant to subdivision eighteen of section twenty-eight hundred seven-c of this article, subject to the provisions of paragraph (e) of subdivision eighteen of section twenty-eight hundred seven-c of this article, and shall not be included in gross revenue received for purposes of the

assessments pursuant to section twenty-eight hundred seven-d of this article, subject to the provisions of subdivision twelve of section twenty-eight hundred seven-d of this article.

§ 16. Section 2807-v of the public health law, as amended by section 8 of part B of chapter 60 of the laws of 2014, is amended to read as follows:

§ 2807-v. Tobacco control and insurance initiatives pool distributions. 1. Funds accumulated in the tobacco control and insurance initiatives pool or in 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 or retained by the commissioner or by the state comptroller, as applicable, in accordance with the following:

(a) 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, medicaid fraud hotline and medicaid administration account, or any successor fund or account, for purposes of services and expenses related to the toll-free medicaid fraud hotline established pursuant to section one hundred 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: four hundred thousand dollars annually for the periods January first, two thousand through December thirty-first, two thousand two, up to four hundred thousand dollars for the period January first, two thousand three through December thirty-first, two thousand three, up to four hundred thousand dollars for the period January first, two thousand four through December thirty-first, two thousand four, up to four hundred thousand dollars for the period January first, two thousand five through December thirty-first, two thousand five, up to four hundred thousand dollars for the period January first, two thousand six through December thirty-first, two thousand six, up to four hundred thousand dollars for the period January first, two thousand seven through December thirty-first, two thousand seven, up to four hundred thousand dollars for the period January first, two thousand eight through December thirty-first, two thousand eight, up to four hundred thousand dollars for the period January first, two thousand nine through December thirty-first, two thousand nine, up to four hundred thousand dollars for the period January first, two thousand ten through December thirty-first, two thousand ten, up to one hundred thousand dollars for the period January first, two thousand eleven through March thirty-first, two thousand eleven and within amounts appropriated on and after April first, two thousand eleven.

(b) Funds shall be reserved and accumulated from year to year and shall be available, including income from invested funds, for purposes of payment of audits or audit contracts necessary to determine payor and provider compliance with requirements set forth in sections twenty-eight hundred seven-j, twenty-eight hundred seven-s and twenty-eight hundred seven-t of this article from the tobacco control and insurance initiatives pool established for the following periods in the following amounts: five million six hundred thousand dollars annually for the periods January first, two thousand through December thirty-first, two thousand two, up to five million dollars for the period January first, two thousand three through December thirty-first, two thousand three, up to five million dollars for the period January first, two thousand four through December thirty-first, two thousand four, up to five million

dollars for the period January first, two thousand five through December thirty first, two thousand five, up to five million dollars for the period January first, two thousand six through December thirty-first, two thousand six, up to seven million eight hundred thousand dollars for the period January first, two thousand seven through December thirty-first, two thousand seven, and up to eight million three hundred twenty-five thousand dollars for the period January first, two thousand eight through December thirty-first, two thousand eight, up to eight million five hundred thousand dollars for the period January first, two thousand nine through December thirty-first, two thousand nine, up to eight million five hundred thousand dollars for the period January first, two thousand ten through December thirty-first, two thousand ten, up to two million one hundred twenty-five thousand dollars for the period January first, two thousand eleven through March thirty-first, two thousand eleven, up to fourteen million seven hundred thousand dollars each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen, [~~and~~] up to eleven million one hundred thousand dollars each state fiscal year for the period April first, two thousand fourteen through March thirty-first, two thousand seventeen**, and up to eleven million one hundred thousand dollars each state fiscal year for the period April first, two thousand seventeen through March thirty-first, two thousand twenty**.

(c) 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, enhanced community services account, or any successor fund or account, for mental health services programs for case management services for adults and children; supported housing; home and community based waiver services; family based treatment; family support services; mobile mental health teams; transitional housing; and community oversight, established pursuant to articles seven and forty-one of the mental hygiene law and subdivision nine of section three hundred sixty-six of the social services law; and for comprehensive care centers for eating disorders pursuant to the former section twenty-seven hundred ninety-nine-l of this chapter, provided however that, for such centers, funds in the amount of five hundred thousand dollars on an annualized basis shall be transferred from the enhanced community services account, or any successor fund or account, and deposited into the fund established by section ninety-five-e of the state finance law; from the tobacco control and insurance initiatives pool established for the following periods in the following amounts:

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

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

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

(iv) eighty-eight million dollars to be reserved, to be retained or for distribution pursuant to a chapter of the laws of two thousand

three, for the period January first, two thousand three through December thirty-first, two thousand three;

(v) eighty-eight million dollars, plus five hundred thousand dollars, to be reserved, to be retained or for distribution pursuant to a chapter of the laws of two thousand four, and pursuant to the former section twenty-seven hundred ninety-nine-l of this chapter, for the period January first, two thousand four through December thirty-first, two thousand four;

(vi) eighty-eight million dollars, plus five hundred thousand dollars, to be reserved, to be retained or for distribution pursuant to a chapter of the laws of two thousand five, and pursuant to the former section twenty-seven hundred ninety-nine-l of this chapter, for the period January first, two thousand five through December thirty-first, two thousand five;

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

(viii) eighty-six million four hundred thousand dollars, plus five hundred thousand dollars, to be reserved, to be retained or for distribution pursuant to a chapter of the laws of two thousand seven and pursuant to the former section twenty-seven hundred ninety-nine-l of this chapter, for the period January first, two thousand seven through December thirty-first, two thousand seven; and

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

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

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

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

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

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

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

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

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

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

(f) 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, medicaid fraud hotline and medicaid administration account, or any successor fund or account, for purposes of payment of administrative expenses of the department related to the family health plus program established pursuant to section three hundred sixty-nine-ee of the social services law from the tobacco control and insurance initiatives pool established for the following periods in the following amounts: five hundred thousand dollars on an annual basis for the periods January first, two thousand through December thirty-first, two thousand six, five hundred thousand dollars for the period January first, two thousand seven through December thirty-first, two thousand seven, and five hundred thousand dollars for the period January first, two thousand eight through December thirty-first, two thousand eight, five hundred thousand dollars for the period January first, two thousand nine through December thirty-first, two thousand nine, five hundred thousand dollars for the period January first, two thousand ten through December thirty-first, two thousand ten, one hundred twenty-five thousand dollars for the period January first, two thousand eleven through March thirty-first, two thousand eleven and within amounts appropriated on and after April first, two thousand eleven.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i-1) Notwithstanding the provisions of paragraphs (h) and (i) of this subdivision, the commissioner shall reserve and accumulate up to two million five hundred thousand dollars annually for the periods January first, two thousand four through December thirty-first, two thousand six, one million four hundred thousand dollars for the period January first, two thousand seven through December thirty-first, two thousand seven, two million dollars for the period January first, two thousand eight through December thirty-first, two thousand eight, from funds otherwise available for distribution under such paragraphs for the

services and expenses related to the pilot program for entertainment industry employees included in subsection (b) of section one thousand one hundred twenty-two of the insurance law, and an additional seven hundred thousand dollars annually for the periods January first, two thousand four through December thirty-first, two thousand six, an additional three hundred thousand dollars for the period January first, two thousand seven through June thirtieth, two thousand seven for services and expenses related to the pilot program for displaced workers included in subsection (c) of section one thousand one hundred twenty-two of the insurance law.

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

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

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

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

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

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

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

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

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

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

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

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

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

(xiii) up to fifty-two million one hundred thousand dollars each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen; [~~and~~]

(xiv) up to six million dollars each state fiscal year for the period April first, two thousand fourteen through March thirty-first, two thousand seventeen; and

(xv) up to thirty-three million one hundred forty-four thousand dollars each state fiscal year for the period April first, two thousand seventeen through March thirty-first, two thousand twenty.

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

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

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

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

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

(v) one hundred eight million five hundred seventy-five thousand dollars, plus an additional five hundred thousand dollars, for the period January first, two thousand four through December thirty-first, two thousand four;

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

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

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

(ix) one hundred sixteen million nine hundred forty-nine thousand dollars, plus an additional five hundred thousand dollars, for the period January first, two thousand eight through December thirty-first, two thousand eight;

(x) one hundred sixteen million nine hundred forty-nine thousand dollars, plus an additional five hundred thousand dollars, for the period January first, two thousand nine through December thirty-first, two thousand nine;

(xi) one hundred sixteen million nine hundred forty-nine thousand dollars, plus an additional five hundred thousand dollars, for the period January first, two thousand ten through December thirty-first, two thousand ten;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

pilot demonstration programs established pursuant to subdivision two of section three hundred sixty-seven-o of the social services law from the tobacco control and insurance initiatives pool established for the following periods in the following amounts:

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

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

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

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

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

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

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

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

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

(n) Funds shall be transferred by the commissioner and shall be deposited to the credit of the special revenue funds - other, miscellaneous special revenue fund - 339, elderly pharmaceutical insurance coverage program premium account authorized pursuant to the provisions of title three of article two of the elder law, or any successor fund or account, for funding state expenses relating to the program from the tobacco control and insurance initiatives pool established for the following periods in the following amounts:

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

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

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

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

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

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

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

(viii) six hundred sixty million eight hundred thousand dollars for the period January first, two thousand seven through December thirty-first, two thousand seven;

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

(x) three hundred thirty-four million eight hundred twenty-five thousand dollars for the period January first, two thousand nine through December thirty-first, two thousand nine;

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

(xii) eighty-seven million seven hundred eighty-eight thousand dollars for the period January first, two thousand eleven through March thirty-first, two thousand eleven;

(xiii) one hundred forty-three million one hundred fifty thousand dollars for the period April first, two thousand eleven through March thirty-first, two thousand twelve;

(xiv) one hundred twenty million nine hundred fifty thousand dollars for the period April first, two thousand twelve through March thirty-first, two thousand thirteen;

(xv) one hundred twenty-eight million eight hundred fifty thousand dollars for the period April first, two thousand thirteen through March thirty-first, two thousand fourteen; [~~and~~]

(xvi) one hundred twenty-seven million four hundred sixteen thousand dollars each state fiscal year for the period April first, two thousand fourteen through March thirty-first, two thousand seventeen**; and**

(xvii) one hundred thirty-two million five hundred eighty thousand dollars each state fiscal year for the period April first, two thousand seventeen through March thirty-first, two thousand twenty.

(o) Funds shall be reserved and accumulated and shall be transferred to the Roswell Park Cancer Institute Corporation, from the tobacco control and insurance initiatives pool established for the following periods in the following amounts:

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

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

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

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

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

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

(vii) ninety-one million dollars for the period January first, two thousand six through December thirty-first, two thousand six;

(viii) seventy-eight million dollars for the period January first, two thousand seven through December thirty-first, two thousand seven;

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

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

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

(xii) nineteen million five hundred thousand dollars for the period January first, two thousand eleven through March thirty-first, two thousand eleven;

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

(xiv) up to ninety-six million six hundred thousand dollars each state fiscal year for the period April first, two thousand fourteen through March thirty-first, two thousand seventeen**; and**

(xv) up to sixty-six million five hundred eighty-six thousand dollars each state fiscal year for the period April first, two thousand seventeen through March thirty-first, two thousand twenty.

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

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

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

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

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

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

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

(vii) up to eighty-two million dollars for the period January first, 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;
(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-eighty thousand dollars each state fiscal year for the period April first, two thousand fourteen through March thirty-first, two thousand seventeen**; and**
(xiii) up to five million two hundred eighty-eight thousand dollars for each state fiscal year for the period April first, two thousand seventeen through March thirty-first, two thousand twenty.
(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;
(ii) sixty-one million dollars for the period January first, two thousand one through December thirty-first, two thousand one;
(iii) sixty-five million dollars for the period January first, two thousand two through December thirty-first, two thousand two;
(iv) sixty-seven million five hundred thousand dollars for the period January first, two thousand three through December thirty-first, two thousand three;
(v) sixty-eight million dollars for the period January first, two thousand four through December thirty-first, two thousand four;
(vi) sixty-eight million dollars for the period January first, two thousand five through December thirty-first, two thousand five;
(vii) sixty-eight million dollars for the period January first, two thousand six through December thirty-first, two thousand six;

(viii) seventeen million five hundred thousand dollars for the period January first, two thousand seven through December thirty-first, two thousand seven;
(ix) sixty-eight million dollars for the period January first, two thousand eight through December thirty-first, two thousand eight;
(x) sixty-eight million dollars for the period January first, two thousand nine through December thirty-first, two thousand nine;
(xi) sixty-eight million dollars for the period January first, two thousand ten through December thirty-first, two thousand ten;
(xii) seventeen million dollars for the period January first, two thousand eleven through March thirty-first, two thousand eleven; and
(xiii) sixty-eight million dollars each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen.
(s) Funds shall be deposited by the commissioner within amounts appropriated, and the state comptroller is hereby authorized and directed to receive for deposit to the credit of the state special revenue funds - other, HCRA transfer fund, medical assistance account, or any successor fund or account, for purposes of providing distributions pursuant to paragraphs (s-5), (s-6), (s-7) and (s-8) of subdivision eleven of section twenty-eight hundred seven-c of this article from the tobacco control and insurance initiatives pool established for the following periods in the following amounts:
(i) eighteen million dollars for the period January first, two thousand through December thirty-first, two thousand;
(ii) twenty-four million dollars annually for the periods January first, two thousand one through December thirty-first, two thousand two;
(iii) up to twenty-four million dollars for the period January first, two thousand three through December thirty-first, two thousand three;
(iv) up to twenty-four million dollars for the period January first, two thousand four through December thirty-first, two thousand four;
(v) up to twenty-four million dollars for the period January first, two thousand five through December thirty-first, two thousand five;
(vi) up to twenty-four million dollars for the period January first, two thousand six through December thirty-first, two thousand six;
(vii) up to twenty-four million dollars for the period January first, two thousand seven through December thirty-first, two thousand seven;
(viii) up to twenty-four million dollars for the period January first, two thousand eight through December thirty-first, two thousand eight; and
(ix) up to twenty-two million dollars for the period January first, two thousand nine through November thirtieth, two thousand nine.
(t) Funds shall be reserved and accumulated from year to year by the commissioner and shall be made available, including income from invested funds:
(i) For the purpose of making grants to a state owned and operated medical school which does not have a state owned and operated hospital on site and available for teaching purposes. Notwithstanding sections one hundred twelve and one hundred sixty-three of the state finance law, such grants shall be made in the amount of up to five hundred thousand dollars for the period January first, two thousand through December thirty-first, two thousand;
(ii) For the purpose of making grants to medical schools pursuant to section eighty-six-a of chapter one of the laws of nineteen hundred ninety-nine in the sum of up to four million dollars for the period

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

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

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

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

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

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

(v) Funds shall be transferred by the commissioner and shall be deposited to the credit of the hospital excess liability pool created pursuant to section eighteen of chapter two hundred sixty-six of the laws of nineteen hundred eighty-six, or any successor fund or account, for purposes of expenses related to the purchase of excess medical malpractice insurance and the cost of administrating the pool, including costs associated with the risk management program established pursuant to section forty-two of part A of chapter one of the laws of two thousand two required by paragraph (a) of subdivision one of section eighteen of chapter two hundred sixty-six of the laws of nineteen hundred eighty-six as may be amended from time to time, from the tobacco control and insurance initiatives pool established for the following periods in the following amounts:

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

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

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

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

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

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

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

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

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

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

(xi) up to one hundred twenty-seven million four 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 one hundred twenty-seven million four hundred thousand dollars each state fiscal year for the period April first, two thousand fourteen through March thirty-first, two thousand seventeen**; and**

(xiii) up to one hundred twenty-seven million four hundred thousand dollars each state fiscal year for the period April first, two thousand seventeen through March thirty-first, two thousand twenty.

(w) 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 treatment of breast and cervical cancer pursuant to paragraph (v) of subdivision four of section three hundred sixty-six of the social services law, from the tobacco control and insurance initiatives pool established for the following periods in the following amounts:

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

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

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

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

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

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

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

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

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

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

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

(x) 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 general hospital rates increases for recruitment and retention of health care workers from the tobacco control and insurance initiatives pool established for the following periods in the following amounts:

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

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

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

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

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

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

(vii) sixty-one million one hundred fifty thousand dollars for the period January first, two thousand eight through December thirty-first, 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;
(iv) forty-six million three hundred thousand dollars for the period January first, two thousand five through December thirty-first, two thousand five;
(v) forty-six million three hundred thousand dollars for the period January first, two thousand six through December thirty-first, two thousand six;
(vi) thirty million nine hundred thousand dollars for the period January first, two thousand seven through December thirty-first, two thousand seven;

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

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

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

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

(aa) 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 residential health care facilities for recruitment and retention of health care workers pursuant to paragraph (b) 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) seven 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) eleven million seven hundred thousand dollars on an annualized basis for the period January first, two thousand three through December thirty-first, two thousand three;

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

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

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

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

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

(bb)(i) Funds shall be deposited by the commissioner, within amounts appropriated, and subject to the availability of federal financial participation, 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 the purpose of supporting the state share of adjustments to Medicaid rates of payment for personal care services provided pursuant to paragraph (e) of subdivision two of section three hundred sixty-five-a of the social services law, for local social service districts which include a city with a population of over one million persons and computed and distributed in accordance with memorandums of understanding to be entered into between the state of New York and such local social service districts for the purpose of support-

ing the recruitment and retention of personal care service workers or any worker with direct patient care responsibility, from the tobacco control and insurance initiatives pool established for the following periods and the following amounts:

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

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

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

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

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

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

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

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

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

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

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

(L) up to one hundred thirty-six million dollars each state fiscal year for the period March thirty-first, two thousand fourteen through April first, two thousand seventeen**; and**

(M) up to one hundred thirty-six million dollars each state fiscal year for the period April first, two thousand seventeen through March thirty-first, two thousand twenty.

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

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

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

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

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

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

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

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

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

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

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

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

(L) for each state fiscal year within the period April first, two thousand fourteen through March thirty-first, two thousand seventeen, three hundred forty million dollars**; and**

(M) for each state fiscal year within the period April first, two thousand seventeen through March thirty-first, two thousand twenty, three hundred forty million dollars.

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

(cc) Funds shall be deposited by the commissioner, within amounts appropriated, and the state comptroller is hereby authorized and 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 the purpose of supporting the state share of adjustments to Medicaid rates of payment for personal care services provided pursuant to paragraph (e) of subdivision two of section three hundred sixty-five-a of the social services law, for local social service districts which shall not include a city with a population of over one million persons for the purpose of supporting the personal care services worker recruitment and retention program as established pursuant to section three hundred sixty-seven-q of the social services law, from the tobacco control and insurance initiatives pool established for the following periods and the following amounts:

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

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

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

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

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

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

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

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

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

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

(xi) up to eleven million two 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 eleven million two hundred thousand dollars each state fiscal year for the period April first, two thousand fourteen through March thirty-first, two thousand seventeen**; and**

(xiii) up to eleven million two hundred thousand dollars each state fiscal year for the period April first, two thousand seventeen through March thirty-first, two thousand twenty.

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

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

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

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

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

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

(vi) eighty-five million two hundred thousand dollars for the period January first, two thousand seven through December thirty-first, two thousand seven;
(vii) eighty-five million two hundred thousand dollars for the period January first, two thousand eight through December thirty-first, two thousand eight;
(viii) eighty-five million two hundred thousand dollars for the period January first, two thousand nine through December thirty-first, two thousand nine;
(ix) eighty-five million two hundred thousand dollars for the period January first, two thousand ten through December thirty-first, two thousand ten;
(x) twenty-one million three hundred thousand dollars for the period January first, two thousand eleven through March thirty-first, two thousand eleven; and
(xi) eighty-five million two hundred thousand dollars each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen.
(ee) Funds shall be deposited by the commissioner, within amounts appropriated, and the state comptroller is hereby authorized and directed to receive for deposit to the credit of the state special revenue fund - other, HCRA transfer fund, medical assistance account, or any successor fund or account, for purposes of funding the state share of the free-standing diagnostic and treatment center rate increases for recruitment and retention of health care workers pursuant to subdivision seventeen of section twenty-eight hundred seven of this article from the tobacco control and insurance initiatives pool established for the following periods in the following amounts:
(i) three million two hundred fifty thousand dollars for the period April first, two thousand two through December thirty-first, two thousand two;
(ii) three million two hundred fifty thousand dollars on an annualized basis for the period January first, two thousand three through December thirty-first, two thousand three;
(iii) three million two hundred fifty thousand dollars on an annualized basis for the period January first, two thousand four through December thirty-first, two thousand four;
(iv) three million two hundred fifty thousand dollars for the period January first, two thousand five through December thirty-first, two thousand five;
(v) three million two hundred fifty thousand dollars for the period January first, two thousand six through December thirty-first, two thousand six;
(vi) three million two hundred fifty thousand dollars for the period January first, two thousand seven through December thirty-first, two thousand seven;
(vii) three million four hundred thirty-eight thousand dollars for the period January first, two thousand eight through December thirty-first, two thousand eight;
(viii) two million four hundred fifty thousand dollars for the period January first, two thousand nine through December thirty-first, two thousand nine;
(ix) one million five hundred thousand dollars for the period January first, two thousand ten through December thirty-first, two thousand ten; and

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

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

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

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

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

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

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

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

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

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

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

(xi) fifteen million dollars each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen; [~~and~~]

(xii) fifteen million dollars each state fiscal year for the period April first, two thousand fourteen through March thirty-first, two thousand seventeen[~~.~~]**; and**

(xiii) fifteen million dollars each state fiscal year for the period April first, two thousand seventeen through March thirty-first, two thousand twenty.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(ii) 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 the purpose of supporting the state share of Medicaid expenditures for disabled persons as authorized by sections 1619 (a) and (b) of the federal social security act pursuant to the tobacco control and insurance initiatives pool established for the following periods in the following amounts:

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

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

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

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

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

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

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

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

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

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

(xi) eight million five hundred thousand dollars each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen; [~~and~~]

(xii) eight million five hundred thousand dollars each state fiscal year for the period April first, two thousand fourteen through March thirty-first, two thousand seventeen[~~.~~]**; and**

(xiii) eight million five hundred thousand dollars each state fiscal year for the period April first, two thousand seventeen through March thirty-first, two thousand twenty.

(jj) Funds shall be reserved and accumulated from year to year and shall be available, including income from invested funds, for the purposes of a grant program to improve access to infertility services, treatments and procedures, from the tobacco control and insurance initi-

atives pool established for the period January first, two thousand two through December thirty-first, two thousand two in the amount of nine million one hundred seventy-five thousand dollars, for the period April first, two thousand six through March thirty-first, two thousand seven in the amount of five million dollars, for the period April first, two thousand seven through March thirty-first, two thousand eight in the amount of five million dollars, for the period April first, two thousand eight through March thirty-first, two thousand nine in the amount of five million dollars, and for the period April first, two thousand nine through March thirty-first, two thousand ten in the amount of five million dollars, for the period April first, two thousand ten through March thirty-first, two thousand eleven in the amount of two million two hundred thousand dollars, and for the period April first, two thousand eleven through March thirty-first, two thousand twelve up to one million one hundred thousand dollars.

(kk) 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 Medical Assistance Program expenditures from the tobacco control and insurance initiatives pool established for the following periods in the following amounts:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(ii) Funding for the family health plus program will include up to five million dollars annually for the period January first, two thousand three through December thirty-first, two thousand six, up to five million dollars for the period January first, two thousand seven through December thirty-first, two thousand seven, up to seven million two hundred thousand dollars for the period January first, two thousand eight through December thirty-first, two thousand eight, up to seven million two hundred thousand dollars for the period January first, two thousand nine through December thirty-first, two thousand nine, up to seven million two hundred thousand dollars for the period January first, two thousand ten through December thirty-first, two thousand ten, up to

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

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

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

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

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

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

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

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

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

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

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

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

(L) six hundred fifty million four hundred thousand dollars for the period April first, two thousand thirteen through March thirty-first, two thousand fourteen; and

(M) up to three hundred ten million five hundred ninety-five thousand dollars for the period April first, two thousand fourteen through March thirty-first, two thousand fifteen.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(ii) up to five million dollars for the period January first, two thousand five through December thirty-first, two thousand five; of such funds one million nine hundred fifty thousand dollars shall be made available to the department for the purpose of developing, implementing and administering the long-term care insurance education and outreach program and three million fifty thousand dollars shall be deposited by the commissioner, within amounts appropriated, and the comptroller is

hereby authorized and directed to receive for deposit to the credit of the special revenue funds - other, HCRA transfer fund, long term care insurance resource center account of the state office for the aging or any future account designated for the purpose of implementing the long term care insurance education and outreach program and providing the long term care insurance resource centers with the necessary resources to carry out their operations;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(uu) Funds shall be reserved and accumulated from year to year and 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 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;

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

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

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

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

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

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

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

(aaa) Funds shall be reserved and accumulated from year to year and shall be available, including income from invested funds, for services and expenses related to school based health centers, in an amount up to three million five hundred thousand dollars for the period April first, two thousand six through March thirty-first, two thousand seven, up to three million five hundred thousand dollars for the period April first, two thousand seven through March thirty-first, two thousand eight, up to three million five hundred thousand dollars for the period April first, two thousand eight through March thirty-first, two thousand nine, up to three million five hundred thousand dollars for the period April first, two thousand nine through March thirty-first, two thousand ten, up to three million five hundred thousand dollars for the period April first, two thousand ten through March thirty-first, two thousand eleven, up to two million eight hundred thousand dollars each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen, [~~and~~] up to two million six hundred forty-four thousand dollars each state fiscal year for the period April first, two thousand fourteen through March thirty-first, two thousand seventeen**, and up to two million six hundred forty-four thousand dollars each state fiscal year for the period April first, two thousand seventeen through March thirty-first, two thousand twenty**. The total amount of funds provided herein shall be distributed as grants based on the ratio of each provider's total enrollment for all sites to the total enrollment of all providers. This formula shall be applied to the total amount provided herein.

