

STATE OF NEW YORK

S. 7507

A. 9507

SENATE - ASSEMBLY

January 22, 2020

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

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

AN ACT to amend the New York Health Care Reform Act of 1996, in relation to extending certain provisions relating thereto; to amend the public health law, in relation to health care initiative pool distributions; 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 and the state financial law in relation to eliminating programs that do not support the department of health's core mission; to amend the public health law, in relation to payments for uncompensated care to certain voluntary non-profit diagnostic and treatment centers; to amend the public health law, in relation to the distribution pool allocations and graduate medical education; to amend the public health law, in relation to the assessments on covered lives; to amend the public health law, in relation to tobacco control and insurance initiatives 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 extending the effectiveness of certain provisions thereof; 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 social services law, in relation to extending payment provisions for general hospitals; to amend the public health law, in relation to extending payment provisions for certain medical assistance rates for certified home health agencies; to amend the social services law, in relation to extending payment provisions for certain personal care services medical assistance rates; to amend chapter 517 of the laws of 2016 amending the public health law relating to payments from the New York state medical indemnity fund, in relation to the effectiveness thereof; and to repeal certain provisions of the public health law relating

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

LBD12671-01-0

to funding for certain programs (Part A); to repeal subdivision 9 of section 2803 of the public health law, relating to the department of health's requirement to audit the number of working hours for hospital residents (Part B); to amend the insurance law, in relation to creating a pay and pursue model within the early intervention program (Part C); to amend the social services law, in relation to limiting the availability of enhanced quality of adult living program ("EQUAL") grants (Part D); to amend the public health law, in relation to eliminating programs that do not support the department of health's core mission; to amend the state finance law, in relation to transferring responsibility for the autism awareness and research fund to the office for people with developmental disabilities; to amend the public health law, the mental hygiene law, the insurance law and the labor law, in relation to transferring responsibility for the comprehensive care centers for eating disorders to the office of mental health; and to repeal certain provisions of the public health law relating to funding for certain programs (Part E); to amend chapter 59 of the laws of 2016 amending the public health law and other laws relating to electronic prescriptions, 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; 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; to amend the public health law, in relation to issuance of certificates of authority to accountable care organizations; to amend chapter 59 of the laws of 2016, amending the social services law and other laws relating to authorizing the commissioner of health to apply federally established consumer price index penalties for generic drugs, and authorizing the commissioner of health to impose penalties on managed care plans for reporting late or incorrect encounter data, in relation to the effectiveness of certain provisions of such chapter; to amend part B of chapter 57 of the laws of 2015, amending the social services law and other laws relating to supplemental rebates, in relation to the effectiveness thereof; to amend chapter 57 of the laws of 2019, amending the public health law relating to waiver of certain regulations, in relation to the effectiveness thereof; 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 extending the effectiveness of certain provisions thereof; 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 extending the effectiveness of certain provisions thereof; to amend chapter 58 of the laws of 2008, amending the social services law and the public health law relating to adjustments of rates, in relation to extending the date of the expiration of certain provisions thereof; and to amend part B of chapter 57 of the laws of 2015, amending the social services law and other laws relating to supplemental rebates; in relation to the effectiveness thereof (Part F); to amend the insurance law, in relation to prescription drug pricing and creating a drug accountability board (Part G); to amend the education law, in relation to clarifying the tasks that can be performed by a licensed pharmacy technician (Part H); to amend the education law, in relation to orders or non-patient specific regimens to pharmacists for administering immunizations; to amend chapter 563 of the laws of 2008, amending the education law and the public health law relating to immunizing agents to be administered to adults by pharmacists, in relation to making the provisions permanent; to amend chapter 116 of the laws of 2012, amending the education law relating to authorizing a licensed pharmacist and certified nurse practitioner to administer certain immunizing agents, in relation to making certain provisions permanent; to amend chapter 274 of the laws of 2013, amending the education law relating to authorizing a licensed pharmacist and certified nurse practitioner to administer meningococcal disease immunizing agents, in relation to the effectiveness thereof; and to amend chapter 21 of the laws of 2011, amending the education law relating to authorizing pharmacists to perform collaborative drug therapy management with physicians in certain settings, in relation to making certain provisions permanent (Part I); to amend the insurance law, in relation to denial of payment for certain medically necessary hospital services, claims payment timeframes and payment of interest, payment and billing for out-of-network hospital emergency services, claims payment performance and creation of a workgroup to study health care administrative simplification; to amend the public health law, the insurance law, the financial services law and the civil practice law and rules, in relation to provisional credentialing of physicians and utilization review determinations and prior authorization; and to repeal certain provisions of the financial services law relating thereto (Part J); to amend the public health law, in relation to the state's physician profiles (Part K); to amend the education law and the public health law, in relation to enhancing the ability of the department of education to investigate, discipline, and monitor licensed physicians, physician assistants, and specialist assistants (Part L); to amend the public health law, in relation to the state's schedules of controlled substances (Part M); to amend the public health law, in relation to general hospital and nursing home requirements to establish antibiotic stewardship programs and antimicrobial resistance and infection prevention training programs (Part N); to amend the public health law, in relation to expanding the Sexual Assault Forensic Examiner (SAFE) Program to all New York state hospitals with an emergency department (Part O); to amend the public health law and the labor law, in relation to the state's modernization of environmental health fee (Part P); to amend the public health law, the education law, the general business law and the tax law, in relation to the tobacco and electronic cigarette omnibus state of the state proposal; and to repeal certain provisions of the public health law relating thereto (Part Q); to amend the social services law, in relation to certain Medicaid management; authorizing the director of