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

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

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

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

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

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

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

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

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

(viii) up to fifty million dollars each state fiscal year for the period April first, two thousand fourteen through March thirty-first, two thousand seventeen**; and**

(ix) up to fifty million dollars for each state fiscal year for the period April first, two thousand seventeen through March thirty-first, two thousand twenty.

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

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

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

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

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

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

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

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

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

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

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

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

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

§ 17. Paragraph (a) of subdivision 1 of section 18 of chapter 266 of the laws of 1986, amending the civil practice law and rules and other laws relating to malpractice and professional medical conduct, as amended by section 2 of part C of chapter 59 of the laws of 2016, is amended to read as follows:

(a) The superintendent of financial services and the commissioner of health or their designee shall, from funds available in the hospital excess liability pool created pursuant to subdivision 5 of this section, purchase a policy or policies for excess insurance coverage, as authorized by paragraph 1 of subsection (e) of section 5502 of the insurance law; or from an insurer, other than an insurer described in section 5502 of the insurance law, duly authorized to write such coverage and actually writing medical malpractice insurance in this state; or shall purchase equivalent excess coverage in a form previously approved by the superintendent of financial services for purposes of providing equivalent excess coverage in accordance with section 19 of chapter 294 of the laws of 1985, for medical or dental malpractice occurrences between July 1, 1986 and June 30, 1987, between July 1, 1987 and June 30, 1988, between July 1, 1988 and June 30, 1989, between July 1, 1989 and June

30, 1990, between July 1, 1990 and June 30, 1991, between July 1, 1991 and June 30, 1992, between July 1, 1992 and June 30, 1993, between July 1, 1993 and June 30, 1994, between July 1, 1994 and June 30, 1995, between July 1, 1995 and June 30, 1996, between July 1, 1996 and June 30, 1997, between July 1, 1997 and June 30, 1998, between July 1, 1998 and June 30, 1999, between July 1, 1999 and June 30, 2000, between July 1, 2000 and June 30, 2001, between July 1, 2001 and June 30, 2002, between July 1, 2002 and June 30, 2003, between July 1, 2003 and June 30, 2004, between July 1, 2004 and June 30, 2005, between July 1, 2005 and June 30, 2006, between July 1, 2006 and June 30, 2007, between July 1, 2007 and June 30, 2008, between July 1, 2008 and June 30, 2009, between July 1, 2009 and June 30, 2010, between July 1, 2010 and June 30, 2011, between July 1, 2011 and June 30, 2012, between July 1, 2012 and June 30, 2013, between July 1, 2013 and June 30, 2014, between July 1, 2014 and June 30, 2015, between July 1, 2015 and June 30, 2016, [~~and~~] between July 1, 2016 and June 30, 2017**, and between July 1, 2017 and June 30, 2018** or reimburse the hospital where the hospital purchases equivalent excess coverage as defined in subparagraph (i) of paragraph (a) of subdivision 1-a of this section for medical or dental malpractice occurrences between July 1, 1987 and June 30, 1988, between July 1, 1988 and June 30, 1989, between July 1, 1989 and June 30, 1990, between July 1, 1990 and June 30, 1991, between July 1, 1991 and June 30, 1992, between July 1, 1992 and June 30, 1993, between July 1, 1993 and June 30, 1994, between July 1, 1994 and June 30, 1995, between July 1, 1995 and June 30, 1996, between July 1, 1996 and June 30, 1997, between July 1, 1997 and June 30, 1998, between July 1, 1998 and June 30, 1999, between July 1, 1999 and June 30, 2000, between July 1, 2000 and June 30, 2001, between July 1, 2001 and June 30, 2002, between July 1, 2002 and June 30, 2003, between July 1, 2003 and June 30, 2004, between July 1, 2004 and June 30, 2005, between July 1, 2005 and June 30, 2006, between July 1, 2006 and June 30, 2007, between July 1, 2007 and June 30, 2008, between July 1, 2008 and June 30, 2009, between July 1, 2009 and June 30, 2010, between July 1, 2010 and June 30, 2011, between July 1, 2011 and June 30, 2012, between July 1, 2012 and June 30, 2013, between July 1, 2013 and June 30, 2014, between July 1, 2014 and June 30, 2015, between July 1, 2015 and June 30, 2016, [~~and~~] between July 1, 2016 and June 30, 2017**, and between July 1, 2017 and June 30, 2018** for physicians or dentists certified as eligible for each such period or periods pursuant to subdivision 2 of this section by a general hospital licensed pursuant to article 28 of the public health law; provided that no single insurer shall write more than fifty percent of the total excess premium for a given policy year; and provided, however, that such eligible physicians or dentists must have in force an individual policy, from an insurer licensed in this state of primary malpractice insurance coverage in amounts of no less than one million three hundred thousand dollars for each claimant and three million nine hundred thousand dollars for all claimants under that policy during the period of such excess coverage for such occurrences or be endorsed as additional insureds under a hospital professional liability policy which is offered through a voluntary attending physician ("channeling") program previously permitted by the superintendent of financial services during the period of such excess coverage for such occurrences. During such period, such policy for excess coverage or such equivalent excess coverage shall, when combined with the physician's or dentist's primary malpractice insurance coverage or coverage provided through a voluntary attending physician ("channeling") program, total an aggregate level of two

million three hundred thousand dollars for each claimant and six million nine hundred thousand dollars for all claimants from all such policies with respect to occurrences in each of such years provided, however, if the cost of primary malpractice insurance coverage in excess of one million dollars, but below the excess medical malpractice insurance coverage provided pursuant to this act, exceeds the rate of nine percent per annum, then the required level of primary malpractice insurance coverage in excess of one million dollars for each claimant shall be in an amount of not less than the dollar amount of such coverage available at nine percent per annum; the required level of such coverage for all claimants under that policy shall be in an amount not less than three times the dollar amount of coverage for each claimant; and excess coverage, when combined with such primary malpractice insurance coverage, shall increase the aggregate level for each claimant by one million dollars and three million dollars for all claimants; and provided further, that, with respect to policies of primary medical malpractice coverage that include occurrences between April 1, 2002 and June 30, 2002, such requirement that coverage be in amounts no less than one million three hundred thousand dollars for each claimant and three million nine hundred thousand dollars for all claimants for such occurrences shall be effective April 1, 2002.

§ 18. Subdivision 3 of section 18 of chapter 266 of the laws of 1986, amending the civil practice law and rules and other laws relating to malpractice and professional medical conduct, as amended by section 3 of part C of chapter 59 of the laws of 2016, is amended to read as follows:

(3)(a) The superintendent of financial services shall determine and certify to each general hospital and to the commissioner of health the cost of excess malpractice insurance for medical or dental malpractice occurrences between July 1, 1986 and June 30, 1987, between July 1, 1988 and June 30, 1989, between July 1, 1989 and June 30, 1990, between July 1, 1990 and June 30, 1991, between July 1, 1991 and June 30, 1992, between July 1, 1992 and June 30, 1993, between July 1, 1993 and June 30, 1994, between July 1, 1994 and June 30, 1995, between July 1, 1995 and June 30, 1996, between July 1, 1996 and June 30, 1997, between July 1, 1997 and June 30, 1998, between July 1, 1998 and June 30, 1999, between July 1, 1999 and June 30, 2000, between July 1, 2000 and June 30, 2001, between July 1, 2001 and June 30, 2002, between July 1, 2002 and June 30, 2003, between July 1, 2003 and June 30, 2004, between July 1, 2004 and June 30, 2005, between July 1, 2005 and June 30, 2006, between July 1, 2006 and June 30, 2007, between July 1, 2007 and June 30, 2008, between July 1, 2008 and June 30, 2009, between July 1, 2009 and June 30, 2010, between July 1, 2010 and June 30, 2011, between July 1, 2011 and June 30, 2012, between July 1, 2012 and June 30, 2013, and between July 1, 2013 and June 30, 2014, between July 1, 2014 and June 30, 2015, between July 1, 2015 and June 30, 2016, and between July 1, 2016 and June 30, 2017**, and between July 1, 2017 and June 30, 2018** allocable to each general hospital for physicians or dentists certified as eligible for purchase of a policy for excess insurance coverage by such general hospital in accordance with subdivision 2 of this section, and may amend such determination and certification as necessary.

(b) The superintendent of financial services shall determine and certify to each general hospital and to the commissioner of health the cost of excess malpractice insurance or equivalent excess coverage for medical or dental malpractice occurrences between July 1, 1987 and June 30, 1988, between July 1, 1988 and June 30, 1989, between July 1, 1989 and June 30, 1990, between July 1, 1990 and June 30, 1991, between July

1, 1991 and June 30, 1992, between July 1, 1992 and June 30, 1993, between July 1, 1993 and June 30, 1994, between July 1, 1994 and June 30, 1995, between July 1, 1995 and June 30, 1996, between July 1, 1996 and June 30, 1997, between July 1, 1997 and June 30, 1998, between July 1, 1998 and June 30, 1999, between July 1, 1999 and June 30, 2000, between July 1, 2000 and June 30, 2001, between July 1, 2001 and June 30, 2002, between July 1, 2002 and June 30, 2003, between July 1, 2003 and June 30, 2004, between July 1, 2004 and June 30, 2005, between July 1, 2005 and June 30, 2006, between July 1, 2006 and June 30, 2007, between July 1, 2007 and June 30, 2008, between July 1, 2008 and June 30, 2009, between July 1, 2009 and June 30, 2010, between July 1, 2010 and June 30, 2011, between July 1, 2011 and June 30, 2012, between July 1, 2012 and June 30, 2013, between July 1, 2013 and June 30, 2014, between July 1, 2014 and June 30, 2015, between July 1, 2015 and June 30, 2016, and between July 1, 2016 and June 30, 2017**, and between July 1, 2017 and June 30, 2018** allocable to each general hospital for physicians or dentists certified as eligible for purchase of a policy for excess insurance coverage or equivalent excess coverage by such general hospital in accordance with subdivision 2 of this section, and may amend such determination and certification as necessary. The superintendent of financial services shall determine and certify to each general hospital and to the commissioner of health the ratable share of such cost allocable to the period July 1, 1987 to December 31, 1987, to the period January 1, 1988 to June 30, 1988, to the period July 1, 1988 to December 31, 1988, to the period January 1, 1989 to June 30, 1989, to the period July 1, 1989 to December 31, 1989, to the period January 1, 1990 to June 30, 1990, to the period July 1, 1990 to December 31, 1990, to the period January 1, 1991 to June 30, 1991, to the period July 1, 1991 to December 31, 1991, to the period January 1, 1992 to June 30, 1992, to the period July 1, 1992 to December 31, 1992, to the period January 1, 1993 to June 30, 1993, to the period July 1, 1993 to December 31, 1993, to the period January 1, 1994 to June 30, 1994, to the period July 1, 1994 to December 31, 1994, to the period January 1, 1995 to June 30, 1995, to the period July 1, 1995 to December 31, 1995, to the period January 1, 1996 to June 30, 1996, to the period July 1, 1996 to December 31, 1996, to the period January 1, 1997 to June 30, 1997, to the period July 1, 1997 to December 31, 1997, to the period January 1, 1998 to June 30, 1998, to the period July 1, 1998 to December 31, 1998, to the period January 1, 1999 to June 30, 1999, to the period July 1, 1999 to December 31, 1999, to the period January 1, 2000 to June 30, 2000, to the period July 1, 2000 to December 31, 2000, to the period January 1, 2001 to June 30, 2001, to the period July 1, 2001 to June 30, 2002, to the period July 1, 2002 to June 30, 2003, to the period July 1, 2003 to June 30, 2004, to the period July 1, 2004 to June 30, 2005, to the period July 1, 2005 and June 30, 2006, to the period July 1, 2006 and June 30, 2007, to the period July 1, 2007 and June 30, 2008, to the period July 1, 2008 and June 30, 2009, to the period July 1, 2009 and June 30, 2010, to the period July 1, 2010 and June 30, 2011, to the period July 1, 2011 and June 30, 2012, to the period July 1, 2012 and June 30, 2013, to the period July 1, 2013 and June 30, 2014, to the period July 1, 2014 and June 30, 2015, to the period July 1, 2015 and June 30, 2016, and between July 1, 2016 and June 30, 2017**, and to the period July 1, 2017 and June 30, 2018**.

§ 19. Paragraphs (a), (b), (c), (d) and (e) of subdivision 8 of section 18 of chapter 266 of the laws of 1986, amending the civil practice law and rules and other laws relating to malpractice and profes-

sional medical conduct, as amended by section 4 of part C of chapter 59 of the laws of 2016, are amended to read as follows:

(a) To the extent funds available to the hospital excess liability pool pursuant to subdivision 5 of this section as amended, and pursuant to section 6 of part J of chapter 63 of the laws of 2001, as may from time to time be amended, which amended this subdivision, are insufficient to meet the costs of excess insurance coverage or equivalent excess coverage for coverage periods during the period July 1, 1992 to June 30, 1993, during the period July 1, 1993 to June 30, 1994, during the period July 1, 1994 to June 30, 1995, during the period July 1, 1995 to June 30, 1996, during the period July 1, 1996 to June 30, 1997, during the period July 1, 1997 to June 30, 1998, during the period July 1, 1998 to June 30, 1999, during the period July 1, 1999 to June 30, 2000, during the period July 1, 2000 to June 30, 2001, during the period July 1, 2001 to October 29, 2001, during the period April 1, 2002 to June 30, 2002, during the period July 1, 2002 to June 30, 2003, during the period July 1, 2003 to June 30, 2004, during the period July 1, 2004 to June 30, 2005, during the period July 1, 2005 to June 30, 2006, during the period July 1, 2006 to June 30, 2007, during the period July 1, 2007 to June 30, 2008, during the period July 1, 2008 to June 30, 2009, during the period July 1, 2009 to June 30, 2010, during the period July 1, 2010 to June 30, 2011, during the period July 1, 2011 to June 30, 2012, during the period July 1, 2012 to June 30, 2013, during the period July 1, 2013 to June 30, 2014, during the period July 1, 2014 to June 30, 2015, during the period July 1, 2015 and June 30, 2016, [~~and between~~] **during the period** July 1, 2016 and June 30, 2017**, and during the period July 1, 2017 and June 30, 2018** allocated or reallocated in accordance with paragraph (a) of subdivision 4-a of this section to rates of payment applicable to state governmental agencies, each physician or dentist for whom a policy for excess insurance coverage or equivalent excess coverage is purchased for such period shall be responsible for payment to the provider of excess insurance coverage or equivalent excess coverage of an allocable share of such insufficiency, based on the ratio of the total cost of such coverage for such physician to the sum of the total cost of such coverage for all physicians applied to such insufficiency.

(b) Each provider of excess insurance coverage or equivalent excess coverage covering the period July 1, 1992 to June 30, 1993, or covering the period July 1, 1993 to June 30, 1994, or covering the period July 1, 1994 to June 30, 1995, or covering the period July 1, 1995 to June 30, 1996, or covering the period July 1, 1996 to June 30, 1997, or covering the period July 1, 1997 to June 30, 1998, or covering the period July 1, 1998 to June 30, 1999, or covering the period July 1, 1999 to June 30, 2000, or covering the period July 1, 2000 to June 30, 2001, or covering the period July 1, 2001 to October 29, 2001, or covering the period April 1, 2002 to June 30, 2002, or covering the period July 1, 2002 to June 30, 2003, or covering the period July 1, 2003 to June 30, 2004, or covering the period July 1, 2004 to June 30, 2005, or covering the period July 1, 2005 to June 30, 2006, or covering the period July 1, 2006 to June 30, 2007, or covering the period July 1, 2007 to June 30, 2008, or covering the period July 1, 2008 to June 30, 2009, or covering the period July 1, 2009 to June 30, 2010, or covering the period July 1, 2010 to June 30, 2011, or covering the period July 1, 2011 to June 30, 2012, or covering the period July 1, 2012 to June 30, 2013, or covering the period July 1, 2013 to June 30, 2014, or covering the period July 1, 2014 to June 30, 2015, or covering the period July 1, 2015 to June 30, 2016, or

covering the period July 1, 2016 to June 30, 2017**, or covering the period July 1, 2017 to June 30, 2018** shall notify a covered physician or dentist by mail, mailed to the address shown on the last application for excess insurance coverage or equivalent excess coverage, of the amount due to such provider from such physician or dentist for such coverage period determined in accordance with paragraph (a) of this subdivision. Such amount shall be due from such physician or dentist to such provider of excess insurance coverage or equivalent excess coverage in a time and manner determined by the superintendent of financial services.

(c) If a physician or dentist liable for payment of a portion of the costs of excess insurance coverage or equivalent excess coverage covering the period July 1, 1992 to June 30, 1993, or covering the period July 1, 1993 to June 30, 1994, or covering the period July 1, 1994 to June 30, 1995, or covering the period July 1, 1995 to June 30, 1996, or covering the period July 1, 1996 to June 30, 1997, or covering the period July 1, 1997 to June 30, 1998, or covering the period July 1, 1998 to June 30, 1999, or covering the period July 1, 1999 to June 30, 2000, or covering the period July 1, 2000 to June 30, 2001, or covering the period July 1, 2001 to October 29, 2001, or covering the period April 1, 2002 to June 30, 2002, or covering the period July 1, 2002 to June 30, 2003, or covering the period July 1, 2003 to June 30, 2004, or covering the period July 1, 2004 to June 30, 2005, or covering the period July 1, 2005 to June 30, 2006, or covering the period July 1, 2006 to June 30, 2007, or covering the period July 1, 2007 to June 30, 2008, or covering the period July 1, 2008 to June 30, 2009, or covering the period July 1, 2009 to June 30, 2010, or covering the period July 1, 2010 to June 30, 2011, or covering the period July 1, 2011 to June 30, 2012, or covering the period July 1, 2012 to June 30, 2013, or covering the period July 1, 2013 to June 30, 2014, or covering the period July 1, 2014 to June 30, 2015, or covering the period July 1, 2015 to June 30, 2016, or covering the period July 1, 2016 to June 30, 2017**, or covering the period July 1, 2017 to June 30, 2018** determined in accordance with paragraph (a) of this subdivision fails, refuses or neglects to make payment to the provider of excess insurance coverage or equivalent excess coverage in such time and manner as determined by the superintendent of financial services pursuant to paragraph (b) of this subdivision, excess insurance coverage or equivalent excess coverage purchased for such physician or dentist in accordance with this section for such coverage period shall be cancelled and shall be null and void as of the first day on or after the commencement of a policy period where the liability for payment pursuant to this subdivision has not been met.

(d) Each provider of excess insurance coverage or equivalent excess coverage shall notify the superintendent of financial services and the commissioner of health or their designee of each physician and dentist eligible for purchase of a policy for excess insurance coverage or equivalent excess coverage covering the period July 1, 1992 to June 30, 1993, or covering the period July 1, 1993 to June 30, 1994, or covering the period July 1, 1994 to June 30, 1995, or covering the period July 1, 1995 to June 30, 1996, or covering the period July 1, 1996 to June 30, 1997, or covering the period July 1, 1997 to June 30, 1998, or covering the period July 1, 1998 to June 30, 1999, or covering the period July 1, 1999 to June 30, 2000, or covering the period July 1, 2000 to June 30, 2001, or covering the period July 1, 2001 to October 29, 2001, or covering the period April 1, 2002 to June 30, 2002, or covering the period July 1, 2002 to June 30, 2003, or covering the period July 1, 2003 to June 30, 2004, or covering the period July 1, 2004 to June 30, 2005, or

covering the period July 1, 2005 to June 30, 2006, or covering the period July 1, 2006 to June 30, 2007, or covering the period July 1, 2007 to June 30, 2008, or covering the period July 1, 2008 to June 30, 2009, or covering the period July 1, 2009 to June 30, 2010, or covering the period July 1, 2010 to June 30, 2011, or covering the period July 1, 2011 to June 30, 2012, or covering the period July 1, 2012 to June 30, 2013, or covering the period July 1, 2013 to June 30, 2014, or covering the period July 1, 2014 to June 30, 2015, or covering the period July 1, 2015 to June 30, 2016, or covering the period July 1, 2016 to June 30, 2017**, or covering the period July 1, 2017 to June 30, 2018** that has made payment to such provider of excess insurance coverage or equivalent excess coverage in accordance with paragraph (b) of this subdivision and of each physician and dentist who has failed, refused or neglected to make such payment.

(e) A provider of excess insurance coverage or equivalent excess coverage shall refund to the hospital excess liability pool any amount allocable to the period July 1, 1992 to June 30, 1993, and to the period July 1, 1993 to June 30, 1994, and to the period July 1, 1994 to June 30, 1995, and to the period July 1, 1995 to June 30, 1996, and to the period July 1, 1996 to June 30, 1997, and to the period July 1, 1997 to June 30, 1998, and to the period July 1, 1998 to June 30, 1999, and to the period July 1, 1999 to June 30, 2000, and to the period July 1, 2000 to June 30, 2001, and to the period July 1, 2001 to October 29, 2001, and to the period April 1, 2002 to June 30, 2002, and to the period July 1, 2002 to June 30, 2003, and to the period July 1, 2003 to June 30, 2004, and to the period July 1, 2004 to June 30, 2005, and to the period July 1, 2005 to June 30, 2006, and to the period July 1, 2006 to June 30, 2007, and to the period July 1, 2007 to June 30, 2008, and to the period July 1, 2008 to June 30, 2009, and to the period July 1, 2009 to June 30, 2010, and to the period July 1, 2010 to June 30, 2011, and to the period July 1, 2011 to June 30, 2012, and to the period July 1, 2012 to June 30, 2013, and to the period July 1, 2013 to June 30, 2014, and to the period July 1, 2014 to June 30, 2015, and to the period July 1, 2015 to June 30, 2016, [~~and~~] to the period July 1, 2016 to June 30, 2017**, and to the period July 1, 2017 to June 30, 2018** received from the hospital excess liability pool for purchase of excess insurance coverage or equivalent excess coverage covering the period July 1, 1992 to June 30, 1993, and covering the period July 1, 1993 to June 30, 1994, and covering the period July 1, 1994 to June 30, 1995, and covering the period July 1, 1995 to June 30, 1996, and covering the period July 1, 1996 to June 30, 1997, and covering the period July 1, 1997 to June 30, 1998, and covering the period July 1, 1998 to June 30, 1999, and covering the period July 1, 1999 to June 30, 2000, and covering the period July 1, 2000 to June 30, 2001, and covering the period July 1, 2001 to October 29, 2001, and covering the period April 1, 2002 to June 30, 2002, and covering the period July 1, 2002 to June 30, 2003, and covering the period July 1, 2003 to June 30, 2004, and covering the period July 1, 2004 to June 30, 2005, and covering the period July 1, 2005 to June 30, 2006, and covering the period July 1, 2006 to June 30, 2007, and covering the period July 1, 2007 to June 30, 2008, and covering the period July 1, 2008 to June 30, 2009, and covering the period July 1, 2009 to June 30, 2010, and covering the period July 1, 2010 to June 30, 2011, and covering the period July 1, 2011 to June 30, 2012, and covering the period July 1, 2012 to June 30, 2013, and covering the period July 1, 2013 to June 30, 2014, and covering the period July 1, 2014 to June 30, 2015, and covering the period July 1, 2015 to June 30, 2016,

and covering the period July 1, 2016 to June 30, 2017**, and covering the period July 1, 2017 to June 30, 2018** for a physician or dentist where such excess insurance coverage or equivalent excess coverage is cancelled in accordance with paragraph (c) of this subdivision.

§ 20. Section 40 of chapter 266 of the laws of 1986, amending the civil practice law and rules and other laws relating to malpractice and professional medical conduct, as amended by section 5 of part C of chapter 59 of the laws of 2016, is amended to read as follows:

§ 40. The superintendent of financial services shall establish rates for policies providing coverage for physicians and surgeons medical malpractice for the periods commencing July 1, 1985 and ending June 30, [~~2017~~] **2018**; provided, however, that notwithstanding any other provision of law, the superintendent shall not establish or approve any increase in rates for the period commencing July 1, 2009 and ending June 30, 2010. The superintendent shall direct insurers to establish segregated accounts for premiums, payments, reserves and investment income attributable to such premium periods and shall require periodic reports by the insurers regarding claims and expenses attributable to such periods to monitor whether such accounts will be sufficient to meet incurred claims and expenses. On or after July 1, 1989, the superintendent shall impose a surcharge on premiums to satisfy a projected deficiency that is attributable to the premium levels established pursuant to this section for such periods; provided, however, that such annual surcharge shall not exceed eight percent of the established rate until July 1, [~~2017~~] **2018**, at which time and thereafter such surcharge shall not exceed twenty-five percent of the approved adequate rate, and that such annual surcharges shall continue for such period of time as shall be sufficient to satisfy such deficiency. The superintendent shall not impose such surcharge during the period commencing July 1, 2009 and ending June 30, 2010. On and after July 1, 1989, the surcharge prescribed by this section shall be retained by insurers to the extent that they insured physicians and surgeons during the July 1, 1985 through June 30, [~~2017~~] **2018** policy periods; in the event and to the extent physicians and surgeons were insured by another insurer during such periods, all or a pro rata share of the surcharge, as the case may be, shall be remitted to such other insurer in accordance with rules and regulations to be promulgated by the superintendent. Surcharges collected from physicians and surgeons who were not insured during such policy periods shall be apportioned among all insurers in proportion to the premium written by each insurer during such policy periods; if a physician or surgeon was insured by an insurer subject to rates established by the superintendent during such policy periods, and at any time thereafter a hospital, health maintenance organization, employer or institution is responsible for responding in damages for liability arising out of such physician's or surgeon's practice of medicine, such responsible entity shall also remit to such prior insurer the equivalent amount that would then be collected as a surcharge if the physician or surgeon had continued to remain insured by such prior insurer. In the event any insurer that provided coverage during such policy periods is in liquidation, the property/casualty insurance security fund shall receive the portion of surcharges to which the insurer in liquidation would have been entitled. The surcharges authorized herein shall be deemed to be income earned for the purposes of section 2303 of the insurance law. The superintendent, in establishing adequate rates and in determining any projected deficiency pursuant to the requirements of this section and the insurance law, shall give substantial weight, determined in his discretion and

judgment, to the prospective anticipated effect of any regulations promulgated and laws enacted and the public benefit of stabilizing malpractice rates and minimizing rate level fluctuation during the period of time necessary for the development of more reliable statistical experience as to the efficacy of such laws and regulations affecting medical, dental or podiatric malpractice enacted or promulgated in 1985, 1986, by this act and at any other time. Notwithstanding any provision of the insurance law, rates already established and to be established by the superintendent pursuant to this section are deemed adequate if such rates would be adequate when taken together with the maximum authorized annual surcharges to be imposed for a reasonable period of time whether or not any such annual surcharge has been actually imposed as of the establishment of such rates.

§ 21. Section 5 and subdivisions (a) and (e) of section 6 of part J of chapter 63 of the laws of 2001, amending chapter 266 of the laws of 1986, amending the civil practice law and rules and other laws relating to malpractice and professional medical conduct, as amended by section 6 of part C of chapter 59 of the laws of 2016, are amended to read as follows:

§ 5. The superintendent of financial services and the commissioner of health shall determine, no later than June 15, 2002, June 15, 2003, June 15, 2004, June 15, 2005, June 15, 2006, June 15, 2007, June 15, 2008, June 15, 2009, June 15, 2010, June 15, 2011, June 15, 2012, June 15, 2013, June 15, 2014, June 15, 2015, June 15, 2016, [~~and~~] June 15, 2017**, and June 15, 2018** the amount of funds available in the hospital excess liability pool, created pursuant to section 18 of chapter 266 of the laws of 1986, and whether such funds are sufficient for purposes of purchasing excess insurance coverage for eligible participating physicians and dentists during the period July 1, 2001 to June 30, 2002, or July 1, 2002 to June 30, 2003, or July 1, 2003 to June 30, 2004, or July 1, 2004 to June 30, 2005, or July 1, 2005 to June 30, 2006, or July 1, 2006 to June 30, 2007, or July 1, 2007 to June 30, 2008, or July 1, 2008 to June 30, 2009, or July 1, 2009 to June 30, 2010, or July 1, 2010 to June 30, 2011, or July 1, 2011 to June 30, 2012, or July 1, 2012 to June 30, 2013, or July 1, 2013 to June 30, 2014, or July 1, 2014 to June 30, 2015, or July 1, 2015 to June 30, 2016, or July 1, 2016 to June 30, 2017**, or to July 1, 2017 to June 30, 2018** as applicable.

(a) This section shall be effective only upon a determination, pursuant to section five of this act, by the superintendent of financial services and the commissioner of health, and a certification of such determination to the state director of the budget, the chair of the senate committee on finance and the chair of the assembly committee on ways and means, that the amount of funds in the hospital excess liability pool, created pursuant to section 18 of chapter 266 of the laws of 1986, is insufficient for purposes of purchasing excess insurance coverage for eligible participating physicians and dentists during the period July 1, 2001 to June 30, 2002, or July 1, 2002 to June 30, 2003, or July 1, 2003 to June 30, 2004, or July 1, 2004 to June 30, 2005, or July 1, 2005 to June 30, 2006, or July 1, 2006 to June 30, 2007, or July 1, 2007 to June 30, 2008, or July 1, 2008 to June 30, 2009, or July 1, 2009 to June 30, 2010, or July 1, 2010 to June 30, 2011, or July 1, 2011 to June 30, 2012, or July 1, 2012 to June 30, 2013, or July 1, 2013 to June 30, 2014, or July 1, 2014 to June 30, 2015, or July 1, 2015 to June 30, 2016, or July 1, 2016 to June 30, 2017**, or July 1, 2017 to June 30, 2018** as applicable.

(e) The commissioner of health shall transfer for deposit to the hospital excess liability pool created pursuant to section 18 of chapter 266 of the laws of 1986 such amounts as directed by the superintendent of financial services for the purchase of excess liability insurance coverage for eligible participating physicians and dentists for the policy year July 1, 2001 to June 30, 2002, or July 1, 2002 to June 30, 2003, or July 1, 2003 to June 30, 2004, or July 1, 2004 to June 30, 2005, or July 1, 2005 to June 30, 2006, or July 1, 2006 to June 30, 2007, as applicable, and the cost of administering the hospital excess liability pool for such applicable policy year, pursuant to the program established in chapter 266 of the laws of 1986, as amended, no later than June 15, 2002, June 15, 2003, June 15, 2004, June 15, 2005, June 15, 2006, June 15, 2007, June 15, 2008, June 15, 2009, June 15, 2010, June 15, 2011, June 15, 2012, June 15, 2013, June 15, 2014, June 15, 2015, June 15, 2016, [~~and~~] June 15, 2017**, and June 15, 2018** as applicable.

§ 22. Notwithstanding any law, rule or regulation to the contrary, only physicians or dentists who were eligible, and for whom the superintendent of financial services and the commissioner of health, or their designee, purchased, with funds available in the hospital excess liability pool, a full or partial policy for excess coverage or equivalent excess coverage for the coverage period ending the thirtieth of June, two thousand seventeen, shall be eligible to apply for such coverage for the coverage period beginning the first of July, two thousand seventeen; provided, however, if the total number of physicians or dentists for whom such excess coverage or equivalent excess coverage was purchased for the policy year ending the thirtieth of June, two thousand seventeen exceeds the total number of physicians or dentists certified as eligible for the coverage period beginning the first of July, two thousand seventeen, then the general hospitals may certify additional eligible physicians or dentists in a number equal to such general hospital's proportional share of the total number of physicians or dentists for whom excess coverage or equivalent excess coverage was purchased with funds available in the hospital excess liability pool as of the thirtieth of June, two thousand seventeen, as applied to the difference between the number of eligible physicians or dentists for whom a policy for excess coverage or equivalent excess coverage was purchased for the coverage period ending the thirtieth of June, two thousand seventeen and the number of such eligible physicians or dentists who have applied for excess coverage or equivalent excess coverage for the coverage period beginning the first of July, two thousand seventeen.

§ 23. This act shall take effect immediately; provided, however, that:

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

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

(c) sections seventeen through twenty-two of this act shall be deemed to have been in full force and effect on and after April 1, 2017.

PART I

Section 1. Section 11 of chapter 884 of the laws of 1990, amending the public health law relating to authorizing bad debt and charity care allowances for certified home health agencies, as amended by section 1

of part D of chapter 57 of the laws of 2015, is amended to read as follows:

§ 11. This act shall take effect immediately and:

(a) sections one and three shall expire on December 31, 1996,

(b) sections four through ten shall expire on June 30, [~~2017~~] **2019**, and

(c) provided that the amendment to section 2807-b of the public health law by section two of this act shall not affect the expiration of such section 2807-b as otherwise provided by law and shall be deemed to expire therewith.

§ 2. Subdivision 4-a of section 71 of part C of chapter 60 of the laws of 2014 amending the social services law relating to eliminating prescriber prevails for brand name drugs with generic equivalent, as amended by section 6 of part D of chapter 59 of the laws of 2016, is amended to read as follows:

4-a. section twenty-two of this act shall take effect April 1, 2014, and shall be deemed expired January 1, [~~2018~~] **2019**;

§ 3. Subparagraph (vi) of paragraph (b) of subdivision 2 of section 2807-d of the public health law, as amended by section 3 of part D of chapter 57 of the laws of 2015, is amended to read as follows:

(vi) Notwithstanding any contrary provision of this paragraph or any other provision of law or regulation to the contrary, for residential health care facilities the assessment shall be six percent of each residential health care facility's gross receipts received from all patient care services and other operating income on a cash basis for the period April first, two thousand two through March thirty-first, two thousand three for hospital or health-related services, including adult day services; provided, however, that residential health care facilities' gross receipts attributable to payments received pursuant to title XVIII of the federal social security act (medicare) shall be excluded from the assessment; provided, however, that for all such gross receipts received on or after April first, two thousand three through March thirty-first, two thousand five, such assessment shall be five percent, and further provided that for all such gross receipts received on or after April first, two thousand five through March thirty-first, two thousand nine, and on or after April first, two thousand nine through March thirty-first, two thousand eleven such assessment shall be six percent, and further provided that for all such gross receipts received on or after April first, two thousand eleven through March thirty-first, two thousand thirteen such assessment shall be six percent, and further provided that for all such gross receipts received on or after April first, two thousand thirteen through March thirty-first, two thousand fifteen such assessment shall be six percent, and further provided that for all such gross receipts received on or after April first, two thousand fifteen through March thirty-first, two thousand seventeen such assessment shall be six percent**, and further provided that for all such gross receipts received on or after April first, two thousand seventeen through March thirty-first, two thousand nineteen such assessment shall be six percent**.

§ 4. Subdivision 1 of section 194 of chapter 474 of the laws of 1996, amending the education law and other laws relating to rates for residential health care facilities, as amended by section 5 of part D of chapter 57 of the laws of 2015, is amended to read as follows:

1. Notwithstanding any inconsistent provision of law or regulation, the trend factors used to project reimbursable operating costs to the rate period for purposes of determining rates of payment pursuant to

article 28 of the public health law for residential health care facilities for reimbursement of inpatient services provided to patients eligible for payments made by state governmental agencies on and after April 1, 1996 through March 31, 1999 and for payments made on and after July 1, 1999 through March 31, 2000 and on and after April 1, 2000 through March 31, 2003 and on and after April 1, 2003 through March 31, 2007 and on and after April 1, 2007 through March 31, 2009 and on and after April 1, 2009 through March 31, 2011 and on and after April 1, 2011 through March 31, 2013 and on and after April 1, 2013 through March 31, 2015, and on and after April 1, 2015 through March 31, 2017**, and on and after April 1, 2017 through March 31, 2018** shall reflect no trend factor projections or adjustments for the period April 1, 1996, through March 31, 1997.

§ 5. Subdivision 1 of section 89-a of part C of chapter 58 of the laws of 2007, amending the social services law and other laws relating to enacting the major components of legislation necessary to implement the health and mental hygiene budget for the 2007-2008 state fiscal year, as amended by section 6 of part D of chapter 57 of the laws of 2015, is amended to read as follows:

1. Notwithstanding paragraph (c) of subdivision 10 of section 2807-c of the public health law and section 21 of chapter 1 of the laws of 1999, as amended, and any other inconsistent provision of law or regulation to the contrary, in determining rates of payments by state governmental agencies effective for services provided beginning April 1, 2006, through March 31, 2009, and on and after April 1, 2009 through March 31, 2011, and on and after April 1, 2011 through March 31, 2013, and on and after April 1, 2013 through March 31, 2015, and on and after April 1, 2015 through March 31, 2017**, and on and after April 1, 2017 through March 31, 2018** for inpatient and outpatient services provided by general hospitals and for inpatient services and outpatient adult day health care services provided by residential health care facilities pursuant to article 28 of the public health law, the commissioner of health shall apply a trend factor projection of two and twenty-five hundredths percent attributable to the period January 1, 2006 through December 31, 2006, and on and after January 1, 2007, provided, however, that on reconciliation of such trend factor for the period January 1, 2006 through December 31, 2006 pursuant to paragraph (c) of subdivision 10 of section 2807-c of the public health law, such trend factor shall be the final US Consumer Price Index (CPI) for all urban consumers, as published by the US Department of Labor, Bureau of Labor Statistics less twenty-five hundredths of a percentage point.

§ 6. Subdivision 5-a of section 246 of chapter 81 of the laws of 1995, amending the public health law and other laws relating to medical reimbursement and welfare reform, as amended by section 11 of part D of chapter 57 of the laws of 2015, is amended to read as follows:

5-a. Section sixty-four-a of this act shall be deemed to have been in full force and effect on and after April 1, 1995 through March 31, 1999 and on and after July 1, 1999 through March 31, 2000 and on and after April 1, 2000 through March 31, 2003 and on and after April 1, 2003 through March 31, 2007, and on and after April 1, 2007 through March 31, 2009, and on and after April 1, 2009 through March 31, 2011, and on and after April 1, 2011 through March 31, 2013, and on and after April 1, 2013 through March 31, 2015, and on and after April 1, 2015 through March 31, 2017 **and on and after April 1, 2017 through March 31, 2019**;

§ 7. Section 64-b of chapter 81 of the laws of 1995, amending the public health law and other laws relating to medical reimbursement and

welfare reform, as amended by section 12 of part D of chapter 57 of the laws of 2015, is amended to read as follows:

§ 64-b. Notwithstanding any inconsistent provision of law, the provisions of subdivision 7 of section 3614 of the public health law, as amended, shall remain and be in full force and effect on April 1, 1995 through March 31, 1999 and on July 1, 1999 through March 31, 2000 and on and after April 1, 2000 through March 31, 2003 and on and after April 1, 2003 through March 31, 2007, and on and after April 1, 2007 through March 31, 2009, and on and after April 1, 2009 through March 31, 2011, and on and after April 1, 2011 through March 31, 2013, and on and after April 1, 2013 through March 31, 2015, and on and after April 1, 2015 through March 31, 2017 **and on and after April 1, 2017 through March 31, 2019**.

§ 8. Subdivision (a) of section 40 of part B of chapter 109 of the laws of 2010, amending the social services law relating to transportation costs, as amended by section 23 of part D of chapter 57 of the laws of 2015, is amended to read as follows:

(a) sections two, three, three-a, three-b, three-c, three-d, three-e and twenty-one of this act shall take effect July 1, 2010; sections fifteen, sixteen, seventeen, eighteen and nineteen of this act shall take effect January 1, 2011; and provided further that section twenty of this act shall be deemed repealed [~~six~~] **eight** years after the date the contract entered into pursuant to section 365-h of the social services law, as amended by section twenty of this act, is executed; provided that the commissioner of health shall notify the legislative bill drafting commission upon the execution of the contract entered into pursuant to section 367-h of the social services law in order that the commission may maintain an accurate and timely effective data base of the official text of the laws of the state of New York in furtherance of effectuating the provisions of section 44 of the legislative law and section 70-b of the public officers law;

§ 9. Section 4-a of part A of chapter 56 of the laws of 2013 amending chapter 59 of the laws of 2011 amending the public health law and other laws relating to general hospital reimbursement for annual rates relating to the cap on local Medicaid expenditures, as amended by section 29 of part D of chapter 57 of the laws of 2015, is amended to read as follows:

§ 4-a. Notwithstanding paragraph (c) of subdivision 10 of section 2807-c of the public health law, section 21 of chapter 1 of the laws of 1999, or any other contrary provision of law, in determining rates of payments by state governmental agencies effective for services provided on and after January 1, [~~2017~~] **2018** through March 31, [~~2017~~] **2018**, for inpatient and outpatient services provided by general hospitals, for inpatient services and adult day health care outpatient services provided by residential health care facilities pursuant to article 28 of the public health law, except for residential health care facilities or units of such facilities providing services primarily to children under twenty-one years of age, for home health care services provided pursuant to article 36 of the public health law by certified home health agencies, long term home health care programs and AIDS home care programs, and for personal care services provided pursuant to section 365-a of the social services law, the commissioner of health shall apply no greater than zero trend factors attributable to the [~~2017~~] **2018** calendar year in accordance with paragraph (c) of subdivision 10 of section 2807-c of the public health law, provided, however, that such no greater than zero trend factors attributable to such [~~2017~~] **2018** calendar year shall also

be applied to rates of payment provided on and after January 1, [~~2017~~] 2018 through March 31, [~~2017~~] 2018 for personal care services provided in those local social services districts, including New York city, whose rates of payment for such services are established by such local social services districts pursuant to a rate-setting exemption issued by the commissioner of health to such local social services districts in accordance with applicable regulations, and provided further, however, that for rates of payment for assisted living program services provided on and after January 1, [~~2017~~] 2018 through March 31, [~~2017~~] 2018, such trend factors attributable to the [~~2017~~] 2018 calendar year shall be established at no greater than zero percent.

§ 10. Subdivisions 3 and 5 of section 47 of chapter 2 of the laws of 1998, amending the public health law and other laws relating to expanding the child health insurance plan, as amended by section 61 of part C of chapter 60 of the laws of 2014, are amended to read as follows:

3. section six of this act shall take effect January 1, 1999; provided, however, that subparagraph (iii) of paragraph (c) of subdivision 9 of section 2510 of the public health law, as added by this act, shall expire on July 1, [~~2017~~] 2018;

5. section twelve of this act shall take effect January 1, 1999; provided, however, paragraphs (g) and (h) of subdivision 2 of section 2511 of the public health law, as added by such section, shall expire on July 1, [~~2017~~] 2018;

§ 11. Section 4 of 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, as amended by section 65 of part C of chapter 60 of the laws of 2014, is amended to read as follows:

§ 4. This act shall take effect 120 days after it shall have become a law and shall expire and be deemed repealed March 31, [~~2017~~] 2020.

§ 12. Paragraph (e-1) of subdivision 12 of section 2808 of the public health law, as amended by section 66 of part C of chapter 60 of the laws of 2014, is amended to read as follows:

(e-1) Notwithstanding any inconsistent provision of law or regulation, the commissioner shall provide, in addition to payments established pursuant to this article prior to application of this section, additional payments under the medical assistance program pursuant to title eleven of article five of the social services law for non-state operated public residential health care facilities, including public residential health care facilities located in the county of Nassau, the county of Westchester and the county of Erie, but excluding public residential health care facilities operated by a town or city within a county, in aggregate annual amounts of up to one hundred fifty million dollars in additional payments for the state fiscal year beginning April first, two thousand six and for the state fiscal year beginning April first, two thousand seven and for the state fiscal year beginning April first, two thousand eight and of up to three hundred million dollars in such aggregate annual additional payments for the state fiscal year beginning April first, two thousand nine, and for the state fiscal year beginning April first, two thousand ten and for the state fiscal year beginning April first, two thousand eleven, and for the state fiscal years beginning April first, two thousand twelve and April first, two thousand thirteen, and of up to five hundred million dollars in such aggregate annual additional payments for the state fiscal years beginning April first, two thousand fourteen, April first, two thousand fifteen and April first, two thousand sixteen **and of up to five hundred million dollars in such aggregate annual additional payments for the state**

fiscal years beginning April first, two thousand seventeen, April first, two thousand eighteen, and April first, two thousand nineteen. The amount allocated to each eligible public residential health care facility for this period shall be computed in accordance with the provisions of paragraph (f) of this subdivision, provided, however, that patient days shall be utilized for such computation reflecting actual reported data for two thousand three and each representative succeeding year as applicable, and provided further, however, that, in consultation with impacted providers, of the funds allocated for distribution in the state fiscal year beginning April first, two thousand thirteen, up to thirty-two million dollars may be allocated in accordance with paragraph (f-1) of this subdivision.

§ 13. Section 18 of chapter 904 of the laws of 1984, amending the public health law and the social services law relating to encouraging comprehensive health services, as amended by section 67-c of part C of chapter 60 of the laws of 2014, is amended to read as follows:

§ 18. This act shall take effect immediately, except that sections six, nine, ten and eleven of this act shall take effect on the sixtieth day after it shall have become a law, sections two, three, four and nine of this act shall expire and be of no further force or effect on or after March 31, [~~2017~~] **2020**, section two of this act shall take effect on April 1, 1985 or seventy-five days following the submission of the report required by section one of this act, whichever is later, and sections eleven and thirteen of this act shall expire and be of no further force or effect on or after March 31, 1988.

§ 14. Section 4 of part X2 of chapter 62 of the laws of 2003, amending the public health law relating to allowing for the use of funds of the office of professional medical conduct for activities of the patient health information and quality improvement act of 2000, as amended by section 4-b of part A of chapter 57 of the laws of 2015, is amended to read as follows:

§ 4. This act shall take effect immediately; provided that the provisions of section one of this act shall be deemed to have been in full force and effect on and after April 1, 2003, and shall expire March 31, [~~2017~~] **2020** when upon such date the provisions of such section shall be deemed repealed.

§ 15. Subdivision (o) of section 111 of part H of chapter 59 of the laws of 2011, amending the public health law relating to the statewide health information network of New York and the statewide planning and research cooperative system and general powers and duties, as amended by section 28 of part D of chapter 57 of the laws of 2015, is amended to read as follows:

(o) sections thirty-eight and thirty-eight-a of this act shall expire and be deemed repealed March 31, [~~2017~~] **2019**;

§ 16. Section 32 of part A of chapter 58 of the laws of 2008, amending the elder law and other laws relating to reimbursement to participating provider pharmacies and prescription drug coverage, as amended by section 13 of part A of chapter 57 of the laws of 2015, is amended to read as follows:

§ 32. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2008; provided however, that sections one, six-a, nineteen, twenty, twenty-four, and twenty-five of this act shall take effect July 1, 2008; provided however that sections sixteen, seventeen and eighteen of this act shall expire April 1, [~~2017~~] **2020**; provided, however, that the amendments made by section twenty-eight of this act shall take effect on the same date as

section 1 of chapter 281 of the laws of 2007 takes effect; provided further, that sections twenty-nine, thirty, and thirty-one of this act shall take effect October 1, 2008; provided further, that section twenty-seven of this act shall take effect January 1, 2009; and provided further, that section twenty-seven of this act shall expire and be deemed repealed March 31, [~~2017~~] 2020; and provided, further, however, that the amendments to subdivision 1 of section 241 of the education law made by section twenty-nine of this act shall not affect the expiration of such subdivision and shall be deemed to expire therewith and provided that the amendments to section 272 of the public health law made by section thirty of this act shall not affect the repeal of such section and shall be deemed repealed therewith.

§ 17. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2017.

PART J

Section 1. The general obligations law is amended by adding a new article 18-B to read as follows:

ARTICLE 18-B

PHARMACY BENEFIT MANAGERS

Section 18-301. Pharmacy benefit managers.

§ 18-301. Pharmacy benefit managers. (a) For purposes of this section: (1) "pharmacy benefit manager" means an entity that contracts with a covered entity to provide pharmacy health benefit services or administration.

(2) "covered entity" means an insurance company authorized in this state to write accident and health insurance, a company organized pursuant to article forty-three of the insurance law, a municipal cooperative health benefit plan established pursuant to article forty-seven of the insurance law, a health maintenance organization certified pursuant to article forty-four of the public health law, an institution of higher education certified pursuant to section one thousand one hundred twenty-four of the insurance law, or the New York state health insurance plan established under article eleven of the civil service law, or a health program administered by the department of health.

(3) "Pharmacy benefit management services" means directly or through an intermediary, managing the prescription drug coverage provided by a covered entity, including the processing and payment of claims for prescription drugs, the performance of drug utilization review, the processing of drug prior authorization requests, the adjudication of appeals or grievances related to prescription drug coverage, contracting with network pharmacies and controlling the cost of covered prescription drugs.

(b) The contract between the pharmacy benefit manager and a covered entity shall provide for disclosure of information to the covered entity, upon sixty days notification to the pharmacy benefit manager and/or at regular negotiated reporting intervals, necessary for the covered entity to determine pharmacy benefit manager compliance with the contract terms but shall not include proprietary business information and protected health information.

(c) The contract between the pharmacy manager and covered entity shall provide for an annual audit right to allow the covered entity to execute an audit to validate compliance with contract terms with respect to programs that the covered entity offers or provides to its enrollees for prescription drug benefits administered by the pharmacy benefit manager.

(d) The pharmacy benefit manager may require a nondisclosure agreement under which a covered entity agrees that the information obtained during an audit is proprietary information. The pharmacy benefit manager may not be required to provide the information until the covered entity has executed the nondisclosure agreement, unless the contract says otherwise.

(e) The pharmacy benefit manager shall act in good faith to perform in compliance with the terms of an executed contract for pharmacy benefit management services.

§ 2. Section 280-a of the public health law is amended by adding a new subdivision 3 to read as follows:

3. A pharmacy benefit manager shall, with respect to contracts between the pharmacy benefit manager and an insurer, ensure a prescription drug consumer is not charged, through either a co-pay or deductible, a cost that is higher than the negotiated reimbursement rate for the drug, less any rebate collected.

§ 3. Section 4406-c of the public health law is amended by adding a new subdivision 9 to read as follows:

9. No health maintenance organization shall require an enrollee to pay a cost higher than the health maintenance organization's or their pharmacy benefit manager's negotiated reimbursement rate for a prescription drug, less any rebates collected. Any co-payment charged under the contract shall also be based upon the negotiated rate, less any rebate collected.