the division of the budget to direct the commissioner of health to distribute enhanced federal match assistance percentage payments to social services districts; and relating to state expenditures (Part R); to amend the public health law, in relation to adding a three percent surcharge to construction approval applications (Part S); 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 excess insurance coverage and extending the effectiveness of certain provisions thereof; and to amend part H of chapter 57 of the laws of 2017, amending the New York Health Care Reform Act of 1996 and other laws relating to extending certain provisions relating thereto, in relation to extending provisions relating to excess coverage (Part T); to amend the insurance law, in relation to the licensing of pharmacy benefit managers (Part U); to amend the mental hygiene law, in relation to admission to residential treatment facilities (RTF) for children and youth (Part V); to amend the criminal procedure law, in relation to including mental health units operating within a local correctional facility within the definition of "appropriate institution" under certain circumstances (Part W); to authorize the transfer of certain office of mental health employees to the secure treatment rehabilitation center (Part X); to amend the mental hygiene law, in relation to the amount of time an individual may be held for emergency observation, care, and treatment in CPEP and the implementation of satellite sites, to amend chapter 723 of the laws of 1989 amending the mental hygiene law and other laws relating to comprehensive psychiatric emergency programs, in relation to the effectiveness of certain provisions thereof; and to repeal paragraphs 4 and 8 of subdivision (a), and subdivision (i) of section 31.27 of the mental hygiene law, relating thereto (Part Y); to amend the insurance law, in relation to promulgating rules and regulations to establish mental health and substance use disorder parity compliance requirements; and to amend the state finance law and public health law, in relation to establishing the behavioral health parity compliance fund (Part Z); to amend the social services law, in relation to the requirement to check the statewide central register of child abuse and maltreatment for every subject of a reported allegation of abuse or neglect (Part AA); and to amend the mental hygiene law, the social services law and the public health law, in relation to providers of service (Part BB)

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

1 Section 1. This act enacts into law major components of legislation
2 necessary to implement the state health and mental hygiene budget for
3 the 2020-2021 state fiscal year. Each component is wholly contained
4 within a Part identified as Parts A through BB. The effective date for
5 each particular provision contained within such Part is set forth in the
6 last section of such Part. Any provision in any section contained within
7 a Part, including the effective date of the Part, which makes a refer-
8 ence to a section "of this act", when used in connection with that
9 particular component, shall be deemed to mean and refer to the corre-
10 sponding section of the Part in which it is found. Section three of this
11 act sets forth the general effective date of this act.

1

PART A

2 Section 1. Section 34 of part A3 of chapter 62 of the laws of 2003
3 amending the general business law and other laws relating to enacting
4 major components necessary to implement the state fiscal plan for the
5 2003-04 state fiscal year, as amended by section 14 of part H of chapter
6 57 of the laws of 2017, is amended to read as follows:

7 § 34. (1) Notwithstanding any inconsistent provision of law, rule or
8 regulation and effective April 1, 2008 through March 31, ~~2020~~ 2023,
9 the commissioner of health is authorized to transfer and the state comp-
10 troller is authorized and directed to receive for deposit to the credit
11 of the department of health's special revenue fund - other, health care
12 reform act (HCRA) resources fund - 061, provider collection monitoring
13 account, within amounts appropriated each year, those funds collected
14 and accumulated pursuant to section 2807-v of the public health law,
15 including income from invested funds, for the purpose of payment for
16 administrative costs of the department of health related to adminis-
17 tration of statutory duties for the collections and distributions
18 authorized by section 2807-v of the public health law.