§ 4. Section 3217-b of the insurance law is amended by adding a new subsection (k) to read as follows:

(k) No insurer shall require an insured to pay a cost higher than the insurer's or their pharmacy benefit manager's negotiated reimbursement rate for a prescription drug, less any rebates collected. Any co-payment charged under the policy shall also be based upon the negotiated rate, less any rebate collected.

§ 5. Section 4325 of the insurance law is amended by adding a new subsection (l) to read as follows:

(l) No corporation organized under this article shall require a covered person to pay a cost higher than the corporation's or their pharmacy benefit manager's negotiated reimbursement rate for a prescription drug, less any rebates collected. Any co-payment charged under the contract shall also be based upon the negotiated rate, less any rebate collected.

§ 6. This act shall take effect immediately and shall be deemed to have been in full force and effect on or after April 1, 2017.

PART K

Intentionally Omitted

PART L

Section 1. The public health law is amended by adding a new article 29-H to read as follows:

ARTICLE 29-H
HEALTH CARE REGULATION MODERNIZATION

Section 2999-ee. Health care regulation modernization team.

§ 2999-ee. Health care regulation modernization team. 1. A health care regulation modernization team is hereby created within the department

solely for the purpose of providing advice to the governor and the legislature to evaluate the current statutes, policies and regulations that govern the licensure and oversight of health care facilities and home care.

2. Definitions. For the purpose of this article, unless the context clearly requires otherwise:

(a) "State agency" or "agency" shall mean any state agency, department, office, board, bureau, division, committee, council or office.

(b) "Public authority" or "authority" shall mean a public authority or public benefit corporation created by or existing under any New York state law, with one or more of its members appointed by the governor, or who serve as members by virtue of holding a civil office of New York state, other than an interstate or international authority or public benefit corporation, and including any subsidiaries of such public authority or public benefit corporation.

(c) "State officer or employee" shall have the meaning given in section seventy-three of the public officers law.

(d) "Public health and health planning council" shall have the meaning given in section two hundred twenty of this chapter.

3. (a) The governor shall appoint up to twelve voting members of the health care regulation modernization team. The members of the health care regulation modernization team shall include: state officers or employees with relevant expertise; the chair and co-chair of the public health and health planning council; two members of the New York state assembly, one recommended by the speaker of the assembly and one recommended by the minority leader of the assembly, or their representatives; two members of the New York state senate, one recommended by the temporary president of the senate and one recommended by the minority leader of the senate, or their representatives; and stakeholders with expertise in the licensure and operation of health care facilities and home care.

(b) Vacancies shall be filled by the governor and subject to approval by the legislature. The governor may appoint additional voting and non-voting members to the health care regulation modernization team as necessary and with legislative approval.

(c) Members of the team shall serve at the pleasure of the appointing bodies.

(d) The governor shall designate a chair or co-chairs from among the members of the health care regulation modernization team.

(e) The senate and assembly shall each appoint a state officer or employee with relevant experience as co-executive directors of the health care regulation modernization team.

(f) A majority of the total members of the health care regulation modernization team who have been appointed shall constitute a quorum, and all recommendations of the health care regulation modernization team shall require approval of a majority of its total members.

(g) The health care regulation modernization team shall engage and solicit the input of a broad and diverse range of groups, organizations and individuals.

4. Every agency or authority of New York state shall provide the health care regulation modernization team with assistance and cooperation which may be necessary or desirable to fulfill the purposes of this article, including the use of New York state facilities. Staff support necessary for the conduct of the work of the health care modernization team may be furnished by agencies and authorities, subject to the approval of the boards of directors of such authorities.

5. The health care regulation modernization team shall deliberate and engage health care industry stakeholders for the purpose of conducting a comprehensive review of and advising on matters that shall include:

(a) streamlining state agency certificate of need and other licensure or construction approval processes in both statute and regulation to support system-level planning and restructuring activities, including reviewing the applicability of current health care service and facility need methodologies in the context of ongoing changes in the health care system delivery system;

(b) uniform and routine training for central and regional department staff performing surveillance pursuant to title XVIII of the federal Social Security Act;

(c) establishing a process by which the department shall communicate to providers any new regulatory interpretations, survey methods or policies. Such process shall include an opportunity for public comment, and recommendations on reasonable timeframes for providers to comply with such interpretations, survey methods, or policies; and

(d) implementing accountability mechanisms for department surveillance staff, which shall consist of the provision of data regarding the nature and frequency of citations, including geographic distribution, deviations by a particular surveyor, and the department's response to any oddities or trends in surveillance methods.

6. The co-executive directors shall notify stakeholders of the purposes of the health care regulation modernization team, the opportunities for stakeholder participation and the means and schedule for such participation. Meetings with stakeholders shall be held in various regions of the state. Participating stakeholders may be assigned to specific working groups, consistent with their areas of expertise and interest.

7. The health care regulation modernization team shall commence its work no later than July first, two thousand seventeen and shall submit a report to the governor of its findings and advisory recommendations no later than December thirty-first, two thousand seventeen. A copy of such report shall be provided to the chair of the senate health committee and the chair of the assembly health committee no later than December thirty-first, two thousand seventeen.

8. The health care regulation modernization team shall terminate its duties and responsibilities no later than April first, two thousand eighteen.

§ 2. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2017.

PART M

Section 1. This act shall be known and may be cited as the "Emerging Contaminant Monitoring Act."

§ 2. The public health law is amended by adding a new section 1112 to read as follows:

§ 1112. Emerging contaminant monitoring. 1. Industry and modern technology have created thousands of new chemicals that would not otherwise exist in nature. Although some of these chemicals have proven benefits, the effect of many such chemicals on human health is unknown or not fully understood. Furthermore, with the advance of science and technology, public health scientists and experts are able to identify naturally occurring contaminants that pose previously unknown hazards to human health. Where these chemicals or contaminants, collectively referred to

as "emerging contaminants," enter drinking water supplies, they can present unknown but potentially serious risks to public health. New Yorkers served by public water supplies have the right to know when potentially hazardous substances contaminate their drinking water and the department must be equipped to monitor and protect the public from these emerging contaminants.

2. a. "Emerging contaminants" shall mean any substance listed on the federal Safe Drinking Water Act (42 USC § 300g-1) unregulated contaminant monitoring rule as amended from time to time and any substance recommended by the Drinking Water Quality Institute and adopted by the department as set forth in section two hundred sixty-seven of this chapter.

b. "Nontransient noncommunity water system" shall mean a public water system that is not a community water system but is a subset of a noncommunity water system that regularly serves at least twenty-five of the same people, four hours or more per day, for four or more days per week, for twenty-six or more weeks per year.

c. "Covered public water system" shall mean a community or nontransient noncommunity water system that serves more than four thousand individuals.

d. "Non-covered public water system" shall mean a community or nontransient noncommunity water system that serves four thousand or less individuals.

3. a. Every covered public water system in the state shall test drinking water for the presence of emerging contaminants at least once every three years. The commissioner may require certain non-covered public water systems to test for specific emerging contaminants if he or she has a reasonable belief that such testing is necessary for public safety.

b. A non-covered public water system may request that the department test for an emerging contaminant. If requested, the department shall conduct such testing within thirty days of the request and provide the non-covered public water system with test results within thirty days of receipt. Testing performed pursuant to this paragraph shall take place no more often than as required by paragraph a of this subdivision, unless the commissioner has a reasonable belief that additional testing is necessary for public safety.

c. Every test conducted in accordance with this section by or for a covered or non-covered public water system under 10,000 individuals shall be funded by the state subject to appropriation.

4. Every test conducted in accordance with this section shall be conducted by a laboratory certified by the department pursuant to section five hundred two of this chapter. Laboratories shall submit such results to the covered public water system or non-covered public water system and the department electronically in the manner prescribed pursuant to section five hundred two of this chapter.

5. The commissioner shall promulgate regulations establishing notification levels equal to the maximum contaminant level, advisory level or other threshold level recommended by the Drinking Water Quality Institute established in section two hundred sixty-seven of this chapter. In the interim, or in the absence of such recommendation by the Drinking Water Quality Institute, the commissioner shall adopt any existing federal advisory or other threshold level as a notification level.

6. The commissioner may, by declaration, add any physical, chemical, microbiological or radiological substance to the list of emerging contaminants established pursuant to paragraph a of subdivision two of

this section, which shall include establishment of a notification level for such substance, if the commissioner determines that such substance poses or has the potential to pose a hazard to human health when present in drinking water, provided that the commissioner must promulgate regulations adding the new emerging contaminant and establishing such notification level within one year of such declaration.

7. Whenever a covered public water system or a non-covered public water system is advised by the laboratory or the state that one or more emerging contaminants is present in drinking water at concentrations above a notification level established pursuant to this section:

a. the covered public water system or non-covered public water system shall notify the state and all owners of real property served by the system in a time of not more than ten days and manner to be prescribed by the department, taking into consideration any notification recommendations of the Drinking Water Quality Institute established in section two hundred sixty-seven of this chapter; and

b. the commissioner shall work with the covered public water system or non-covered public water system to reduce exposure to emerging contaminants in a timely manner and provide assistance with accessing available resources.

8. Any owner of real property, including any owner's agent, to whom a covered public water system or non-covered public water system has provided notification of the exceedance of a notification level established pursuant to subdivision five of this section, shall take all reasonable and necessary steps to provide, within ten days, any tenants with copies of the notification provided by the water system.

9. The commissioner shall promulgate regulations pursuant to which the department shall provide financial assistance for compliance with the testing requirements of this section to any covered public water system or non-covered public water system upon a showing that the costs associated with testing drinking water in compliance with this section would impose a financial hardship.

§ 3. Section 502 of the public health law is amended by adding a new subdivision 10 to read as follows:

10. The department may require an environmental laboratory to report laboratory test results to the department, or to any full-time city, town, village, county or part-county health department or other appropriately authorized official in an electronic manner prescribed by the department.

§ 4. This act shall take effect on the ninetieth day after it shall have become a law; provided, however, that effective immediately, the addition, amendment and/or repeal of any rule or regulation necessary for the implementation of this act on its effective date are authorized and directed to be made and completed on or before such date.

PART N

Section 1. Article 2 of the public health law is amended by adding a new title VII to read as follows:

TITLE VII

DRINKING WATER QUALITY INSTITUTE

Section 267. Drinking water quality institute; established.

§ 267. Drinking water quality institute; established. 1. There shall be established, within the department, the drinking water quality institute. Such institute shall be composed of ten members as follows:

(a) the commissioner;
(b) the commissioner of environmental conservation;
(c) the director of the office of water resources within the department of environmental conservation;
(d) the director of the center for environmental health within the department;
(e) two members appointed by the governor;
(f) two members appointed by the temporary president of the senate; and
(g) two members appointed by the speaker of the assembly.
2. (a) Of the members appointed to the drinking water quality institute, the governor, temporary president of the senate and the speaker of the assembly shall each appoint:
(i) one member who represents water purveyors, of which one appointing authority shall appoint a representative of water purveyors whose primary water source is an underground source or sources; and
(ii) one member representing the public, who has a background in environmental health issues with expertise and quality and contamination of drinking water and/or health risks associated with contamination.
(b) The members of such institute appointed pursuant to paragraphs (e), (f) and (g) of subdivision one of this section shall serve terms of three years; provided, however, that of the initial appointments:
(i) the water purveyor representative appointed by the governor and the public representative appointed by the speaker of the assembly shall serve initial terms of one year;
(ii) the public representative appointed by the governor and the water purveyor representative appointed by the temporary president of the senate shall serve initial terms of two years;
(iii) the remaining appointed members shall serve initial terms of three years.
(c) The members appointed pursuant to paragraphs (e), (f) and (g) of subdivision one of this section shall each serve his or her term of office or until his or her successor is appointed; provided that any vacancy in the position of an appointed member shall be filled in the same manner as the original appointment and only for the unexpired term of the vacancy. Provided, further, that any appointed member of the drinking water quality institute may be removed for cause by his or her appointing authority after a public hearing.
3. The members of the drinking water quality institute shall receive no compensation for their services, but shall be allowed their actual and necessary expenses incurred in the performance of their duties pursuant to this title.
4. The drinking water quality institute shall meet at such times and places as may be determined by its chair, who shall be elected from the membership of such institute by a majority of the members. The institute shall meet at a minimum of biannually. A majority of the members of such institute shall constitute a quorum for the transaction of business. Action may be taken, and motions and resolutions adopted at any meeting by the affirmative vote of a majority of the full membership of the institute.
5. The institute shall establish an advisory committee of community stakeholders including but not limited to well drillers, community water advocates, and representatives of the scientific community to consult as it may deem necessary.
6. The institute shall make recommendations to the department relating to:

(a) developing a list of emerging contaminants, which shall include but not be limited to waterborne pathogens such as legionella and algae, for which testing shall be required pursuant to section one thousand one hundred twelve of this chapter. In developing such recommendation, the institute shall include all contaminants on the federal unregulated contaminant monitoring rules and any additional contaminants deemed appropriate by the institute.

(i) Upon inclusion on this list, the institute shall recommend a maximum contaminant level (MCL) or other threshold for each unregulated contaminant, in no event shall such recommended level be less stringent than federal standards, advisories or threshold levels, and if federal standards change at any time, the institute shall update their recommendation to the department.

(ii) The institute may consult the EPA's Integrated Risk Information System, the Agency for Toxic Substance and Disease Registry or other reputable sources when determining MCLs or other threshold levels.

(iii) The institute shall recommend timeframes and frequencies in which testing should be required for the contaminants promulgated on this list, allowing for variation based on the region and size of the water system.

(iv) The institute shall provide the department with its first list of emerging contaminants and corresponding MCLs or other threshold levels for which testing shall be required no later than one year from the enactment of the institute, the institute shall update the list and recommend MCLs or other threshold levels annually thereafter;

(b) conducting scientific studies or scientific based research, as well as conducting public outreach;

(c) recommending a clear notification process for public water systems and state agencies dealing with water quality issues, when there are actual or potential emerging contaminant threats including, but not limited to, clear and concise documents to be utilized when notifying the public and use of a reverse 911 system;

(d) developing appropriate testing techniques to measure maximum contaminant levels or other threshold levels;

(e) ensuring state officials are aware of the most up-to-date research and science regarding water quality and contaminants;

(f) working with other state agencies and the federal government to ensure funds are available and accessible, parties known to be responsible for the pollution are pursued, and remediation and cleanup projects occur in a timely manner;

(g) the development of educational materials regarding private well water testing and whether disclosure regarding such testing should be included within the property condition disclosure statement under article fourteen of the real property law;

(h) the feasibility of conducting biomonitoring and biomonitoring studies in areas where contaminated water has been found;

(i) the inclusion of information on the online tracking and mapping system established in subdivision seven of section 15-1303 of the environmental conservation law; and

(j) anything else the department or the department of environmental conservation designates.

7. The drinking water quality institute shall be entitled to request and receive assistance or access to facilities and resources of any state, municipal department, board, commission or agency that may be required or are deemed necessary for the purposes of such institute,

including but not limited to all water information and annual reports the department has relating to both public and private water supplies.

8. The drinking water quality institute shall report to the legislature within one year of the initial convening of such institute and annually thereafter on its activities and recommendations.

9. Upon any recommendation of the drinking water quality institute, the department shall within ninety days, propose regulations implementing the institute's recommendations. To the extent the department's adopted regulations differ from the institute's recommendations, the department must offer a written, public explanation as to why. Upon adoption, the department must disclose the list required by paragraph (a) of subdivision six of this section to the public.

§ 2. This act shall take effect immediately.

PART O

Intentionally Omitted

PART P

Section 1. Section 48-a of part A of chapter 56 of the laws of 2013 amending chapter 59 of the laws of 2011 amending the public health law and other laws relating to general hospital reimbursement for annual rates relating to the cap on local Medicaid expenditures, as amended by section 29 of part B of chapter 59 of the laws of 2016, is amended to read as follows:

§ 48-a. 1. Notwithstanding any contrary provision of law, the commissioners of the office of alcoholism and substance abuse services and the office of mental health are authorized, subject to the approval of the director of the budget, to transfer to the commissioner of health state funds to be utilized as the state share for the purpose of increasing payments under the medicaid program to managed care organizations licensed under article 44 of the public health law or under article 43 of the insurance law. Such managed care organizations shall utilize such funds for the purpose of reimbursing providers licensed pursuant to article 28 of the public health law or article 31 or 32 of the mental hygiene law for ambulatory behavioral health services, as determined by the commissioner of health, in consultation with the commissioner of alcoholism and substance abuse services and the commissioner of the office of mental health, provided to medicaid [~~eligible~~] enrolled outpatients and for all other behavioral health services except inpatient included in New York state's Medicaid redesign waiver approved by the centers for medicare and Medicaid services (CMS). Such reimbursement shall be in the form of fees for such services which are equivalent to the payments established for such services under the ambulatory patient group (APG) rate-setting methodology as utilized by the department of health, the office of alcoholism and substance abuse services, or the office of mental health for rate-setting purposes; provided, however, that the increase to such fees that shall result from the provisions of this section shall not, in the aggregate and as determined by the commissioner of health, in consultation with the commissioner of alcoholism and substance abuse services and the commissioner of the office of mental health, be greater than the increased funds made available pursuant to this section. The increase of such ambulatory behavioral health fees to providers available under this section shall be for all

rate periods on and after the effective date of section [~~1~~] 29 of part [~~C~~] B of chapter [~~57~~] 59 of the laws of [~~2015~~] 2016 through March 31, [~~2018~~] 2020 for patients in the city of New York, for all rate periods on and after the effective date of section [~~1~~] 29 of part [~~C~~] B of chapter [~~57~~] 59 of the laws of [~~2015~~] 2016 through [~~June 30, 2018~~] March 31, 2020 for patients outside the city of New York, and for all rate periods on and after the effective date of such chapter through [~~June 30, 2018~~] March 31, 2020 for all services provided to persons under the age of twenty-one; provided, however, eligible providers may work with managed care plans to achieve quality and efficiency objectives and engage in shared savings. Nothing in this section shall prohibit managed care organizations and providers from negotiating different rates and methods of payment during such periods described above, subject to the approval of the department of health. The department of health shall consult with the office of alcoholism and substance abuse services and the office of mental health in determining whether such alternative rates shall be approved. The commissioner of health may, in consultation with the commissioner of alcoholism and substance abuse services and the commissioner of the office of mental health, promulgate regulations, including emergency regulations promulgated prior to October 1, 2015 to establish rates for ambulatory behavioral health services, as are necessary to implement the provisions of this section. Rates promulgated under this section shall be included in the report required under section 45-c of part A of this chapter.

2. Notwithstanding any contrary provision of law, the fees paid by managed care organizations licensed under article 44 of the public health law or under article 43 of the insurance law, to providers licensed pursuant to article 28 of the public health law or article 31 or 32 of the mental hygiene law, for ambulatory behavioral health services provided to patients enrolled in the child health insurance program pursuant to title one-A of article 25 of the public health law, shall be in the form of fees for such services which are equivalent to the payments established for such services under the ambulatory patient group (APG) rate-setting methodology. The commissioner of health shall consult with the commissioner of alcoholism and substance abuse services and the commissioner of the office of mental health in determining such services and establishing such fees. Such ambulatory behavioral health fees to providers available under this section shall be for all rate periods on and after the effective date of this chapter through [~~June 30, 2018~~] March 31, 2020, provided, however, that managed care organizations and providers may negotiate different rates and methods of payment during such periods described above, subject to the approval of the department of health. The department of health shall consult with the office of alcoholism and substance abuse services and the office of mental health in determining whether such alternative rates shall be approved. The report required under section 16-a of part C of chapter 60 of the laws of 2014 shall also include the population of patients enrolled in the child health insurance program pursuant to title one-A of article 25 of the public health law in its examination on the transition of behavioral health services into managed care.

§ 2. 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, as amended by section 30 of part B of chapter 59 of the laws of 2016, is amended to read as follows:

Section 1. a. Notwithstanding any contrary provision of law, the commissioners of mental health and alcoholism and substance abuse services are authorized, subject to the approval of the director of the budget, to transfer to the commissioner of health state funds to be utilized as the state share for the purpose of increasing payments under the medicaid program to managed care organizations licensed under article 44 of the public health law or under article 43 of the insurance law. Such managed care organizations shall utilize such funds for the purpose of reimbursing providers licensed pursuant to article 28 of the public health law, or pursuant to article 31 or article 32 of the mental hygiene law for ambulatory behavioral health services, as determined by the commissioner of health in consultation with the commissioner of mental health and commissioner of alcoholism and substance abuse services, provided to medicaid [~~eligible~~] enrolled outpatients and for all other behavioral health services except inpatient included in New York state's Medicaid redesign waiver approved by the centers for medicare and Medicaid services (CMS). Such reimbursement shall be in the form of fees for such services which are equivalent to the payments established for such services under the ambulatory patient group (APG) rate-setting methodology as utilized by the department of health or by the office of mental health or office of alcoholism and substance abuse services for rate-setting purposes; provided, however, that the increase to such fees that shall result from the provisions of this section shall not, in the aggregate and as determined by the commissioner of health in consultation with the commissioners of mental health and alcoholism and substance abuse services, be greater than the increased funds made available pursuant to this section. The increase of such behavioral health fees to providers available under this section shall be for all rate periods on and after the effective date of section [~~2~~] 30 of part [~~C~~] B of chapter [~~57~~] 59 of the laws of [~~2015~~] 2016 through March 31, [~~2018~~] 2020 for patients in the city of New York, for all rate periods on and after the effective date of section [~~2~~] 30 of part [~~C~~] B of chapter [~~57~~] 59 of the laws of [~~2015~~] 2016 through [~~June 30, 2018~~] March 31, 2020 for patients outside the city of New York, and for all rate periods on and after the effective date of section [~~2~~] 30 of part [~~C~~] B of chapter [~~57~~] 59 of the laws of [~~2015~~] 2016 through [~~June 30, 2018~~] March 31, 2020 for all services provided to persons under the age of twenty-one; provided, however, eligible providers may work with managed care plans to achieve quality and efficiency objectives and engage in shared savings. Nothing in this section shall prohibit managed care organizations and providers from negotiating different rates and methods of payment during such periods described, subject to the approval of the department of health. The department of health shall consult with the office of alcoholism and substance abuse services and the office of mental health in determining whether such alternative rates shall be approved. The commissioner of health may, in consultation with the commissioners of mental health and alcoholism and substance abuse services, promulgate regulations, including emergency regulations promulgated prior to October 1, 2013 that establish rates for behavioral health services, as are necessary to implement the provisions of this section. Rates promulgated under this section shall be included in the report required under section 45-c of part A of chapter 56 of the laws of 2013.

b. Notwithstanding any contrary provision of law, the fees paid by managed care organizations licensed under article 44 of the public health law or under article 43 of the insurance law, to providers

licensed pursuant to article 28 of the public health law or article 31 or 32 of the mental hygiene law, for ambulatory behavioral health services provided to patients enrolled in the child health insurance program pursuant to title one-A of article 25 of the public health law, shall be in the form of fees for such services which are equivalent to the payments established for such services under the ambulatory patient group (APG) rate-setting methodology. The commissioner of health shall consult with the commissioner of alcoholism and substance abuse services and the commissioner of the office of mental health in determining such services and establishing such fees. Such ambulatory behavioral health fees to providers available under this section shall be for all rate periods on and after the effective date of this chapter through [~~June 30, 2018~~] March 31, 2020, provided, however, that managed care organizations and providers may negotiate different rates and methods of payment during such periods described above, subject to the approval of the department of health. The department of health shall consult with the office of alcoholism and substance abuse services and the office of mental health in determining whether such alternative rates shall be approved. The report required under section 16-a of part C of chapter 60 of the laws of 2014 shall also include the population of patients enrolled in the child health insurance program pursuant to title one-A of article 25 of the public health law in its examination on the transition of behavioral health services into managed care.

§ 3. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2017; provided, however, that the amendments to section 48-a of part A of chapter 56 of the laws of 2013 made by section one of this act shall not affect the repeal of such section and shall be deemed repealed therewith; provided further, that the amendments to section 1 of part H of chapter 111 of the laws of 2010 made by section two of this act shall not affect the expiration of such section and shall be deemed to expire therewith.

PART Q

Section 1. Subdivisions 3-b and 3-c of section 1 and section 4 of part C of chapter 57 of the laws of 2006, relating to establishing a cost of living adjustment for designated human services programs, as amended by section 1 of part I of chapter 60 of the laws of 2014, are amended to read as follows:

3-b. Notwithstanding any inconsistent provision of law, beginning April 1, 2009 and ending March 31, 2016 and beginning April 1, 2017 and ending March 31, 2018, the commissioners shall not include a COLA for the purpose of establishing rates of payments, contracts or any other form of reimbursement.

3-c. Notwithstanding any inconsistent provision of law, beginning April 1, [~~2016~~] 2018 and ending March 31, [~~2019~~] 2021, the commissioners shall develop the COLA under this section using the actual U.S. consumer price index for all urban consumers (CPI-U) published by the United States department of labor, bureau of labor statistics for the twelve month period ending in July of the budget year prior to such state fiscal year, for the purpose of establishing rates of payments, contracts or any other form of reimbursement.

§ 4. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2006; provided section one of this act shall expire and be deemed repealed April 1,

[~~2010~~] **2021**; provided, further, that sections two and three of this act shall expire and be deemed repealed December 31, 2009.

§ 2. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2017; provided, however, that the amendments to subdivisions 3-b and 3-c of section 1 of part C of chapter 57 of the laws of 2006, relating to establishing a cost of living adjustment for designated human services programs, made by section one of this act, shall not affect the repeal of such subdivisions and shall be deemed repealed therewith.

PART R

Section 1. Subdivision (c) of section 7.17 of the mental hygiene law, as added by chapter 978 of the laws of 1977, is amended to read as follows:

(c) The commissioner shall establish the areas which each facility under his jurisdiction shall serve and the categories of patients which each such facility shall receive, retain, or treat**; provided, however, that the Western New York Children's Psychiatric Center shall be maintained in Erie county as a separate and distinct entity both organizationally and physically within the office and shall not be collocated or merged with any other facility**.

§ 2. This act shall take effect immediately.

PART S

Section 1. (a) The commissioner of the office for people with developmental disabilities shall establish the care demonstration program, to utilize the state workforce to provide community based care to individuals with developmental disabilities.

(b) The services provided by these pilots shall include, but shall not be limited to:

(i) community habilitation;

(ii) in-home respite;

(iii) pathways to employment;

(iv) supported employment (SEMP); and

(v) community prevocational services.

§ 2. The office for people with developmental disabilities shall monitor the quality and effectiveness of the demonstration programs, and shall report such results to the governor, the temporary president of the senate, and the speaker of the assembly, no later than December 31, 2020.

§ 3. The commissioner of the office for people with disabilities shall promulgate all rules and regulations necessary to implement the provisions of this section.

§ 4. This act shall take effect immediately and shall expire and be deemed repealed March 31, 2021; provided however, that all rules and regulations necessary for the implementation of this act shall have been promulgated prior to such effective date.

PART T

Section 1. Subdivision 8 of section 1399-n of the public health law, as amended by chapter 13 of the laws of 2003, is amended and a new subdivision 9 is added to read as follows:

8. "Smoking" means the burning of a lighted cigar, cigarette, pipe or any other matter or substance which contains tobacco**, the burning of an herbal cigarette, or the use of a vapor product**.

9. "Vapor product" means any noncombustible liquid or gel, regardless of the presence of nicotine therein, that is manufactured into a finished product for use in an electronic cigarette, electronic cigar, electronic cigarillo, electronic pipe, vaping pen, hookah pen or other similar device. "Vapor product" shall not include any product approved by the United States food and drug administration as a drug or medical device, or approved for use pursuant to section three thousand three hundred sixty-two of this chapter.

§ 2. The article heading of article 13-F of the public health law, as amended by chapter 448 of the laws of 2012, is amended to read as follows:

REGULATION OF TOBACCO PRODUCTS, HERBAL CIGARETTES AND [~~SMOKING PARAPHERNALIA~~] **VAPOR PRODUCTS**; DISTRIBUTION TO MINORS

§ 3. Subdivisions 5, 8, and 13 of section 1399-aa of the public health law, subdivision 5 as amended by chapter 152 of the laws of 2004, subdivision 8 as added by chapter 13 of the laws of 2003, and subdivision 13 as amended by chapter 542 of the laws of 2014, are amended to read as follows:

5. "Tobacco products" means one or more cigarettes or cigars, bidis, chewing tobacco, powdered tobacco, **shisha,** nicotine water or any other **product containing or derived from** tobacco [~~products~~].

8. "Tobacco business" means a sole proprietorship, corporation, limited liability company, partnership or other enterprise in which the primary activity is the sale, manufacture or promotion of tobacco, tobacco products**, vapor products,** and accessories, either at wholesale or retail, and in which the sale, manufacture or promotion of other products is merely incidental.

13. [~~**"Electronic cigarette" or "e-cigarette" means an electronic device that delivers vapor which is inhaled by an individual user, and shall include any refill, cartridge and any other component of such a device.**~~] **"Vapor product" means any noncombustible liquid or gel, regardless of the presence of nicotine therein, that is manufactured into a finished product for use in an electronic cigarette, electronic cigar, electronic cigarillo, electronic pipe, vaping pen, hookah pen or other similar device. "Vapor product" shall not include any product approved by the United States food and drug administration as a drug or medical device, or approved for use pursuant to section three thousand three hundred sixty-two of this chapter.**

§ 4. Section 1399-bb of the public health law, as amended by chapter 508 of the laws of 2000, subdivision 2 as amended by chapter 13 of the laws of 2003, is amended to read as follows:

§ 1399-bb. Distribution of tobacco products [~~or~~]**,** herbal cigarettes**, or vapor products** without charge. 1. No person engaged in the business of selling or otherwise distributing tobacco products [~~or~~]**,** herbal cigarettes**, or vapor products** for commercial purposes, or any agent or employee of such person, shall knowingly, in furtherance of such business:

(a) distribute without charge any tobacco products [~~or~~]**,** herbal cigarettes**, or vapor products** to any individual, provided that the distribution of a package containing tobacco products [~~or~~]**,** herbal cigarettes**, or vapor products** in violation of this subdivision shall constitute a single violation without regard to the number of items in the package; or

(b) distribute coupons which are redeemable for tobacco products [~~or~~], herbal cigarettes, or vapor products to any individual, provided that this subdivision shall not apply to coupons contained in newspapers, magazines or other types of publications, coupons obtained through the purchase of tobacco products [~~or~~], herbal cigarettes, or vapor products or obtained at locations which sell tobacco products [~~or~~], herbal cigarettes, or vapor products provided that such distribution is confined to a designated area or to coupons sent through the mail.

2. The prohibitions contained in subdivision one of this section shall not apply to the following locations:

(a) private social functions when seating arrangements are under the control of the sponsor of the function and not the owner, operator, manager or person in charge of such indoor area;

(b) conventions and trade shows; provided that the distribution is confined to designated areas generally accessible only to persons over the age of eighteen;

(c) events sponsored by tobacco [~~or~~], herbal cigarette, or vapor product manufacturers provided that the distribution is confined to designated areas generally accessible only to persons over the age of eighteen;

(d) bars as defined in subdivision one of section thirteen hundred ninety-nine-n of this chapter;

(e) tobacco businesses as defined in subdivision eight of section thirteen hundred ninety-nine-aa of this article;

(f) factories as defined in subdivision nine of section thirteen hundred ninety-nine-aa of this article and construction sites; provided that the distribution is confined to designated areas generally accessible only to persons over the age of eighteen.

3. No person shall distribute tobacco products [~~or~~], herbal cigarettes, or vapor products at the locations set forth in paragraphs (b), (c) and (f) of subdivision two of this section unless such person gives five days written notice to the enforcement officer.

4. The distribution of tobacco products [~~or~~], herbal cigarettes, or vapor products pursuant to subdivision two of this section shall be made only to an individual who demonstrates, through (a) a driver's license or [~~other photographic~~] non-driver's identification card issued by [~~a government entity or educational institution~~] the commissioner of motor vehicles, the federal government, any United States territory, commonwealth or possession, the District of Columbia, a state government within the United States or a provincial government of the dominion of Canada, or (b) a valid passport issued by the United States government or any other country, or (c) an identification card issued by the armed forces of the United States, indicating that the individual is at least eighteen years of age. Such identification need not be required of any individual who reasonably appears to be at least twenty-five years of age; provided, however, that such appearance shall not constitute a defense in any proceeding alleging the sale of a tobacco product [~~or~~], herbal cigarette, or vapor products to an individual.

§ 5. The section heading and subdivision 1 of section 1399-cc of the public health law, as amended by chapter 542 of the laws of 2014, is amended to read as follows:

Sale of tobacco products, herbal cigarettes, [~~liquid nicotine, shisha, rolling papers~~] vapor products or smoking paraphernalia to minors prohibited.

1. As used in this section:

(a) "A device capable of deciphering any electronically readable format" or "device" shall mean any commercial device or combination of devices used at a point of sale or entry that is capable of reading the information encoded on the bar code or magnetic strip of a driver's license or non-driver identification card issued by the state commissioner of motor vehicles;

(b) "Card holder" means any person presenting a driver's license or non-driver identification card to a licensee, or to the agent or employee of such licensee under this chapter;

(c) "Smoking paraphernalia" means any pipe, water pipe, hookah, rolling papers, vaporizer or any other device, equipment or apparatus designed for the inhalation of tobacco;

(d) "Transaction scan" means the process involving an automated bar code reader by which a licensee, or agent or employee of a licensee under this chapter reviews a driver's license or non-driver identification card presented as a precondition for the purchase of a tobacco product or herbal cigarettes pursuant to subdivision three of this section; and

(e) [~~"Liquid nicotine", "electronic liquid" or "e-liquid" means a liquid composed of nicotine and other chemicals, and which is sold as a product that may be used in an electronic cigarette~~] **"Vapor product" means any noncombustible liquid or gel, regardless of the presence of nicotine therein, that is manufactured into a finished product for use in an electronic cigarette, electronic cigar, electronic cigarillo, electronic pipe, vaping pen, hookah pen or other similar device. "Vapor product" shall not include any product approved by the United States food and drug administration as a drug or medical device, or approved for use pursuant to section three thousand three hundred sixty-two of this chapter**.

§ 6. Subdivisions 2, 3, 4, and 7 of section 1399-cc of the public health law, as amended by chapter 542 of the laws of 2014 are amended to read as follows:

2. Any person operating a place of business wherein tobacco products, herbal cigarettes, [~~liquid nicotine, shisha~~] or [~~electronic cigarettes~~] **vapor products**, are sold or offered for sale is prohibited from selling such products, herbal cigarettes, [~~liquid nicotine, shisha, electronic cigarettes~~] **vapor products** or smoking paraphernalia to individuals under eighteen years of age, and shall post in a conspicuous place a sign upon which there shall be imprinted the following statement, "SALE OF CIGARETTES, CIGARS, [~~CHEWING TOBACCO, POWDERED TOBACCO,~~] SHISHA OR OTHER TOBACCO PRODUCTS, HERBAL CIGARETTES, [~~LIQUID NICOTINE, ELECTRONIC CIGARETTES~~] **VAPOR PRODUCTS**, [~~ROLLING PAPERS~~] OR SMOKING PARAPHERNALIA, TO PERSONS UNDER EIGHTEEN YEARS OF AGE IS PROHIBITED BY LAW." Such sign shall be printed on a white card in red letters at least one-half inch in height.

3. Sale of tobacco products, herbal cigarettes, [~~liquid nicotine, shisha~~] or [~~electronic cigarettes~~] **vapor products** in such places, other than by a vending machine, shall be made only to an individual who demonstrates, through (a) a valid driver's license or non-driver's identification card issued by the commissioner of motor vehicles, the federal government, any United States territory, commonwealth or possession, the District of Columbia, a state government within the United States or a provincial government of the dominion of Canada, or (b) a valid passport issued by the United States government or any other country, or (c) an identification card issued by the armed forces of the United States, indicating that the individual is at least eighteen years of age. Such

identification need not be required of any individual who reasonably appears to be at least twenty-five years of age, provided, however, that such appearance shall not constitute a defense in any proceeding alleging the sale of a tobacco product, herbal cigarettes, [~~liquid nicotine, shisha~~] or [~~electronic cigarettes~~] vapor products to an individual under eighteen years of age.

4. (a) Any person operating a place of business wherein tobacco products, herbal cigarettes, [~~liquid nicotine, shisha~~] or [~~electronic cigarettes~~] vapor products are sold or offered for sale may perform a transaction scan as a precondition for such purchases.

(b) In any instance where the information deciphered by the transaction scan fails to match the information printed on the driver's license or non-driver identification card, or if the transaction scan indicates that the information is false or fraudulent, the attempted transaction shall be denied.

(c) In any proceeding pursuant to section thirteen hundred ninety-nine-ee of this article, it shall be an affirmative defense that such person had produced a driver's license or non-driver identification card apparently issued by a governmental entity, successfully completed that transaction scan, and that the tobacco product, herbal cigarettes [~~or liquid nicotine~~], or vapor products had been sold, delivered or given to such person in reasonable reliance upon such identification and transaction scan. In evaluating the applicability of such affirmative defense the commissioner shall take into consideration any written policy adopted and implemented by the seller to effectuate the provisions of this chapter. Use of a transaction scan shall not excuse any person operating a place of business wherein tobacco products, herbal cigarettes, [~~liquid nicotine, shisha~~] or [~~electronic cigarettes~~] vapor products are sold, or the agent or employee of such person, from the exercise of reasonable diligence otherwise required by this chapter. Notwithstanding the above provisions, any such affirmative defense shall not be applicable in any civil or criminal proceeding, or in any other forum.

7. No person operating a place of business wherein tobacco products, herbal cigarettes, [~~liquid nicotine, shisha~~] or [~~electronic cigarettes~~] vapor products are sold or offered for sale shall sell, permit to be sold, offer for sale or display for sale any tobacco product, herbal cigarettes, [~~liquid nicotine, shisha~~] or [~~electronic cigarettes~~] vapor products in any manner, unless such products and cigarettes are stored for sale (a) behind a counter in an area accessible only to the personnel of such business, or (b) in a locked container; provided, however, such restriction shall not apply to tobacco businesses, as defined in subdivision eight of section thirteen hundred ninety-nine-aa of this article, and to places to which admission is restricted to persons eighteen years of age or older.

§ 7. Section 1399-dd of the public health law, as amended by chapter 448 of the laws of 2012, is amended to read as follows:

§ 1399-dd. Sale of tobacco products, herbal cigarettes or [~~electronic cigarettes~~] vapor products in vending machines. No person, firm, partnership, company or corporation shall operate a vending machine which dispenses tobacco products, herbal cigarettes or [~~electronic cigarettes~~] vapor products unless such machine is located: (a) in a bar as defined in subdivision one of section thirteen hundred ninety-nine-n of this chapter, or the bar area of a food service establishment with a valid, on-premises full liquor license; (b) in a private club; (c) in a tobacco business as defined in subdivision eight of section thirteen hundred

ninety-nine-aa of this article; or (d) in a place of employment which has an insignificant portion of its regular workforce comprised of people under the age of eighteen years and only in such locations that are not accessible to the general public; provided, however, that in such locations the vending machine is located in plain view and under the direct supervision and control of the person in charge of the location or his or her designated agent or employee.

§ 8. Subdivision 2 of section 1399-ee of the public health law, as amended by chapter 162 of the laws of 2002, is amended to read as follows:

2. If the enforcement officer determines after a hearing that a violation of this article has occurred, he or she shall impose a civil penalty of a minimum of three hundred dollars, but not to exceed one thousand dollars for a first violation, and a minimum of five hundred dollars, but not to exceed one thousand five hundred dollars for each subsequent violation, unless a different penalty is otherwise provided in this article. The enforcement officer shall advise the retail dealer that upon the accumulation of three or more points pursuant to this section the department of taxation and finance shall suspend the dealer's registration. If the enforcement officer determines after a hearing that a retail dealer was selling tobacco products **or vapor products** while their registration was suspended or permanently revoked pursuant to subdivision three or four of this section, he or she shall impose a civil penalty of twenty-five hundred dollars.

Section 8-a. Paragraph (a) of subdivision 3 of section 1399-ee of the public health law, as amended by chapter 162 of the laws of 2002, is amended to read as follows:

(a) Imposition of points. If the enforcement officer determines, after a hearing, that the retail dealer violated subdivision [~~one~~] **two** of section thirteen hundred ninety-nine-cc of this article with respect to a prohibited sale to a minor, he or she shall, in addition to imposing any other penalty required or permitted pursuant to this section, assign two points to the retail dealer's record where the individual who committed the violation did not hold a certificate of completion from a state certified tobacco sales training program and one point where the retail dealer demonstrates that the person who committed the violation held a certificate of completion from a state certified tobacco sales training program.

§ 9. Subdivision 1 of section 1399-ff of the public health law, as amended by chapter 448 of the laws of 2012, is amended to read as follows:

1. Where a civil penalty for a particular incident has not been imposed or an enforcement action regarding an alleged violation for a particular incident is not pending under section thirteen hundred ninety-nine-ee of this article, a parent or guardian of a minor to whom tobacco products, herbal cigarettes or [~~electronic cigarettes~~] **vapor products** are sold or distributed in violation of this article may submit a complaint to an enforcement officer setting forth the name and address of the alleged violator, the date of the alleged violation, the name and address of the complainant and the minor, and a brief statement describing the alleged violation. The enforcement officer shall notify the alleged violator by certified or registered mail, return receipt requested, that a complaint has been submitted, and shall set a date, at least fifteen days after the mailing of such notice, for a hearing on the complaint. Such notice shall contain the information submitted by the complainant.

§ 10. Section 1399-hh of the public health law, as added by chapter 433 of the laws of 1997, is amended to read as follows:

§ 1399-hh. Tobacco **and vapor products** enforcement. The commissioner shall develop, plan and implement a comprehensive program to reduce the prevalence of tobacco **and vapor products** use, particularly among persons less than eighteen years of age. This program shall include, but not be limited to, support for enforcement of article thirteen-F of this chapter.

1. An enforcement officer, as defined in section thirteen hundred ninety-nine-t of this chapter, may annually, on such dates as shall be fixed by the commissioner, submit an application for such monies as are made available for such purpose. Such application shall be in such form as prescribed by the commissioner and shall include, but not be limited to, plans regarding random spot checks, including the number and types of compliance checks that will be conducted, and other activities to determine compliance with this article. Each such plan shall include an agreement to report to the commissioner: the names and addresses of tobacco retailers and vendors determined to be unlicensed, if any; the number of complaints filed against licensed tobacco retail outlets; and the names of tobacco retailers and vendors who have paid fines, or have been otherwise penalized, due to enforcement actions.

2. The commissioner shall distribute such monies as are made available for such purpose to enforcement officers and, in so doing, consider the number of retail locations registered to sell tobacco products within the jurisdiction of the enforcement officer and the level of proposed activities.

3. Monies made available to enforcement officers pursuant to this section shall only be used for local tobacco**, herbal cigarette and vapor products** enforcement activities approved by the commissioner.

§ 11. The public health law is amended by adding a new section 1399-mm-1 to read as follows:

§ 1399-mm-1. Vapor products; child-resistant containers required. No person engaged in the business of manufacturing, selling or otherwise distributing vapor products, may sell any component of such systems that contains nicotine, including any refill, cartridge, or other component, unless such component constitutes "special packaging" for the protection of children, as defined in 15 U.S.C. 1471 or any superseding statute.

§ 11-a. Section 399-gg of the general business law, as added by chapter 542 of the laws of 2014, is amended to read as follows:

§ 399-gg. Packaging of [~~electronic liquid~~] **vapor products**. 1. [~~No person, firm or corporation shall sell or offer for sale any electronic liquid, as defined in paragraph (e) of subdivision one of section thirteen hundred ninety-nine-cc of the public health law, unless the electronic liquid is sold or offered for sale in a child resistant bottle which is designed to prevent accidental exposure of children to electronic liquids~~] **No person engaged in the business of manufacturing, selling or otherwise distributing vapor products as defined in subdivision nine of section thirteen hundred ninety-nine-n of the public health law, may sell any component of such systems that contains nicotine, including any refill, cartridge, or other component, unless such component constitutes "special packaging" for the protection of children, as defined in 15 U.S.C. 1471 or any superseding statute**.

2. Any violation of this section shall be punishable by a civil penalty not to exceed one thousand dollars.

§ 11-b. Section 17-706 of the administrative code of the city of New York, as amended by chapter 542 of the laws of 2014, is amended to read as follows:

§ 17-706 Sale of cigarettes, tobacco products, [~~liquid nicotine, or electronic cigarettes~~] **or vapor products** to minors and young adults prohibited.

a. Any person operating a place of business wherein cigarettes, tobacco products, [~~liquid nicotine, or electronic cigarettes~~] **or vapor products** are sold or offered for sale is prohibited from selling such cigarettes, tobacco products, [~~liquid nicotine, or electronic cigarettes~~] **or vapor products** to individuals under twenty-one years of age. Sale of cigarettes, tobacco products, [~~liquid nicotine, or electronic cigarettes~~] **or vapor products** in such places shall be made only to an individual who demonstrates, through a driver's license or other photographic identification card issued by a government entity or educational institution, that the individual is at least twenty-one years of age. Such identification need not be required of any individual who reasonably appears to be at least thirty years of age, provided, however, that such appearance shall not constitute a defense in any proceeding alleging the sale of cigarettes, tobacco products, [~~liquid nicotine or electronic cigarettes~~] **or vapor products** to an individual under twenty-one years of age.

b. Any person operating a place of business wherein non-tobacco shisha, pipes, or rolling papers are sold or offered for sale is prohibited from selling such non-tobacco shisha, pipes, or rolling papers to individuals under eighteen years of age. Sale of non-tobacco shisha, pipes, or rolling papers in such places shall be made only to an individual who demonstrates, through a driver's license or other photographic identification card issued by a government entity or educational institution, that the individual is at least eighteen years of age. Such identification need not be required of any individual who reasonably appears to be at least twenty-five years of age, provided, however, that such appearance shall not constitute a defense in any proceeding alleging the sale of non-tobacco shisha, pipes, or rolling papers to an individual under eighteen years of age.

c. Any person operating a place of business wherein cigarettes, tobacco products, [~~liquid nicotine, electronic cigarettes~~] **vapor products**, herbal cigarettes, non-tobacco shisha, pipes, or rolling papers are sold or offered for sale shall post in a conspicuous place a sign, in accordance with the rules of the department, advising persons about the minimum age requirements for the purchase of such items.

§ 12. Subdivision 2 of section 409 of the education law, as amended by chapter 449 of the laws of 2012, is amended to read as follows:

2. Notwithstanding the provisions of any other law, rule or regulation, tobacco**, herbal cigarette, and vapor products** use shall not be permitted and no person shall use [~~tobacco~~] **such products** on school grounds. "School grounds" means any building, structure and surrounding outdoor grounds, including entrances or exits, contained within a public or private pre-school, nursery school, elementary or secondary school's legally defined property boundaries as registered in a county clerk's office.

§ 13. Section 3624 of the education law, as amended by chapter 529 of the laws of 2002, is amended to read as follows:

§ 3624. Drivers, monitors and attendants. The commissioner shall determine and define the qualifications of drivers, monitors and attendants and shall make the rules and regulations governing the operation of

all transportation facilities used by pupils which rules and regulations shall include, but not be limited to, a maximum speed of fifty-five miles per hour for school vehicles engaged in pupil transportation that are operated on roads, interstates or other highways, parkways or bridges or portions thereof that have posted speed limits in excess of fifty-five miles per hour, prohibitions relating to smoking **and use of vapor products**, eating and drinking and any and all other acts or conduct which would otherwise impair the safe operation of such transportation facilities while actually being used for the transport of pupils. The employment of each driver, monitor and attendant shall be approved by the chief school administrator of a school district for each school bus operated within his or her district. For the purpose of determining his or her physical fitness, each driver, monitor and attendant may be examined on order of the chief school administrator by a duly licensed physician within two weeks prior to the beginning of service in each school year as a school bus driver, monitor or attendant. The report of the physician, in writing, shall be considered by the chief school administrator in determining the fitness of the driver to operate or continue to operate any transportation facilities used by pupils and in determining the fitness of any monitor or attendant to carry out his or her functions on such transportation facilities. Nothing in this section shall prohibit a school district from imposing a more restrictive speed limit policy for the operation of school vehicles engaged in pupil transportation than the speed limit policy established by the commissioner.

§ 14. This act shall take effect on the one hundred eightieth day after it shall have become a law.

PART U

Section 1. Article 9-B of the social services law is amended by adding a new title 4 to read as follows:

TITLE 4

ELDER ABUSE

Section 473-m. Elder abuse reporting.

§ 473-m. Elder abuse reporting. 1. Within amounts appropriated therefor, the commissioner shall establish a program for the development of a multidisciplinary investigative team or teams for the purpose of investigating reports of suspected elder abuse or maltreatment.

(a) The program shall provide that the social services district shall have discretion with regard to the category or categories of suspected elder abuse or maltreatment such team or teams may investigate, provided, however, that the social services district shall place particular emphasis on cases involving physical abuse, sexual abuse, emotional abuse, active, passive or self neglect, and financial exploitation as defined in subdivision six of section four hundred seventy-three of this article.

(b) Members of multidisciplinary teams shall include but not be limited to representatives from the following agencies: adult protective services, law enforcement, the district attorney's office, banks and financial institutions, as well as forensic accountants, physician or medical providers trained in elder abuse and maltreatment, mental health professionals, and victim advocacy personnel. Members of the multidisciplinary team primarily responsible for the investigation of elder abuse and maltreatment reports, including those representatives from adult protective services, law enforcement, and the district attorney's

office, shall participate in joint interviews and conduct investigative functions consistent with the mission of the particular agency member involved. It shall not be required that members of a multidisciplinary team not responsible for the investigation of reports participate in every investigation. Such other members shall provide victim advocacy, emotional support, and access to medical and mental health care, where applicable.

(c) All members, consistent with their respective agency missions and professions, shall facilitate efficient delivery of services to victims and appropriate disposition of cases through the criminal justice system in a collaborative manner. However, non-investigative team members shall note their specific role in the team for reports covered by this section.

(d) Notwithstanding any other provision of law to the contrary, members of a multidisciplinary investigative team may share with other team members client-identifiable information concerning the victim or the victim's family to facilitate the investigation of suspected elder abuse or maltreatment. Nothing in this subdivision shall preclude the creation of multidisciplinary teams which include more than one social services district. Each team shall develop a written protocol for investigation of elder abuse and maltreatment cases and for interviewing elder abuse and maltreatment victims.

2. Approved projects shall submit a report to the director of the state office for the aging, who shall make such reports available to the majority leader of the senate, the speaker of the assembly, and the chairs of the aging committees of the senate and assembly, by November first, two thousand seventeen, documenting initial findings of the multidisciplinary team investigations, including, but not limited to:

(a) final dispositions of criminal cases that were investigated and assisted by the multidisciplinary team, with appropriate confidentiality measures taken to protect the identities of victims and the accused;

(b) physical and mental health outcomes of victims who were the subjects of elder abuse and maltreatment cases;

(c) financial judgments and repayments made as a result of the investigation and intervention of the multidisciplinary team;

(d) necessary measures taken to ensure cross-collaboration across agencies and providers; and

(e) necessary training that each social services district took to train members including appropriate ways to assess risk, identify indicators of elder abuse and maltreatment, and conduct appropriate interviews.

§ 2. Subdivisions 2 and 6 of section 223 of the elder law, as added by section 3 of part J of chapter 57 of the laws of 2006, are amended to read as follows:

2. The director shall establish the economically sustainable transportation demonstration program for the purpose of enabling seniors to remain independent and mobile in their community. The program would provide an on demand transit service for seniors [~~that would use~~] establishing, at a minimum, operational hours during normal business hours using automobiles driven by volunteer and paid drivers to transport seniors to where they need and want to go. [~~After a period of five years, the program would no longer be eligible for state funding and would be completely self-sustaining, relying on consumer fares and voluntary community support to remain operational.~~]

6. [~~Within amounts appropriated, the~~] The director shall establish a pilot program within amounts appropriated therefor, in up to five coun-

ties, each with not more than three hundred thousand persons as of the two thousand ten United States census, or a collaborative project of two contiguous counties that each do not have more than three hundred thousand persons as of the two thousand ten United States census. The director shall make grants available to qualified economically sustainable transportation providers of no less than fifty-five thousand dollars per grantee [~~in the first year of the operation of the program~~]. Each provider shall be required to submit a report to the director by February first, two thousand eighteen, which shall include, but not be limited to, documentation of participation rates, any impediments to implementation encountered, steps taken to ensure sustainability of the program and proposals for expansion to other service areas. Such providers shall be eligible to receive funding under this section annually for up to five years. After such time, providers must be able to provide economically sustainable transportation services without receiving further public financial assistance for operating or capital expenses.

§ 3. Article 2 of the elder law is amended by adding a new title 2 to read as follows:

TITLE 2

STATEWIDE CENTRAL REGISTER OF ELDER ABUSE AND MALTREATMENT REPORTS

Section 224. Definitions.

225. Statewide central register of elder abuse and maltreatment reports.

226. Reporters.

§ 224. Definitions. For the purposes of this title:

1. "Abused or maltreated elder" means any resident of New York state who is sixty years of age or older and who is alleged to be the victim of physical abuse, sexual abuse, emotional abuse, passive or self-neglect, or financial exploitation, as defined in subdivision six of section four hundred seventy-three of the social services law.

2. "Caregiver" means any person who has assumed full or intermittent responsibility for the care or custody of an elderly adult, whether or not he or she receives compensation.

§ 225. Statewide central register of elder abuse and maltreatment reports. 1. Subject to appropriation, there shall be established in the New York state office for the aging a statewide central register of elder abuse and maltreatment reports made pursuant to this title.

2. The central register created by this section shall:

(a) be capable of receiving telephone calls alleging elder abuse or maltreatment and of immediately identifying prior reports of elder abuse or maltreatment and capable of monitoring the provision of adult protective services twenty-four hours a day, seven days a week. To effectuate this purpose, there shall be a single statewide telephone number, in addition to other special express reporting procedures, that all persons, may use to make telephone calls alleging elder abuse or maltreatment and that all persons so authorized may use for determining the existence of prior reports in order to evaluate the condition of the elder;

(b) immediately transmit orally or electronically by the office for the aging to the appropriate adult protective service for investigation, any allegations contained in such telephone calls when they could reasonably constitute a report of elder abuse or maltreatment, including such allegations and any previous reports to the central registry involving the subject of such report or elder named in such report, and any previous reports containing allegations of elder abuse and maltreat-

ment alleged to have occurred in other counties and districts in New York state;

(c) immediately transmit orally or electronically to the appropriate local adult protective service for investigation, any telephone call made by a person required to report cases of suspected elder abuse or maltreatment pursuant to this title containing allegations, which if true would constitute elder abuse or maltreatment;

(d) convey by the most expedient means available to the appropriate law enforcement agency, district attorney, or other public official empowered to provide necessary aid or assistance, any information contained in a telephone call to the register where the circumstances despite not constituting abuse or maltreatment as defined in this title, may constitute a crime or an immediate threat to the elder's health or safety;

(e) maintain records including, but not limited to: all the information in the written report; a record of the final disposition of the report; information received from the local social services agency, including services offered and services accepted, the names and identifying data, dates and circumstances of any person requesting or receiving information from the register; and any other information which the director of the office for the aging believes might be helpful in the furtherance of the purposes of this title; and

(f) maintain the confidentiality of reports written, information obtained, or photographs taken concerning such reports in the possession of the office for the aging or local departments, except for law enforcement agencies and others deemed by the director of the office for the aging to have a relevant interest in the materials given their legal or official status.

§ 226. Reporters. 1. The following persons and officials, given their official and professional relationship with the aging population, are strongly urged to report or cause a report to be made to the central registry under section two hundred twenty-five of this title when they have reasonable cause to suspect that an elderly person coming before them in their professional or official capacity is an abused or maltreated elder; or when they have reasonable cause to suspect that the individual is an abused or maltreated elder when the spouse, caregiver, or guardian or other person legally responsible for the elder comes before them in their professional or official capacity and states from personal knowledge facts, conditions or circumstances which, if correct, would render the elder an abused or maltreated elder: any physician; registered physician assistant; surgeon; medical examiner; pharmacist; coroner; osteopath; optometrist; chiropractor; podiatrist; psychologist; registered nurse; social worker; emergency medical technician; mental health professional; licensed marriage and family therapist; licensed mental health counselor; licensed psychoanalyst; licensed behavior analyst; hospital personnel engaged in admission, examination, care or treatment of persons; substance abuse counselor; alcoholism counselor; all persons credentialed by the office of alcoholism and substance abuse services; licensed master social worker; licensed clinical social worker; any administrator or employee in a nursing home or residential healthcare facility that is licensed, certified or operated by the department of health; any employee of a personal care or home health aide program; any person or employee of any corporation, partnership, organization or other entity which is under contract to provide patient care services in a residential health care facility; an employee of a county adult protective services agency; police officer; district attor-

ney or assistant district attorney; peace officer; investigator employed in the office of a district attorney; or other law enforcement official; an attorney so long as it does not violate the New York state rules of professional conduct.

2. Any person who is urged to investigate reports of abuse or maltreatment as a function of their professional or official relationship with the aging population and who has reasonable cause to suspect that a victim died as a result of maltreatment or abuse should immediately report the suspicion to the central registry which shall convey the report through the most expedient means available to the appropriate medical examiner and law enforcement authorities, notwithstanding the existence of a death certificate signed by a practicing physician. The medical examiner shall accept the report for investigation and shall report the findings of the investigation, in writing, to the appropriate law enforcement authorities.

3. Reports of suspected elder abuse should be made immediately by telephone or by telephone facsimile on a form supplied by the office for the aging to the central registry. Such telephone reports shall be followed by a report in writing within twenty-four hours after such oral report. All cases of alleged abuse in a residential health care facility as defined in section twenty-eight hundred one of the public health law shall be forwarded to the department of health for investigation.

4. The director of the office of the aging, in conjunction with the commissioner of health and the commissioner of children and family services shall develop online tools for training reporters to identify and report suspected elder abuse. The online tools shall be made available on the website of the office for the aging.

§ 4. This act shall take effect immediately; provided, however that section three of this act shall take effect January 1, 2018.

PART V

Section 1. Subdivision 2 of section 365-a of the social services law is amended by adding a new paragraph (dd) to read as follows:

(dd) the cost of donor breast milk (PDHM), for inpatient use, for which a licensed medical practitioner has issued an order for an infant who is medically or physically unable to receive maternal breast milk or participate in breast feeding or whose mother is medically or physically unable to produce maternal breast milk or participate in breast feeding despite optimal lactation support. Such infant must: (i) have a documented birth weight of one thousand five hundred grams or less; or (ii) have a congenital or acquired intestinal condition, and is therefore at a high risk for development of necrotizing enterocolitis and/or infection. Coverage for donor breast milk (PDHM) shall continue until the infant is at an age of medical adjustment of thirty-four weeks corrected gestational age and such coverage shall be not less than the reasonable cost of such milk procured from a certified nonprofit milk bank, plus reasonable processing and handling fees.

§ 2. Subdivision 2-a of section 2807 of the public health law is amended by adding a new paragraph (j) to read as follows:

(j) Notwithstanding any other provision of this subdivision or any other provision of law to the contrary and, subject to an appropriation therefor, on and after April first, two thousand eighteen, rates of payment for diagnostic and treatment center services, emergency services, general hospital inpatient and outpatient services, ambulatory surgical services and referred ambulatory services, provided by a rural

hospital designated as a critical access hospital in accordance with title XVIII of the federal social security act shall be equal to one hundred one percent of the reasonable costs of a facility in providing such services to patients eligible for payments made in accordance with this subdivision. Reasonable costs shall be determined in a manner consistent with that used to determine payment for outpatient critical access hospital services provided to beneficiaries of title XVIII of the federal social security act. For facilities without adequate cost experience, such rates shall be based on budgeted costs subsequently adjusted to one hundred one percent of reasonable actual costs.

§ 3. Paragraph (a) of subdivision 1 of section 212 of chapter 474 of the laws of 1996, amending the education law and other laws relating to rates for residential healthcare facilities, as amended by section 1 of part D of chapter 59 of the laws of 2016, is amended to read as follows:

(a) Notwithstanding any inconsistent provision of law or regulation to the contrary, effective beginning August 1, 1996, for the period April 1, 1997 through March 31, 1998, April 1, 1998 for the period April 1, 1998 through March 31, 1999, August 1, 1999, for the period April 1, 1999 through March 31, 2000, April 1, 2000, for the period April 1, 2000 through March 31, 2001, April 1, 2001, for the period April 1, 2001 through March 31, 2002, April 1, 2002, for the period April 1, 2002 through March 31, 2003, and for the state fiscal year beginning April 1, 2005 through March 31, 2006, and for the state fiscal year beginning April 1, 2006 through March 31, 2007, and for the state fiscal year beginning April 1, 2007 through March 31, 2008, and for the state fiscal year beginning April 1, 2008 through March 31, 2009, and for the state fiscal year beginning April 1, 2009 through March 31, 2010, and for the state fiscal year beginning April 1, 2010 through March 31, 2016, and for the state fiscal year beginning April 1, 2016 through March 31, 2019, the department of health is [~~authorized~~] required to pay public general hospitals, as defined in subdivision 10 of section 2801 of the public health law, operated by the state of New York or by the state university of New York or by a county, which shall not include a city with a population of over one million, of the state of New York, and those public general hospitals located in the county of Westchester, the county of Erie or the county of Nassau, additional payments for inpatient hospital services as medical assistance payments pursuant to title 11 of article 5 of the social services law for patients eligible for federal financial participation under title XIX of the federal social security act in medical assistance pursuant to the federal laws and regulations governing disproportionate share payments to hospitals [~~up to~~] of one hundred percent of each such public general hospital's medical assistance and uninsured patient losses after all other medical assistance, including disproportionate share payments to such public general hospital for 1996, 1997, 1998, and 1999, based initially for 1996 on reported 1994 reconciled data as further reconciled to actual reported 1996 reconciled data, and for 1997 based initially on reported 1995 reconciled data as further reconciled to actual reported 1997 reconciled data, for 1998 based initially on reported 1995 reconciled data as further reconciled to actual reported 1998 reconciled data, for 1999 based initially on reported 1995 reconciled data as further reconciled to actual reported 1999 reconciled data, for 2000 based initially on reported 1995 reconciled data as further reconciled to actual reported 2000 data, for 2001 based initially on reported 1995 reconciled data as further reconciled to actual reported 2001 data, for 2002 based initially on reported 2000 reconciled data as further reconciled to

actual reported 2002 data, and for state fiscal years beginning on April 1, 2005, based initially on reported 2000 reconciled data as further reconciled to actual reported data for 2005, and for state fiscal years beginning on April 1, 2006, based initially on reported 2000 reconciled data as further reconciled to actual reported data for 2006, for state fiscal years beginning on and after April 1, 2007 through March 31, 2009, based initially on reported 2000 reconciled data as further reconciled to actual reported data for 2007 and 2008, respectively, for state fiscal years beginning on and after April 1, 2009, based initially on reported 2007 reconciled data, adjusted for authorized Medicaid rate changes applicable to the state fiscal year, and as further reconciled to actual reported data for 2009, for state fiscal years beginning on and after April 1, 2010, based initially on reported reconciled data from the base year two years prior to the payment year, adjusted for authorized Medicaid rate changes applicable to the state fiscal year, and further reconciled to actual reported data from such payment year, and to actual reported data for each respective succeeding year. The payments may be added to rates of payment or made as aggregate payments to an eligible public general hospital.

§ 4. Subdivision 2 of section 2776 of the public health law is renumbered subdivision 3 and a new subdivision 2 is added to read as follows:

2. To the extent the services under subdivision one of this section include the payment of health insurance premiums for certain individuals with acquired immune deficiency syndrome, the premium payments shall include an additional premium subsidy to be paid to the individual's health plan. The subsidy shall be in addition to the premiums otherwise charged for such coverage, in an amount determined by the department of financial services, in consultation with the institute, to be actuarially sufficient to ensure that the coverage provided to the eligible individuals does not negatively impact the current or future cost of such coverage for other individuals purchasing the same or comparable coverage from the health plan. The amount of the subsidy may vary by health plan, as actuarially necessary.

§ 5. Subdivision 1 of section 364-j of the social services law is amended by adding two new paragraphs (w) and (w-1) to read as follows:

(w) "School-based health center". A clinic licensed under article twenty-eight of the public health law or sponsored by a facility licensed under the public health law which provides primary and preventative care including but not limited to health maintenance, well-child care, diagnosis and treatment of injury and acute illness, diagnosis and management of chronic disease, behavioral health services directly or by referral, and which may provide vision care, dental care, nutritional or other enhanced services to children and adolescents within an elementary, secondary or prekindergarten public school setting.

(w-1) "Sponsoring organization". A facility licensed under article twenty-eight of the public health law which acts as the sponsor for a school-based health center.

§ 6. Subdivision 3 of section 364-j of the social services law is amended by adding a new paragraph (d-3) to read as follows:

(d-3) Services provided by school-based health centers shall not be provided to medical assistance recipients through managed care programs established pursuant to this section, and shall continue to be provided outside of managed care programs in accordance with applicable reimbursement methodologies. Applicable reimbursement methodologies shall mean:

(i) for school-based health centers sponsored by a federally qualified health center, rates of reimbursement and requirements in accordance with those mandated by 42 U.S.C. Secs. 1396a(bb), 1396(m)(2)(A)(ix) and 1936(a)(13)(C); and

(ii) for school-based health centers sponsored by an entity licensed pursuant to article twenty-eight of the public health law that is not a federally qualified health center, rates of reimbursement at the fee for service rate for such services in effect prior to the effective date of this paragraph for the ambulatory patient group rate for the applicable service.

§ 7. Section 365-l of the social services law, as added by section 37 of part H of chapter 59 of the laws of 2011, subdivision 2-a as added by section 23 of part A of chapter 56 of the laws of 2013, subdivision 2-b as amended by section 17 of part B of chapter 59 of the laws of 2016, subdivision 2-c as added by section 25 of part B of chapter 59 of the laws of 2015 and subdivision 9 as amended by section 28 of part B of chapter 59 of the laws of 2016, is amended to read as follows:

§ 365-l. Health homes. 1. Notwithstanding any law, rule or regulation to the contrary, the commissioner of health is authorized, in consultation with the commissioners of the office of mental health, office of alcoholism and substance abuse services, and office for people with developmental disabilities, to (a) establish, in accordance with applicable federal law and regulations, uniform and consistent standards, including a certification process, for the provision of [~~health home services~~] assistance with care management provided by health homes to Medicaid enrollees with chronic conditions, (b) establish payment methodologies for [~~health home services~~] such assistance based on factors including but not limited to the complexity of the conditions providers will be managing, the anticipated amount of patient contact needed to manage such conditions, and the health care cost savings realized by provision of health home services, (c) establish the criteria under which a Medicaid enrollee will be designated as being an eligible individual with chronic conditions for purposes of this program, (d) assign any Medicaid enrollee designated as an eligible individual with chronic conditions to a provider of health home services. For purposes of this section, for Medicaid enrollees enrolled with a managed care provider, "assistance with care management" shall be defined as outreach, educational assistance and other logistical coordination designed to assist a managed care provider in undertaking its care management functions. The standards and scope of assistance with care management provided by health homes as authorized by this section, and the payment for such services, shall be prescribed by the commissioner and set forth in the contract between the health home and a managed care provider as prescribed by subdivision ten of this section. In identifying appropriate payment for health home services provided pursuant to this subdivision, the commissioner shall take into account socioeconomic and other factors affecting the level and intensity of effort required for effective health home outreach and engagement with identified populations.

2. In addition to payments made for health home services pursuant to subdivision one of this section, the commissioner is authorized to pay additional amounts to providers of health home services that meet process or outcome standards specified by the commissioner and agreed upon by the managed care provider which has contracted with the health home for assistance with care management. A managed care provider shall not be obligated to reimburse a health home for health home services, unless the health home has contracted with the managed care provider.

2-a. Up to fifteen million dollars in state funding may be used to fund health home infrastructure development. Such funds shall be used to develop enhanced systems to support Health Home operations including assignments, workflow, and transmission of data. Funding will also be disbursed pursuant to a formula established by the commissioner to be designated health homes. Such formula may consider prior access to similar funding opportunities, geographic and demographic factors, including the population served, and prevalence of qualifying conditions, connectivity to providers, and other criteria as established by the commissioner.

2-b. The commissioner is authorized to make lump sum payments or adjust rates of payment to providers up to a gross amount of five million dollars, to establish coordination between the health homes and the criminal justice system and for the integration of information of health homes with state and local correctional facilities, to the extent permitted by law. Such rate adjustments may be made to health homes participating in a criminal justice pilot program with the purpose of enrolling incarcerated individuals with serious mental illness, two or more chronic conditions, including substance abuse disorders, or HIV/AIDS, into such health home. Health homes receiving funds under this subdivision shall be required to document and demonstrate the effective use of funds distributed herein.

2-c. The commissioner is authorized to make grants up to a gross amount of one million dollars for certified application counselors and assistors to facilitate the enrollment of persons in high risk populations, including but not limited to persons with mental health and/or substance abuse conditions that have been recently discharged or are pending release from state and local correctional facilities. Funds allocated for certified application counselors and assistors shall be expended through a request for proposal process.

2-d. Notwithstanding any inconsistent provision of sections one hundred twelve and one hundred sixty-three of the state finance law or any other law to the contrary, the commissioner shall make grants for a gross amount of five million dollars to the Collaborative for Children and Families for the purpose of supporting the development and implementation of a comprehensive care management program for children with complex and chronic medical conditions. Funds allocated herein shall be distributed without a request for proposals and shall not be disbursed pursuant to a formula.

3. Until such time as the commissioner obtains necessary waivers and/or approvals of the federal social security act, Medicaid enrollees assigned to providers of health home services will be allowed to opt out of such services. In addition, upon enrollment, an enrollee shall be offered an option of at least two providers of health home services, to the extent practicable.

4. Payments authorized pursuant to this section will be made with state funds only, to the extent that such funds are appropriated therefore, until such time as federal financial participation in the costs of such services is available.

5. The commissioner is authorized to submit amendments to the state plan for medical assistance and/or submit one or more applications for waivers of the federal social security act, to obtain federal financial participation in the costs of health home services provided pursuant to this section, and as provided in subdivision three of this section.

[~~**6. Notwithstanding any limitations imposed by section three hundred sixty-four-l of this title on entities participating in demonstration**~~

~~projects established pursuant to such section, the commissioner is authorized to allow such entities which meet the requirements of this section to provide health home services.~~]

7. Notwithstanding any law, rule, or regulation to the contrary, the commissioners of the department of health, the office of mental health, the office for people with developmental disabilities, and the office of alcoholism and substance abuse services are authorized to jointly establish a single set of operating and reporting requirements and a single set of construction and survey requirements for entities that:

(a) can demonstrate experience in the delivery of health, and mental health and/or alcohol and substance abuse services and/or services to persons with developmental disabilities, and the capacity to offer integrated delivery of such services in each location approved by the commissioner; and

(b) meet the standards established pursuant to subdivision one of this section for providing [~~and receiving payment for health home~~] **assistance with care management** services; provided, however, that an entity meeting the standards established pursuant to subdivision one of this section shall not be required to be an integrated service provider pursuant to this subdivision.

In establishing a single set of operating and reporting requirements and a single set of construction and survey requirements for entities described in this subdivision, the commissioners of the department of health, the office of mental health, the office for people with developmental disabilities, and the office of alcoholism and substance abuse services are authorized to waive any regulatory requirements as are necessary to avoid duplication of requirements and to allow the integrated delivery of services in a rational and efficient manner.

8. (a) The commissioner of health is authorized to contract with one or more entities to assist the state in implementing the provisions of this section. Such entity or entities shall be the same entity or entities chosen to assist in the implementation of the multipayor patient centered medical home program pursuant to section twenty-nine hundred fifty-nine-a of the public health law. Responsibilities of the contractor shall include but not be limited to: developing recommendations with respect to program policy, reimbursement, system requirements, reporting requirements, evaluation protocols, and provider and patient enrollment; providing technical assistance to potential medical home and health home providers; data collection; data sharing; program evaluation, and preparation of reports.

(b) 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 of health is authorized to enter into a contract or contracts under paragraph (a) of this subdivision without a competitive bid or request for proposal process, provided, however, that:

(i) 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;

(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;

(ii) All reasonable and responsive submissions that are received from prospective contractors in timely fashion shall be reviewed by the commissioner of health; and

(iii) The commissioner of health shall select such contractor or contractors that, in his or her discretion, are best suited to serve the purposes of this section.

9. The contract entered into by the commissioner of health prior to January first, two thousand thirteen pursuant to subdivision eight of this section may be amended or modified without the need for a competitive bid or request for proposal process, and without regard to the provisions of sections one hundred twelve and one hundred sixty-three of the state finance law, section one hundred forty-two of the economic development law, or any other provision of law, excepting the responsible vendor requirements of the state finance law, including, but not limited to, sections one hundred sixty-three and one hundred thirty-nine-k of the state finance law, to allow the purchase of additional personnel and services, subject to available funding, for the limited purpose of assisting the department of health with implementing the Balancing Incentive Program, the Fully Integrated Duals Advantage Program, the Vital Access Provider Program, the Medicaid waiver amendment associated with the public hospital transformation, the addition of behavioral health services as a managed care plan benefit, the delivery system reform incentive payment plan, activities to facilitate the transition of vulnerable populations to managed care and/or any workgroups required to be established by the chapter of the laws of two thousand thirteen that added this subdivision. The department is authorized to extend such contract for a period of one year, without a competitive bid or request for proposal process, upon determination that the existing contractor is qualified to continue to provide such services; provided, however, that the department of health shall submit a request for applications for such contract during the time period specified in this subdivision and may terminate the contract identified herein prior to expiration of the extension authorized by this subdivision.

10. Notwithstanding any provision of this section to the contrary, managed care providers operating pursuant to section three hundred sixty-four-j of this title may either contract directly with one or more care management agencies or with one or more health homes to provide assistance with care management as authorized by this section to Medicaid enrollees who participate with the managed care provider. Such assistance with care management services: (i) shall be available to enrollees who would otherwise be eligible to receive health home services pursuant to this section; (ii) may be provided to participants enrolled with the managed care provider without regard to any service area designation or limitation otherwise applicable to the health home; and (iii) shall not include the delegation of the actual care management functions undertaken by a managed care provider, unless the managed care provider, in its discretion, determines to delegate such function to the health home pursuant to the terms of the agreement between the managed care provider and the health home. Participants in a managed care provider shall not be eligible to receive health home services from any health home that has not entered into a contract to provide assistance with care management services with a managed care provider pursuant to this paragraph.

§ 8. Notwithstanding any provision of law to the contrary, for rates of payment for the period April 1, 2017 through March 31, 2018, not-for-profit residential health care facilities with a department of health

bed census count of four hundred seventy beds as of December 31, 2016 and located in the county of Monroe shall receive an aggregate per diem adjustment of eight hundred sixty thousand dollars. Such adjustment shall reflect payment for otherwise reimbursable services that were not previously reimbursed due to an unforeseen systems error resulting in the provider's failure to submit timely claims for services. The adjustment may be payable by the department of health through Medicaid rates of payment as a rate add-on or lump sum payments through the statewide financial system, on a quarterly basis or any other basis as determined by the commissioner of health. Such adjustment shall be in addition to any other claims for reimbursement made by such eligible facilities. Such adjustment shall be subject to cash receipts assessment and equity withdrawal limitations.

§ 9. Subdivision 2 of section 365-a of the social services law is amended by adding a new paragraph (ee) to read as follows:

(ee) Medical assistance shall include infertility services at the same coverage level as provided for by paragraphs thirteen and thirteen-a of subsection (i) of section three thousand two hundred sixteen, paragraph six of subsection (k) of section three thousand two hundred twenty-one and section four thousand three hundred three of the insurance law.

§ 10. This act shall take effect immediately; provided, however, that the implementation of the provisions of section two of this act shall be subject to the appropriation of moneys specifically for the purposes thereof; provided, however, that section three of this act shall be deemed to have been in full force and effect on and after April 1, 2016; provided, further, the amendments made to section 364-j of the social services law by sections five and six of this act shall not affect the repeal of such section and shall be deemed repealed therewith.

PART W

Section 1. Paragraph (q) of subdivision 1 of section 2995-a of the public health law, as added by chapter 542 of the laws of 2000, is amended to read as follows:

(q) health care plans with which the licensee has contracts, employment, or other affiliation**; provided that the reporting of such information shall not be the responsibility of the physician, but shall be included and updated by the department utilizing provider network participation information, or other reliable sources of information submitted by health care plans**.

§ 2. Subdivision 4 of section 2995-a of the public health law, as amended by section 3 of part A of chapter 57 of the laws of 2015, is amended to read as follows:

4. Each physician shall periodically report to the department on forms and in the time and manner required by the commissioner any other information as is required by the department for the development of profiles under this section which is not otherwise reasonably obtainable. In addition to such periodic reports and providing the same information, each physician shall update his or her profile information within the six months prior to the [~~expiration date of such physician's registration period~~] **submission of the re-registration application**, as a condition of registration renewal under article one hundred thirty-one of the education law. Except for optional information provided, physicians shall notify the department of any change in the profile information within thirty days of such change.

§ 3. Subdivision 6 of section 2995-a of the public health law, as added by chapter 542 of the laws of 2000, is amended to read as follows:

6. A physician may elect to have his or her profile omit certain information provided pursuant to paragraphs (l), (m)[~~,~~] and (n) [~~and (q)~~] of subdivision one of this section. In collecting information for such profiles and disseminating the same, the department shall inform physicians that they may choose not to provide such information required pursuant to paragraphs (l), (m)[~~,~~] and (n) [~~and (q)~~] of subdivision one of this section.

§ 4. Section 2995-a of the public health law is amended by adding a new subdivision 7-a to read as follows:

7-a. For purposes of this section, a physician may authorize a designee to register, transmit, enter or update information on his or her behalf, provided that:

(a) the designee so authorized is employed by the physician or the same professional practice or is under contract with such practice;

(b) the physician takes reasonable steps to ensure that such designee is sufficiently competent in the profile requirements; and

(c) the physician remains responsible for ensuring the accuracy of the information provided and for any failure to provide accurate information.

The commissioner shall establish in regulation reasonable parameters with regard to a physician's ability to authorize designees pursuant to this section, which shall include processes necessary to allow the department to: (i) grant access to the profile in a reasonably prompt manner to designees authorized by physicians; (ii) require that physicians notify the department upon terminating the authorization of any designee; and (iii) establish a mechanism to prevent such terminated designees from accessing the profile in a reasonably prompt manner following such notification.

§ 5. The article heading of article 43-B of the public health law, as added by chapter 589 of the laws of 1990, is amended to read as follows:

ORGAN[~~, TISSUE AND BODY PARTS~~] PROCUREMENT AND [~~STORAGE~~]
DONOR SUPPORT

§ 6. Sections 4360 through 4368 of article 43-B of the public health law are designated title 1, and a new title heading is added to read as follows:

ORGAN, TISSUE AND BODY PARTS PROCUREMENT AND STORAGE

§ 7. Article 43-B of the public health law is amended by adding a new title 2 to read as follows:

TITLE 2
LIVING ORGAN DONATION

Section 4369. Definitions.
4370. Reimbursement of living donor expenses.
4371. Transplant education of patients with kidney disease or end stage renal failure.

§ 4369. Definitions. As used in this title, the following terms shall have the following meanings, unless the context clearly requires otherwise:

1. "Living donation" means the gift by an individual of an organ of that individual's body to be transplanted into another individual's body, the gift to be executed while the donating individual is living and with the intent that the donating individual will continue to live after the execution of the gift.

2. "Living donor" means an individual who makes a living donation.

3. "Living donor expenses" means financial costs incurred by a living donor that arise due to the act of living donation and its consequences, that are subject to reimbursement under section forty-three hundred seventy of this title.

4. "Living donor support program" or "program" means the living donor support program established under section forty-three hundred seventy of this title.

5. "Paired donation" means a living donation in which the living donor's organ is incompatible with the ultimate intended recipient and the living donor's organ is transplanted into another recipient, and in turn another living donor makes a living donation, directly or through one or more paired donations, to the ultimate recipient.

§ 4370. Reimbursement of living donor expenses. 1. The living donor support program is hereby established in the department.

2. (a) Subject to appropriations therefor, the program shall pay the living donor expenses for living donors who are residents of the state and make a living donation in which the ultimate recipient, either directly or through paired donation is a resident of the state. The commissioner through regulations shall establish eligible living donor expenses that are eligible for reimbursement under the program which shall include at a minimum: lost wages (including demonstrated lost non-employment income); the economic value of sick or vacation days expended; travel and lodging, child care and elder care expenses; and costs of medications and care associated with the living donation surgery. The total period of time related to lost wages or expended sick or vacation days shall not exceed four weeks unless special circumstances are demonstrated, such as the nature of physical labor required for the living donor's employment; provided that the total period shall in no event exceed eight weeks. The commissioner may by regulation impose a limitation on: (i) the amount of lost wages for a living donor making an income in excess of an annual rate of one hundred twenty-five thousand dollars; or (ii) the amount of living donor expenses above fourteen thousand dollars for any single living donor; and may include additional living donor expenses including reimbursement for costs of care performed by relatives or family members of the living donor.

(b) The program shall not pay reimbursement for expenses paid or required to be paid for by any third-party payer, including wages or other expenses that were covered under paid medical leave by the living donor's employer or that are covered by other sources of reimbursement such as the federal National Living Donor Assistance Program. The program shall be the payer of last resort with respect to any benefit under the program.

(c) Living donor expenses shall be reimbursed as close in time as possible to their being incurred by the donor, including by pre-payment where practicable.

3. (a) The commissioner may contract for the administration of reimbursement under the program. Factors such as cost to the state, ease of use for the living donor, and ease of use for transplant center hospitals shall be taken into consideration when awarding such contract.

(b) The commissioner shall make regulations to implement this section.

(c) This section shall be interpreted so as not to conflict with the federal National Organ Transplant Act (42 U.S.C. 274e).

§ 4371. Transplant education of patients with kidney disease or end stage renal failure. For any patient with chronic kidney disease stage four or end stage renal disease, a nephrologist managing the patient's treatment or, if the patient is not under the treatment of a nephrolo-

gist then the patient's primary care practitioner, shall consider whether the patient is a candidate for transplantation under applicable professional and legal guidelines, and, if the patient appears to be a candidate for transplantation, provide the patient with transplant education materials including those prepared under section two hundred seven of this chapter.

§ 8. Paragraph (d) of subdivision 1 of section 207 of the public health law, as amended by section 16 of part A of chapter 109 of the laws of 2010, is amended to read as follows:

(d) The need for and importance of organ and tissue donation, including living donation, including information about being registered as an organ and tissue donor and executing documents of gift under article forty-three of this chapter; and information to increase patient understanding about the medical option of transplant and its desirability. In implementing this paragraph, the department shall consult with the transplant council in the department.

§ 9. Paragraph 38 of subsection (c) of section 612 of the tax law, as added by chapter 565 of the laws of 2006, is amended to read as follows:

(38) An amount of up to ten thousand dollars if a taxpayer, while living, donates one or more of his or her human organs to another human being for human organ transplantation. For purposes of this paragraph, "human organ" means all or part of a liver, pancreas, kidney, intestine, lung, or bone marrow. A subtract modification allowed under this paragraph shall be claimed in the taxable year in which the human organ transplantation occurs. Provided, however, that this deduction shall not apply to any donation for which the taxpayer has received benefits under section forty-three hundred seventy of the public health law.

§ 10. The social services law is amended by adding a new section 365-o to read as follows:

§ 365-o. Provision and coverage of services for living organ donors. This section applies in the case of a living donor under section forty-three hundred seventy of the public health law who is otherwise eligible for medical assistance under this article. Services for that person covered under that section that would otherwise be health care services under this article shall be paid for under this article and not under such section, provided federal financial participation is available.

§ 11. Article 2 of the public health law is amended by adding a new title 4-A to read as follows:

TITLE IV-A
LUPUS RESEARCH ENHANCEMENT ACT

Section 256. Short title.
256-a. Legislative intent.
256-b. Definition.
256-c. Lupus research enhancement program.
256-d. Lupus research advisory council.
256-e. Lupus research enhancement fund.

§ 256. Short title. This title shall be known and may be cited as the "lupus research enhancement act".

§ 256-a. Legislative intent. 1. The legislature hereby finds the following:

(a) Lupus is a serious, complex, debilitating autoimmune disease that can cause inflammation and tissue damage to virtually any organ system in the body, including the skin, joints, other connective tissue, blood and blood vessels, heart, lungs, kidney, and brain.

(b) The Lupus Foundation of America, Inc. estimates that approximately 1.5 to two million Americans live with some form of lupus; lupus affects women nine times more often than men and eighty percent of newly diagnosed cases of lupus develop among women of childbearing age.

(c) Lupus disproportionately affects women of color - it is two to three times more common among African-Americans, Hispanics, Asians and Native Americans and is generally more prevalent in minority populations - a health disparity that remains unexplained. According to the Centers for Disease Control and Prevention the rate of lupus mortality has increased since the late nineteen seventies and is higher among older African-American women.

(d) No new drugs have been approved by the U.S. Food and Drug Administration specifically for lupus in nearly forty years, and while current treatments for the disease can be effective, they can lead to damaging side effects.

(e) The pain and fatigue associated with lupus can threaten people's ability to live independently, make it difficult to maintain employment and lead normal lives, and one in five people with lupus is disabled by the disease, and consequently receives support from government programs, including medicare, medicaid, social security disability, and social security supplemental income.

(f) The estimated average annual cost of medical treatment for an individual with lupus can range between ten thousand dollars and thirty thousand dollars; for people who have the most serious form of lupus, medical costs can greatly exceed this amount, causing a significant economic, emotional and social burden to the entire family and society.

(g) More than half of the people with lupus suffer four or more years and visit three or more physicians before obtaining a diagnosis of lupus; early diagnosis of and commencement of treatment for lupus can prevent or reduce serious organ damage, disability, and death.

(h) Despite the magnitude of lupus and its impact on individuals and families, health professional and public understanding of lupus remains low; only one of five Americans can provide even basic information about lupus, and awareness of lupus is lowest among adults ages eighteen to thirty-four - the age group most likely to develop symptoms of lupus.

(i) Lupus is a significant national health issue that deserves a comprehensive and coordinated response by state and federal governments with involvement of the health care provider, patient, and public health communities.

2. The purposes of this title are:

(a) To promote basic and clinical research programs designed to reduce or prevent suffering from lupus, by providing additional funding to state academic medical institutions within the state currently conducting or having an interest in conducting basic and clinical, social, translational, technological, epidemiological, and behavioral research on lupus. Such activities may include:

(i) investigating the pathogenesis and physiology of lupus;

(ii) identifying and validating lupus biomarkers;

(iii) enhancing the statewide infrastructure to conduct clinical trials of potential new lupus therapies;

(iv) developing or improving diagnostic tests for early detection of lupus; and

(v) developing novel therapies to treat lupus.

(b) To establish a multidisciplinary lupus research advisory council to monitor progress and make granting recommendations to the department.

§ 256-b. Definition. As used in this title, "program" shall mean the lupus research enhancement program created pursuant to section two hundred fifty-six-c of this title.

§ 256-c. Lupus research enhancement program. 1. The commissioner shall establish within the department a lupus research enhancement program through which the department shall make grants to state academic medical institutions within the state currently conducting or having an interest in conducting basic and clinical, social, translational, technological, epidemiological, and behavioral research on lupus.

2. All research funds shall be awarded on the basis of the research priorities established for the program and the scientific merit of the proposed research, as determined by an open, competitive peer review process that ensures objectivity, consistency, and high quality. All investigators, regardless of affiliation, shall have equal access and opportunity to compete for program funds.

3. The peer review process for the selection of research grants awarded under this program shall be modeled generally on that used by the national institutes of health in its grant making process.

4. An awardee shall be awarded grants for the full cost, both direct and indirect, of conducting the sponsored research consistent with those federal guidelines governing all federal research grants and contracts. All intellectual property assets developed under this program shall be treated in accordance with state and federal law.

5. In establishing its research priorities, the state shall consult with the lupus research advisory council and consider a broad range of cross-disciplinary lupus research, including, but not limited to, research into the cause, cure, and diagnosis of lupus; translational and technological research, including research to develop improved diagnostic tests; research regarding the cultural, economic, and legal barriers to accessing the health care system for early detection and treatment of lupus; and research examining the health disparities seen in the incidence and prevalence of lupus.

§ 256-d. Lupus research advisory council. 1. Operations. (a) The council shall be comprised of fifteen members representing a broad range of expertise and experience.

(b) Individuals and organizations may submit nominations to the commissioner through the council.

(c) Each appointed council member should have familiarity with lupus and issues that surround lupus and be one of the following: health and medical professional with expertise in lupus; an individual with lupus; a representative from a local or county health department; or a recognized expert in the provision of health services to women, lupus research or health disparities.

(d) The council shall be comprised as follows:

(i) at least three individuals with lupus;

(ii) no more than two representatives from the department;

(iii) at least five individuals from lupus nonprofit health organizations; and

(iv) at least five scientists or clinicians with experience in lupus and who participate in various fields of scientific endeavor, including, but not limited to, the fields of biomedical research, social, translational, behavioral and epidemiological research, and public health.

(e) All members of the council shall be appointed by the commissioner and the commissioner shall choose from among the fifteen council members one member to serve as chair.

(f) All members of the council shall serve terms of two years each. Members can be named to serve a total of two terms and terms can be consecutive.

(g) Members shall serve without compensation, but shall be entitled to actual, necessary expenses incurred in the performance of their business as members of the council.

(h) A majority of the members of the council shall constitute a quorum. A majority vote of a quorum shall be required for any official action of the council.

(i) The council shall meet at the call of the chair, but not less than four times per year.

2. Functions. The lupus research advisory council shall:

(a) review submitted grant applications and make recommendations to the commissioner, and the commissioner shall, at his or her discretion, grant approval of applications for grants from those applications recommended by the council (if a council member submits an application for a grant from the lupus research and education fund, he or she will be prohibited from reviewing and making a recommendation on the application);

(b) consult with the national institutes of health, centers for disease control and prevention, the agency for healthcare research and quality, the national academy of sciences (institute of medicine), lupus advocacy groups, and other organizations or entities which may be involved in lupus research to solicit both information regarding lupus research projects that are currently being conducted and recommendations for future research projects; and

(c) shall transmit annually on or before December thirty-first, a report to the legislature on grants made, grants in progress, program accomplishments, and future program directions. Each report shall include, but not be limited to, the following information:

(i) the number and dollar amounts of research grants, including the amount allocated to indirect costs;

(ii) the subject of research grants;

(iii) the relationship between federal and state funding for lupus research;

(iv) the relationship between each project and the overall strategy of the research program;

(v) a summary of research findings including discussion of promising new areas;

(vi) the institutions and campuses receiving grant awards; and

(vii) the first annual report shall include an evaluation and recommendations concerning the desirability and feasibility of requiring for-profit grantees to compensate the state in the event that a grant results in the development of a profit-making product. This evaluation shall include, but not be limited to, the costs and benefits of requiring a for-profit grantee to repay the grant, to provide the product at cost to state programs serving low-income lupus patients, and to pay the state a percentage of the royalties derived from the product.

3. Contributions. The secretary of the lupus research advisory council may accept grants, services, and property from the federal government, foundations, organizations, medical schools, and other entities as may be available for the purposes of fulfilling the obligations of this program. Any such funds shall supplement and not supplant appropriations provided for the implementation of this article.

4. Waivers. The secretary of the lupus research advisory council shall seek any federal waiver or waivers that may be necessary to maximize funds from the federal government to implement this program.

§ 256-e. Lupus research enhancement fund. All moneys received pursuant to section two hundred fifty-six-c of this title shall be credited to the fund, as established by section ninety-five-i of the state finance law. The commissioner shall use the fund to administer the lupus research enhancement program and to make grants to awardees pursuant to section two hundred fifty-six-c of this title.

§ 12. The state finance law is amended by adding a new section 95-i to read as follows:

§ 95-i. Lupus research enhancement fund. 1. There is hereby established in the joint custody of the commissioner of taxation and finance and the comptroller, a special fund to be known as the "lupus research enhancement fund".

2. Such fund shall consist of all monies appropriated for the purpose of such fund and any grant, gift or bequest made to the lupus research enhancement program as established by title four-A of article two of the public health law.

3. Moneys of the fund shall be available for grants through the lupus research enhancement program advisory council and for the expenses of the lupus research enhancement program advisory council, and shall be expended only for the purposes spelled out in sections two hundred fifty-six-c and two hundred fifty-six-d of the public health law.

4. Moneys in the lupus research enhancement fund shall be kept separate and shall not be commingled with any other moneys in the custody of the commissioner of taxation and finance and the comptroller.

5. The moneys of the fund shall be paid out on the audit and warrant of the comptroller on vouchers certified or approved by the commissioner of health, or by an officer or employee of the department of health designated by such commissioner.

§ 13. Section 2805-x of the public health law, as added by section` 48 of part B of chapter 57 of the laws of 2015, is amended to read as follows:

§ 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 hospital-home care-physician initiatives may also include payors, skilled nursing facilities, emergency medical services and other interdisciplinary providers, practitioners and service entities as part of such hospital-home care-physician collaborative.

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.

(e) "Emergency medical services" (EMS) shall mean the services of an ambulance service or an advanced life support first response service certified under article thirty of this chapter staffed by emergency medical technicians or advanced emergency medical technicians to provide basic or advance life support and, for the purposes of the community paramedicine collaboration model set forth in subdivision four of this section, also to provide such services pursuant to such models in circumstances other than the initial emergency medical care and transportation of sick and injured persons.

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. **Nothing in this section shall be construed to limit, or to imply the need for state approval of, collaborative initiatives enumerated in this section which are otherwise permissible under law or regulation, provided however that the approval of the commissioner shall be required for either state funding or regulatory waivers as provided for under this section.**

4. Hospital-home care-physician collaborative initiatives under this section may include, but shall not be limited to:

(a) Hospital-home care-physician integration initiatives, including but not limited to:

(i) transitions in care initiatives to help effectively transition patients to post-acute care at home, coordinate follow-up care and address issues critical to care plan success and readmission avoidance;

(ii) clinical pathways for specified conditions, guiding patients' progress and outcome goals, as well as effective health services use;

(iii) application of telehealth/telemedicine services in monitoring and managing patient conditions, and promoting self-care/management, improved outcomes and effective services use;

(iv) facilitation of physician house calls to homebound patients and/or to patients for whom such home visits are determined necessary and effective for patient care management;

(v) additional models for prevention of avoidable hospital readmissions and emergency room visits;

(vi) health home development;

(vii) development and demonstration of new models of integrated or collaborative care and care management not otherwise achievable through existing models; [~~and~~]

(viii) bundled payment demonstrations for hospital-to-post-acute-care for specified conditions or categories of conditions, in particular, conditions predisposed to high prevalence of readmission, including those currently subject to federal/state penalty, and other discharges with extensive post-acute needs; **and**

(ix) models of community paramedicine, under which hospitals, emergency medical services who utilize employed or volunteer emergency medical technicians or advanced emergency medical technicians, physicians and home care agencies may develop and implement a plan for the collabora-

tive provision of services in community-settings. In addition to emergency services provided under article thirty of this chapter, models of community paramedicine may include collaborative services to at-risk individuals living in the community to prevent emergencies, avoidable emergency room need, avoidable transport and potentially avoidable hospital admissions and readmissions; community paramedicine services to individuals with behavioral health conditions, or developmental or intellectual disabilities, shall further include the collaboration of appropriate providers of behavioral health services licensed or certified under the mental hygiene law;

(b) Recruitment, training and retention of hospital/home care direct care staff and physicians, in geographic or clinical areas of demonstrated need. Such initiatives may include, but are not limited to, the following activities:

(i) outreach and public education about the need and value of service in health occupations;

(ii) training/continuing education and regulatory facilitation for cross-training to maximize flexibility in the utilization of staff, including:

(A) training of hospital nurses in home care;

(B) dual certified nurse aide/home health aide certification; [~~and~~]

(C) dual personal care aide/HHA certification; and

(D) orientation and/or collaborative training of EMS, hospital, home care, physician and, as necessary, other participating provider staff in community paramedicine;

(iii) salary/benefit enhancement;

(iv) career ladder development; and

(v) other incentives to practice in shortage areas; and

(c) Hospital - home care - physician collaboratives for the care and management of special needs, high-risk and high-cost patients, including but not limited to best practices, and training and education of direct care practitioners and service employees.

5. Hospitals and home care agencies which are provided financing or waivers pursuant to this section shall report to the commissioner on the patient, service and cost experiences pursuant to this section, including the extent to which the project goals are achieved. The commissioner shall compile and make such reports available on the department's website.

§ 14. The public health law is amended by adding a new section 3001-a to read as follows:

§ 3001-a. Community paramedicine services. Notwithstanding any inconsistent provision of this article, an emergency medical technician or advanced emergency medical technician in course of his or her work as an employee or volunteer of an ambulance service or an advanced life support first response service certified under this article to provide emergency medical services may also participate in models of community paramedicine pursuant to section twenty-eight hundred five-x of this chapter.

§ 15. Subdivision 15 of section 3001 of the public health law, as amended by chapter 445 of the laws of 1993, is amended to read as follows:

15. "Medical control" means: (a) advice and direction provided by a physician or under the direction of a physician to certified first responders, emergency medical technicians or advanced emergency medical technicians who are providing medical care at the scene of an emergency or en route to a health care facility, or in community paramedicine

collaborative initiative pursuant to section twenty-eight hundred five-x of this chapter; and (b) indirect medical control including the written policies, procedures, and protocols for prehospital emergency medical care and transportation developed by the state emergency medical advisory committee, approved by the state emergency medical services council and the commissioner, and implemented by regional medical advisory committees.

§ 16. Section 617 of the public health law, as amended by section 28 of part E of chapter 56 of the laws of 2013, is amended to read as follows:

§ 617. Maintenance of effort. Such amount of state aid provided will be used to support and to the extent practicable, to increase the level of funds that would otherwise be made available for such purposes and not to supplant the amount to be provided by the municipalities. If a municipality that is provided state aid pursuant to title one of this article reduces its expenditures beneath the amount expended in its base year, which is the most recent fiscal year for which the municipality has filed all expenditure reports to the department, state aid reimbursement provided pursuant to subdivision one of section six hundred five of this article will be reduced by the percentage reduction in expenditures between its base year and its current fiscal year. For purposes of this section, reductions in expenditures shall be adjusted for: an absence of extraordinary expenditures of a temporary nature, such as disaster relief; unavoidable or justifiable program reductions, such as a program being subsumed by another agency; or in circumstances where the municipality can demonstrate, to the department's satisfaction, that the need for the expenditure no longer exists. Maintenance of effort shall be based on a municipality's total eligible expenditures in the current fiscal year, and shall not be required for each individual core service. Review of expenditures for purposes of maintenance of effort requirements will occur no more than once each fiscal year.

§ 17. This act shall take effect immediately; provided, however, that:

1. sections one, two, three and four of this act shall take effect on the ninetieth day after it shall have become a law; and

2. sections five, six, seven, eight, nine and ten of this act shall take effect April 1, 2018; provided that, effective immediately, the commissioner of health shall make regulations and take other actions reasonably necessary to implement such provisions on that date.

PART X

Section 1. This act shall be known and may be cited as the "clean water act of 2017".

§ 2. Intentionally omitted.

§ 2-a. The clean water bond act of 2017 is enacted to read as follows:

CLEAN WATER BOND ACT OF 2017

Section 1. Short title.
2. Creation of a state debt.
3. Bonds of the state.
4. Use of the moneys received.

Section 1. Short title. This act shall be known and may be cited as the "clean water bond act of 2017".

§ 2. Creation of a state debt. The creation of a state debt to an amount not exceeding in the aggregate five billion dollars ($5,000,000,000), is hereby authorized to provide moneys for the single purpose of preserving, enhancing, restoring and improving the quality of

the state's water by the accomplishment of projects and the funding of activities by state agencies, public authorities and public benefit corporations, municipalities, and other governmental entities and not-for-profit corporations exclusively through the implementation of the New York state regional water infrastructure improvement act of 2017.

Funds expended from moneys derived from the sale of bonds authorized in section three of this act that are later recovered under a state or federal superfund or through other means from polluters shall be repaid to satisfy any state debt created pursuant to this act.

§ 3. Bonds of the state. The state comptroller is hereby authorized and empowered to issue and sell bonds of the state to the amount of five billion dollars ($5,000,000,000), for the purpose of this act, subject to the provisions of article 5 of the state finance law.

The aggregate principal amount of such bonds shall not exceed five billion dollars ($5,000,000,000), excluding bonds issued to refund or otherwise repay bonds theretofore issued for such purpose; provided, however, that upon any such refunding or repayment the total aggregate principal amount of outstanding bonds may be greater than five billion dollars ($5,000,000,000), only if the present value of the aggregate debt service of the refunding or repayment bonds to be issued shall not exceed the present value of the aggregate debt service of the bonds to be refunded or repaid. The method for calculating present value shall be determined by law. Any funds expended from moneys derived from the sale of bonds pursuant to this section that are subsequently recovered under state or federal superfund or other methods from polluters shall be used to repay the bonds.

§ 4. Use of the moneys received. The moneys received by the state from the sale of bonds sold pursuant to this act shall be expended pursuant to the New York state regional water infrastructure improvement act of 2017.

§ 3. The public health law is amended by adding a new section 1113 to read as follows:

§ 1113. Lead service line replacement grant program. Notwithstanding section one hundred sixty-three of the state finance law or any inconsistent provision of law to the contrary, and within amounts appropriated therefor, the department shall award grants to municipalities without a formal competitive process, for purposes of replacing lead service lines used to supply drinking water. When determining which municipalities shall receive awards and the amount of such awards, the department shall consider for each municipality the cost of replacing lead service lines and the number of persons who receive drinking water from such service lines, and shall give priority to those municipalities with low-income communities, according to a methodology as shall be determined by the department.

§ 4. Article 27 of the environmental conservation law is amended by adding a new title 12 to read as follows:

TITLE 12

IMMEDIATE ABATEMENT, REMEDIATION AND INFRASTRUCTURE NEEDS

Section 27-1201. Solid waste management facility and drinking water investigation and remediation.

27-1203. Emergency infrastructure investigation and financial assistance grant program.

§ 27-1201. Solid waste management facility and drinking water investigation and remediation.

1. The department shall investigate an active or inactive solid waste management facility which is known or suspected of contributing to a

significant or imminent threat to the public health or welfare. After such investigation the department shall remediate any active or inactive solid waste management facility which is known to cause an imminent threat to the public health or welfare. Up to four million dollars over twenty-four months from the date of initial response shall be made available for such remediation projects. If the department determines that hazardous wastes at such site constitute a significant threat to the environment pursuant to section 27-1313 of this article, the commissioner shall pursuant to such section immediately require the development and implementation of a department-approved inactive hazardous waste disposal site remedial program.

2. The department shall investigate any area or structure which is known or suspected of causing or contributing to an exceedance of maximum contaminant level or other threshold level set by the department of health or otherwise recommended by the drinking water quality institute, at a current source of drinking water. After such investigation, if the department, in conjunction with the department of health, determines the area or structure is causing or contributing to an exceedance of any maximum contaminant level or other threshold level set by the department of health or recommended by the drinking water quality institute, the department shall institute remedial measures which may include the installation of treatment systems, including but not limited to installation of onsite water supplies, or the provision of alternative water supply sources to ensure that water meets applicable maximum contaminant levels or other threshold concentrations set by the department of health. Up to four million dollars over twenty-four months from the date of initial response shall be made available for such remediation projects. If the department determines hazardous wastes at such site constitute a significant threat to the environment pursuant to section 27-1313 of this article, the commissioner shall pursuant to such section immediately require the development and implementation of a department-approved inactive hazardous waste disposal site remedial program.

3. The department shall make all reasonable efforts to recover from a responsible person the full amount of any funds expended for investigation or remediation undertaken pursuant to subdivision one or two of this section, provided however that recovery is not authorized for investigation or remediation costs incurred pursuant to subdivision one or two of this section where such investigation does not reveal an imminent threat to public health or welfare, or an exceedance of any maximum contaminant level or other threshold warranting remediation. Nothing in this subdivision shall limit the department's ability to recover from a responsible person the department's costs associated with investigating or remediating an inactive hazardous waste disposal site pursuant to title thirteen of this article.

§ 27-1203. Emergency infrastructure investigation and financial assistance grant program.

The department shall, within amounts appropriated therefor, create an emergency infrastructure investigation and financial assistance grant program. Upon a municipality's request, the department shall investigate any situation in which the state of the municipality's infrastructure is causing or may cause an imminent threat to the public health or welfare, or the environment. After such investigation, if the department determines the state of the infrastructure is or may result in harm to the public health or welfare, or to the environment, grants of up to one hundred percent of infrastructure construction, updating, replacement, or repair shall be made for any infrastructure project that will elimi-

nate or substantially reduce such harm. Nothing in this section shall prohibit a municipality from eligibility for other infrastructure funding provided by the state.

§ 4-a. Subdivision 3 of section 27-1309 of the environmental conservation law, as amended by section 4 of part E of chapter 1 of the laws of 2003, is amended to read as follows:

3. Any duly designated officer or employee of the department, or of any state agency, and any agent, consultant, contractor, or other person, including an employee, agent, consultant, or contractor of a responsible person acting at the direction of the department, so authorized in writing by the commissioner, may enter any inactive hazardous waste disposal site **or area where the disposal of wastes may pose an imminent threat to the public health or environment** and areas near such site and inspect and take samples of wastes, soils, air, surface water, and groundwater. In order to take such samples, the department or authorized person may utilize or cause to be utilized such sampling methods as it determines to be necessary including, but not limited to, soil borings and monitoring wells.

§ 4-b. Sections four-b through four-f of this act shall be known and may be cited as the "New York state regional water infrastructure improvement act of 2017".

§ 4-c. For purposes of sections four-b through four-f of this act:

1. "water quality infrastructure project" shall mean "sewage treatment works" as defined in section 17-1903 of the environmental conservation law, "eligible project" as defined in paragraphs (a), (b), (c) and (e) of subdivision 4 of section 1160 of the public health law, or "stormwater collecting system" as defined in subdivision 27 of section 56-0101 of the environmental conservation law.

2. "construction" shall mean:

(a) For sewage treatment works, the same meaning as defined in section 17-1903 of the environmental conservation law;

(b) For eligible projects, the same meaning as defined in section 1160 of the public health law; and

(c) For stormwater collecting systems the erection, building, acquisition, alteration, reconstruction, improvement or extension of such systems; the inspection and supervision thereof; and the engineering, architectural, legal, fiscal and economic investigations and studies, surveys, designs, plans, working drawings, specifications, procedures, and other actions necessary thereto.

3. "municipality" shall mean any county, city, town, village, district corporation, county or town improvement district, school district, Indian nation or tribe recognized by the state or the United States with a reservation wholly or partly within the boundaries of New York state, any public benefit corporation or public authority established pursuant to the laws of New York or any agency of New York state which is empowered to construct and operate a water quality infrastructure project, or any two or more of the foregoing which are acting jointly in connection with a water quality infrastructure project.

4. "corporation" shall mean the environmental facilities corporation.

§ 4-d. 1. The corporation shall undertake and provide financial assistance payments, from funds appropriated for such purpose, to municipalities in support of projects provided, however, in any such year each municipal project shall be eligible to receive up to ten million dollars of appropriated funds. Such state financial assistance payments shall be awarded only to projects for:

(a) clean water through the protection of the state's watersheds and natural resources; and drinking water supply protection, and water quality related research and development;

(b) for clean water infrastructure for water quality improvement projects for repairing, replacing and updating and new construction of New York state's municipal stormwater, wastewater and drinking water infrastructures, updating and replacing septic systems or compliance with environmental and public health laws and regulations related to water quality; or

(c) The implementation of new filtration systems and water testing, and other measures necessary for areas that suspect or know they have a contamination issue and have not yet received superfund status.

2. Any state financial assistance payment awarded pursuant to this subdivision shall not exceed ninety percent of the project cost, with the exception of financial assistance payments awarded pursuant to section four-f of this section.

3. A municipality may make an application for such state financial assistance payment, in a manner, form and timeframe and containing such information as the environmental facilities corporation may require provided however, such requirements shall not include a requirement for prior listing on the intended use plan.

4. A municipality shall not be required to accept environmental facilities corporation loan financing in order to obtain a state financial assistance payment pursuant to this act if it can provide proof of having obtained similarly low cost financing or other funding from another source.

5. An applicant shall have the option of including a project for which the application is made under this act within the design, creation, or implementation of a plan for municipal consolidation between the applicant and one or more municipalities, provided, however that the corporation shall be prohibited from requiring any project be included in such plan, requiring any project to include or establish such plan, or otherwise giving preference to projects included in such plans as a condition when awarding grants.

6. In awarding such state financial assistance payments, the corporation shall consider and give preference to municipalities that meet the hardship criteria established by the corporation pursuant to section 1285-m of the public authorities law and projects that result in the greatest water quality improvement or greatest reduction in serious risk to public health. For the purposes of sections four-b through four-e of this act, the hardship criteria of section 1285-m of the public authorities law shall also apply to sewage treatment works defined in section 17-1903 of the environmental conservation law, and stormwater collecting systems as defined in section four-c of this act. After the effective date of this act, all previous applications submitted through the water infrastructure improvement act of 2015 and not yet awarded shall be deemed to have applied through this act.

§ 4-e. 1. The corporation shall, in cooperation with the commissioner of environmental conservation, develop a program to encourage the updating, replacement, improvement and installation of new septic systems.

2. The program created pursuant to this section shall include rebates for the updating, replacement, improvement and installation of new septic systems.

3. Within one year of the effective date of this section, the corporation shall implement and administer this section including rules relating to the forms required to claim a rebate, the required documen-

tation for establishing eligibility for a rebate, procedures and guidelines for claiming a rebate, and the collection of economic impact data from applicants and any other requirements the corporation deems necessary. The corporation shall determine and publish on its website on an ongoing basis the amount of available funding for rebates remaining in each fiscal year.

4. No later than April 1, 2019, and annually thereafter, the corporation shall issue a report to the temporary president of the senate, the speaker of the assembly, the chair of the senate committee on environmental conservation, the chair of the senate committee on health, the chair of the assembly committee on environmental conservation, and the chair of the assembly committee on health detailing the status of its program to encourage the updating, replacement, and installation of new septic systems. Such report shall include:

(a) the amount of funding dedicated by the environmental facilities corporation for the program in the preceding year;

(b) the amount of eligible purchases for which a rebate was awarded;

(c) the amount and geographic distribution of rebates; and

(d) any other information the corporation deems necessary.

§ 4-f. The corporation shall undertake and provide state financial assistance payments, from funds appropriated for such purpose, for other water infrastructure improvement projects that do not satisfy or exceed criteria established in section 4-d of this act but are in accordance with a plan approved in memorandum of understanding executed by the director of the budget, the speaker of the assembly, and the temporary president of the senate.

§ 5. Subdivisions 1, 2 and 6 and paragraphs (i) and (j) of subdivision 3 of section 97-b of the state finance law, subdivision 1 as amended and paragraph (j) of subdivision 3 as added by section 4 of part I of chapter 1 of the laws of 2003, subdivision 2 as amended by section 5 of part X of chapter 58 of the laws of 2015, paragraph (i) of subdivision 3 as amended by section 1 of part R of chapter 59 of the laws of 2007, subdivision 6 as amended by chapter 38 of the laws of 1985, are amended and a new paragraph (k) is added to subdivision 3 to read as follows:

1. There is hereby established in the custody of the state comptroller a nonlapsing revolving fund to be known as the "hazardous waste remedial fund", which shall consist of [~~a "site investigation and construction account",~~] an "industry fee transfer account", an "environmental restoration project account", "hazardous waste cleanup account", [~~and~~] a "hazardous waste remediation oversight and assistance account" **and a "solid waste and drinking water emergency action account"**.

2. Such fund shall consist of all of the following:

(a) [~~moneys appropriated for transfer to the fund's site investigation and construction account; (b) all fines and other sums accumulated in the fund prior to April first, nineteen hundred eighty-eight pursuant to section 71-2725 of the environmental conservation law for deposit in the fund's site investigation and construction account; (c)~~] all moneys collected or received by the department of taxation and finance pursuant to section 27-0923 of the environmental conservation law for deposit in the fund's industry fee transfer account; [~~(d)~~] **(b)** all moneys paid into the fund pursuant to section 72-0201 of the environmental conservation law which shall be deposited in the fund's industry fee transfer account; [~~(e)~~] **(c)** all moneys paid into the fund pursuant to paragraph (b) of subdivision one of section one hundred eighty-six of the navigation law which shall be deposited in the fund's industry fee transfer account; [~~(f)~~] **(d)** all [~~monies~~] **moneys** recovered under sections 56-0503,

56-0505 and 56-0507 of the environmental conservation law into the fund's environmental restoration project account; [~~(g)~~] **(e)** all fees paid into the fund pursuant to section 72-0402 of the environmental conservation law which shall be deposited in the fund's industry fee transfer account; [~~(h)~~] **(f)** payments received for all state costs incurred in negotiating and overseeing the implementation of brownfield site cleanup agreements pursuant to title fourteen of article twenty-seven of the environmental conservation law shall be deposited in the hazardous waste remediation oversight and assistance account; **(g) all moneys recovered pursuant to title twelve of article twenty-seven of the environmental conservation law into the fund's solid waste and drinking water emergency action account** and [~~(i)~~] **(h)** other moneys credited or transferred thereto from any other fund or source for deposit in the fund's [~~site investigation and construction~~] **hazardous waste cleanup** account.

(i) with respect to moneys in the hazardous waste remediation oversight and assistance account, non-bondable costs associated with hazardous waste remediation projects. Such costs shall be limited to agency staff costs associated with the administration of state assistance for brownfield opportunity areas pursuant to section nine hundred seventy-r of the general municipal law, agency staff costs associated with the administration of technical assistance grants pursuant to titles thirteen and fourteen of article twenty-seven of the environmental conservation law, and costs of the department of environmental conservation related to the geographic information system required by section 3-0315 of the environmental conservation law; [~~and~~]

(j) with respect to moneys in the hazardous waste remediation oversight and assistance account, technical assistance grants pursuant to titles thirteen and fourteen of article twenty-seven of the environmental conservation law[~~.~~]**; and**

(k) With respect to moneys in the solid waste and drinking water emergency action account, when allocated, shall be available to the department of environmental conservation to undertake investigation and/or remediation as the department of environmental conservation may determine necessary due to environmental conditions related to a solid waste site pursuant to title twelve of article twenty-seven of the environmental conservation law which indicates that conditions on such property are impairing drinking water quality, ground water quality or creating other environmental contamination and to ensure the provision of safe drinking water in areas determined to have drinking water contamination by the department of health.

6. The commissioner of the department of environmental conservation shall make all reasonable efforts to recover the full amount of any funds expended from the fund pursuant to paragraph (a) **and paragraph (k)** of subdivision three of this section through litigation or cooperative agreements with responsible persons. Any and all moneys recovered or reimbursed pursuant to this section through voluntary agreements or court orders shall be deposited with the comptroller and credited to the account of such fund from which such expenditures were made.

§ 6. Intentionally omitted.

§ 7. Intentionally omitted.

§ 8. Section 1285-q of the public authorities law, as added by section 6 of part I of chapter 1 of the laws of 2003, subdivisions 1 and 3 as amended by section 43 of part BB of chapter 56 of the laws of 2015, is amended to read as follows:

§ 1285-q. Financing of hazardous waste site remediation **and solid waste and drinking water emergency action site** projects. In order to effectuate the purposes of this title, the corporation shall have the following additional special powers:

1. Subject to chapter fifty-nine of the laws of two thousand, but notwithstanding any other provisions of law to the contrary, in order to assist the corporation in undertaking the administration and the financing of hazardous waste site remediation projects for payment of the state's share of the costs of the remediation of hazardous waste sites **and solid waste and drinking water emergency action sites**, in accordance with [~~title~~] **titles twelve and** thirteen of article twenty-seven of the environmental conservation law and section ninety-seven-b of the state finance law, and for payment of state costs associated with the remediation of offsite contamination at significant threat sites as provided in section 27-1411 of the environmental conservation law, and beginning in state fiscal year two thousand fifteen - two thousand sixteen for environmental restoration projects pursuant to title five of article fifty-six of the environmental conservation law provided that funding for such projects shall not exceed ten percent of the funding appropriated for the purposes of financing hazardous waste site remediation projects, pursuant to [~~title~~] **titles twelve and** thirteen of article twenty-seven of the environmental conservation law in any state fiscal year pursuant to capital appropriations made to the department of environmental conservation, the director of the division of budget and the corporation are each authorized to enter into one or more service contracts, none of which shall exceed twenty years in duration, upon such terms and conditions as the director and the corporation may agree, so as to annually provide to the corporation in the aggregate, a sum not to exceed the annual debt service payments and related expenses required for any bonds and notes authorized pursuant to section twelve hundred ninety of this title. Any service contract entered into pursuant to this section shall provide that the obligation of the state to fund or to pay the amounts therein provided for shall not constitute a debt of the state within the meaning of any constitutional or statutory provision and shall be deemed executory only to the extent of moneys available for such purposes, subject to annual appropriation by the legislature. Any such service contract or any payments made or to be made thereunder may be assigned and pledged by the corporation as security for its bonds and notes, as authorized pursuant to section twelve hundred ninety of this title.

2. The comptroller is hereby authorized to receive from the corporation any portion of bond proceeds paid to provide funds for or reimburse the state for its costs associated with any hazardous waste site remediation **and solid waste and drinking water emergency action** projects and to credit such amounts to the capital projects fund or any other appropriate fund.

3. The maximum amount of bonds that may be issued for the purpose of financing hazardous waste site remediation **and solid waste and drinking water emergency action** projects and environmental restoration projects authorized by this section shall not exceed two billion two hundred million dollars and shall not exceed one hundred million dollars for appropriations enacted for any state fiscal year, provided that the bonds not issued for such appropriations may be issued pursuant to reappropriation in subsequent fiscal years. No bonds shall be issued for the repayment of any new appropriation enacted after March thirty-first, two thousand twenty-six for hazardous waste site remediation projects

authorized by this section. Amounts authorized to be issued by this section shall be exclusive of bonds issued to fund any debt service reserve funds, pay costs of issuance of such bonds, and bonds or notes issued to refund or otherwise repay bonds or notes previously issued. Such bonds and notes of the corporation shall not be a debt of the state, and the state shall not be liable thereon, nor shall they be payable out of any funds other than those appropriated by this state to the corporation for debt service and related expenses pursuant to any service contracts executed pursuant to subdivision one of this section, and such bonds and notes shall contain on the face thereof a statement to such effect.

§ 9. Subdivision 9 of section 97-b of the state finance law is REPEALED.

§ 10. Subdivision 4 of section 52-0303 of the environmental conservation law, as added by chapter 512 of the laws of 1986, is amended to read as follows:

4. A provision that in the event that any federal payments and responsible party payments become available which were not included in the calculation of the state share pursuant to subdivision two of this section, the amount of the state share shall be recalculated accordingly and the municipality shall pay to the state for deposit in the [~~design and construction~~] **hazardous waste cleanup** account of the hazardous waste remedial fund established under section ninety-seven-b of the state finance law the amount by which the state payment actually made exceeds the recalculated state share.

§ 11. The opening paragraph, and paragraphs i and j of subdivision 4 of section 27-1305 of the environmental conservation law, as amended by section 3 of part E of chapter 1 of the laws of 2003, are amended to read as follows:

On or before July first, nineteen hundred eighty-six and July first of each succeeding year, the department shall prepare a status report on the implementation of the plan, and an update of the policies, program objectives, methods and strategies as outlined in the plan which guide the overall inactive hazardous waste site remediation program **and solid waste site and drinking water emergency action investigation and remediation programs**. Such status report shall reflect information available to the department as of March thirty-first of each year, and shall include an accounting of all [~~monies~~] **moneys** expended or encumbered from the environmental quality bond act of nineteen hundred eighty-six or the hazardous waste remedial fund during the preceding fiscal year, such accounting to separately list:

i. [~~monies~~] **moneys** expended or encumbered in stand-by contracts entered into pursuant to section 3-0309 of this chapter and the purposes for which these stand-by contracts were entered into; [~~and~~]

j. **moneys expended or encumbered pursuant to title twelve of this article; and**

k. an accounting of payments received and payments obligated to be received pursuant to this title **and title twelve of this article**, and a report of the department's attempts to secure such obligations.

§ 12. Intentionally omitted.

§ 13. Intentionally omitted.

§ 14. The section heading and subdivision 1 of section 27-1316 of the environmental conservation law, as added by section 8 of part E of chapter 1 of the laws of 2003, are amended to read as follows:

[~~Citizen technical~~] **Technical** assistance grants.

1. The commissioner is authorized to provide, or order a person acting under order or on consent, to provide grants to any **eligible municipality or** not-for-profit corporation exempt from taxation under section 501(c)(3) of the internal revenue code who may be affected by an inactive hazardous waste disposal site remedial program. To qualify to receive such assistance, a community group must demonstrate that its membership represents the interests of the community affected by such site, and that members'**, or in the case of a municipality its residents,** health, economic well-being or enjoyment of the environment are potentially affected by such site. **An eligible municipality shall be a county, city, town, village, or Indian tribe or nation residing within New York state, with a population of ten thousand or less, provided, however, that the department may make a municipality eligible if it determines that a municipality is a hardship community. A municipality shall not be eligible for a grant for any site which is owned or has been operated by such municipality.** Such grants shall be known as technical assistance grants and may be used to obtain technical assistance in interpreting information with regard to the nature of the hazard posed by hazardous waste located at or emanating from an inactive hazardous waste disposal site or sites and the development and implementation of an inactive hazardous waste disposal site remedial program or programs. Such grants may also be used:

(a) to advise affected residents on any health assessment; and

(b) for training funds for the education of interested affected community members **or municipality** to enable them to more effectively participate in the remedy selection process.

Grants awarded under this section may not be used for the purposes of collecting field sampling data, political activity or lobbying legislative bodies.

§ 15. Subdivision 1 of section 27-1321 of the environmental conservation law, as amended by section 22 of part G of chapter 58 of the laws of 2012, is amended to read as follows:

1. Notwithstanding any other provision of law to the contrary, any person who is, by professional training or experience and attainment, qualified to analyze and interpret matters pertaining to the treatment, storage, disposal, or transport of hazardous materials or hazardous wastes, and who voluntarily and without expectation of monetary compensation provides assistance or advice in mitigating the effects of an accidental or threatened discharge of any hazardous materials or hazardous wastes, or in preventing, cleaning up, or disposing of any such discharge, shall not be subject to a penalty or to civil liability for damages or injuries alleged to have been sustained by any person or entity by reason of an act or omission in the giving of such assistance or advice. For the purposes of this section, the term "hazardous materials" shall have the same meaning as that term is defined in regulations promulgated by the commissioner of transportation pursuant to section fourteen-f of the transportation law, and the term "hazardous wastes" shall mean those wastes identified or listed pursuant to **subdivision one of** section [~~**27-0903**~~] **27-1301** of this article and any rules and regulations promulgated thereunder.

§ 16. Intentionally omitted.

§ 17. Paragraph a of subdivision 1 of section 71-2725 of the environmental conservation law is REPEALED.

§ 18. Intentionally omitted.

§ 18-a. Concentrated animal feeding operations assistance program. Notwithstanding any provision of law to the contrary, and within amounts

appropriated therefor, the department shall provide financial assistance to soil and water conservation districts for the reimbursement of costs for the construction of manure storage facilities for farms or other entities designated as concentrated animal feeding operations for the purpose of being in compliance with federal and state environmental regulations.

§ 19. Section 15-1303 of the environmental conservation law is amended by adding a new subdivision 7 to read as follows:

7. Establish, in conjunction with the commissioner of health, an online tracking and mapping system for New York water, which shall include but not be limited to, two separate databases: one to track both federally regulated contaminants and emerging contaminants as defined by paragraph (a) of subdivision 2 of section 1112 of the public health law, where they have been detected and at what levels, and another to track remediation and infrastructure needs, projects past and present and areas with ongoing water issues. The commissioner shall also include information recommended by the drinking water quality institute established under section 267 of the public health law within the tracking and mapping system and shall report annually to such institute, beginning no later than April first, two thousand eighteen.

§ 20. If any clause, sentence, paragraph, section or part of this act shall be adjudged by any court of competent jurisdiction to be invalid, such judgment shall not affect, impair or invalidate the remainder thereof, but shall be confined in its operation to the clause, sentence, paragraph, section or part thereof directly involved in the controversy in which such judgment shall have been rendered.

§ 21. This act shall take effect immediately; provided, however, that:

(a) section two-a of this act shall not take effect unless and until it shall have been submitted to the people at the general election to be held in November 2018, and shall have received a majority of all votes cast for and against it at such election. Upon approval by the people, section two-a of this act shall take effect immediately.

The ballots to be furnished for the use of voters upon submission of section two-a of this act shall be in the form prescribed by the election law and the proposition or question to be submitted shall be printed thereon in substantially the following form, namely, "Shall section 2-a of part X of chapter (here insert the number of the chapter) of the laws of 2017, known as the clean water bond act of 2017, authorizing the creation of a state debt in the amount of five billion dollars ($5,000,000,000), to provide moneys exclusively for the implementation of the New York state regional water infrastructure improvement act of 2017 be approved?"; and

(b) sections four-b, four-c, four-d, four-e and four-f of this act shall take effect April 1, 2017.

§ 2. Severability clause. If any clause, sentence, paragraph, subdivision, section or part of this act shall be adjudged by any court of competent jurisdiction to be invalid, such judgment shall not affect, impair, or invalidate the remainder thereof, but shall be confined in its operation to the clause, sentence, paragraph, subdivision, section or part thereof directly involved in the controversy in which such judgment shall have been rendered. It is hereby declared to be the intent of the legislature that this act would have been enacted even if such invalid provisions had not been included herein.

§ 3. This act shall take effect immediately provided, however, that the applicable effective date of Parts A through X of this act shall be as specifically set forth in the last section of such Parts.