19 (2) Notwithstanding any inconsistent provision of law, rule or regu-
20 lation and effective April 1, 2008 through March 31, ~~2020~~ 2023, the
21 commissioner of health is authorized to transfer and the state comp-
22 troller is authorized and directed to receive for deposit to the credit
23 of the department of health's special revenue fund - other, health care
24 reform act (HCRA) resources fund - 061, provider collection monitoring
25 account, within amounts appropriated each year, those funds collected
26 and accumulated and interest earned through surcharges on payments for
27 health care services pursuant to section 2807-s of the public health law
28 and from assessments pursuant to section 2807-t of the public health law
29 for the purpose of payment for administrative costs of the department of
30 health related to administration of statutory duties for the collections
31 and distributions authorized by sections 2807-s, 2807-t, and 2807-m of
32 the public health law.

33 (3) Notwithstanding any inconsistent provision of law, rule or regu-
34 lation and effective April 1, 2008 through March 31, ~~2020~~ 2023, the
35 commissioner of health is authorized to transfer and the comptroller is
36 authorized to deposit, within amounts appropriated each year, those
37 funds authorized for distribution in accordance with the provisions of
38 paragraph (a) of subdivision 1 of section 2807-l of the public health
39 law for the purposes of payment for administrative costs of the depart-
40 ment of health related to the child health insurance plan program
41 authorized pursuant to title 1-A of article 25 of the public health law
42 into the special revenue funds - other, health care reform act (HCRA)
43 resources fund - 061, child health insurance account, established within
44 the department of health.

45 ~~[(4) Notwithstanding any inconsistent provision of law, rule or regu-~~
46 ~~lation and effective April 1, 2008 through March 31, 2020, the commis-~~
47 ~~sioner of health is authorized to transfer and the comptroller is~~
48 ~~authorized to deposit, within amounts appropriated each year, those~~
49 ~~funds authorized for distribution in accordance with the provisions of~~
50 ~~paragraph (e) of subdivision 1 of section 2807-l of the public health~~
51 ~~law for the purpose of payment for administrative costs of the depart-~~
52 ~~ment of health related to the health occupation development and work-~~
53 ~~place demonstration program established pursuant to section 2807-h and~~
54 ~~the health workforce retraining program established pursuant to section~~
55 ~~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, ~~[2020]~~ 2023, 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, ~~[2020]~~ 2023, 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, ~~[2020]~~ 2023, 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, ~~[2020]~~ 2023, 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, ~~[2020]~~ 2023, the commissioner of health is authorized to transfer and the comptroller is authorized to deposit, within amounts appropriated each year, those

1 funds authorized pursuant to sections 2807-d, 3614-a and 3614-b of the
2 public health law and section 367-i of the social services law and for
3 distribution in accordance with the provisions of subdivision 9 of
4 section 2807-j of the public health law for the purpose of payment for
5 administration of statutory duties for the collections and distributions
6 authorized by sections 2807-c, 2807-d, 2807-j, 2807-k, 2807-l, 3614-a
7 and 3614-b of the public health law and section 367-i of the social
8 services law into the special revenue funds - other, health care reform
9 act (HCRA) resources fund - 061, provider collection monitoring account,
10 established within the department of health.

11 § 2. Subparagraphs (iv) and (v) of paragraph (a) of subdivision 9 of
12 section 2807-j of the public health law, as amended by section 5 of part
13 H of chapter 57 of the laws of 2017, are amended to read as follows:

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

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

21 § 3. Subdivision 5 of section 168 of chapter 639 of the laws of 1996,
22 constituting the New York Health Care Reform Act of 1996, as amended by
23 section 1 of part H of chapter 57 of the laws of 2017, is amended to
24 read as follows:

25 5. sections 2807-c, 2807-j, 2807-s and 2807-t of the public health
26 law, as amended or as added by this act, shall expire on December 31,
27 [~~2020~~] 2023, and shall be thereafter effective only in respect to any
28 act done on or before such date or action or proceeding arising out of
29 such act including continued collections of funds from assessments and
30 allowances and surcharges established pursuant to sections 2807-c,
31 2807-j, 2807-s and 2807-t of the public health law, and administration
32 and distributions of funds from pools established pursuant to sections
33 2807-c, 2807-j, 2807-k, 2807-l, 2807-m, 2807-s and 2807-t of the public
34 health law related to patient services provided before December 31,
35 [~~2020~~] 2023, and continued expenditure of funds authorized for programs
36 and grants until the exhaustion of funds therefor;

37 § 4. Subdivision 1 of section 138 of chapter 1 of the laws of 1999,
38 constituting the New York Health Care Reform Act of 2000, as amended by
39 section 2 of part H of chapter 57 of the laws of 2017, is amended to
40 read as follows:

41 1. sections 2807-c, 2807-j, 2807-s, and 2807-t of the public health
42 law, as amended by this act, shall expire on December 31, [~~2020~~] 2023,
43 and shall be thereafter effective only in respect to any act done before
44 such date or action or proceeding arising out of such act including
45 continued collections of funds from assessments and allowances and
46 surcharges established pursuant to sections 2807-c, 2807-j, 2807-s and
47 2807-t of the public health law, and administration and distributions of
48 funds from pools established pursuant to sections 2807-c, 2807-j,
49 2807-k, 2807-l, 2807-m, 2807-s, 2807-t, 2807-v and 2807-w of the public
50 health law, as amended or added by this act, related to patient services
51 provided before December 31, [~~2020~~] 2023, and continued expenditure of
52 funds authorized for programs and grants until the exhaustion of funds
53 therefor;

54 § 5. Section 2807-l of the public health law, as amended by section
55 21 of part H of chapter 57 of the laws of 2017, is amended to read as
56 follows:

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

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

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

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

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

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

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

1 million four hundred ninety-two thousand dollars annually for the period
2 January first, two thousand seven through December thirty-first, two
3 thousand ten, up to five million one hundred twenty-three thousand
4 dollars for the period January first, two thousand eleven through March
5 thirty-first, two thousand eleven, up to eighteen million three hundred
6 fifty thousand dollars for the period April first, two thousand eleven
7 through March thirty-first, two thousand twelve, up to eighteen million
8 nine hundred fifty thousand dollars for the period April first, two
9 thousand twelve through March thirty-first, two thousand thirteen, up to
10 nineteen million four hundred nineteen thousand dollars for the period
11 April first, two thousand thirteen through March thirty-first, two thou-
12 sand fourteen, and up to nineteen million six hundred fifty-nine thou-
13 sand seven hundred dollars each state fiscal year for the period of
14 April first, two thousand fourteen through March thirty-first, two thou-
15 sand [~~twenty~~] twenty-three;

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

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

(v) deposit by the commissioner, within amounts appropriated, and the state comptroller is hereby authorized and directed to receive for

1 deposit to, to the credit of the department of health's special revenue
2 fund - other, miscellaneous special revenue fund - 339 maternal and
3 child HIV services account or the health care reform act (HCRA)
4 resources fund, whichever is applicable, for purposes of a special
5 program for HIV services for women and children, including adolescents
6 pursuant to section twenty-five hundred-f-one of this chapter, up to
7 five million dollars annually for the periods January first, two thou-
8 sand through December thirty-first, two thousand two, up to five million
9 dollars for the period January first, two thousand three through Decem-
10 ber thirty-first, two thousand three, up to two million five hundred
11 thousand dollars for the period January first, two thousand four through
12 December thirty-first, two thousand four, up to two million five hundred
13 thousand dollars for the period January first, two thousand five through
14 December thirty-first, two thousand five, up to five million dollars for
15 the period January first, two thousand six through December thirty-
16 first, two thousand six, up to five million dollars annually for the
17 period January first, two thousand seven through December thirty-first,
18 two thousand ten, up to one million two hundred fifty thousand dollars
19 for the period January first, two thousand eleven through March thirty-
20 first, two thousand eleven, and up to five million dollars each state
21 fiscal year for the period April first, two thousand eleven through
22 March thirty-first, two thousand fourteen;

23 (d) (i) An amount of up to twenty million dollars annually for the
24 period January first, two thousand through December thirty-first, two
25 thousand six, up to ten million dollars for the period January first,
26 two thousand seven through June thirtieth, two thousand seven, up to
27 twenty million dollars annually for the period January first, two thou-
28 sand eight through December thirty-first, two thousand ten, up to five
29 million dollars for the period January first, two thousand eleven
30 through March thirty-first, two thousand eleven, up to nineteen million
31 six hundred thousand dollars each state fiscal year for the period April
32 first, two thousand eleven through March thirty-first, two thousand
33 fourteen, up to nineteen million six hundred thousand dollars each state
34 fiscal year for the period April first, two thousand fourteen through
35 March thirty-first, two thousand seventeen, ~~and~~ up to nineteen million
36 six hundred thousand dollars each state fiscal year for the period of
37 April first, two thousand seventeen through March thirty-first, two
38 thousand twenty, and up to nineteen million six hundred thousand dollars
39 each state fiscal year for the period of April first, two thousand twen-
40 ty through March thirty-first, two thousand twenty-three, shall be
41 transferred to the health facility restructuring pool established pursu-
42 ant to section twenty-eight hundred fifteen of this article;

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

48 (e) Funds shall be reserved and accumulated from year to year and
49 shall be available, including income from invested funds, for purposes
50 of distributions to organizations to support the health workforce
51 retraining program established pursuant to section twenty-eight hundred
52 seven-g of this article from the respective health care initiatives
53 pools established for the following periods in the following amounts
54 from the pools or the health care reform act (HCRA) resources fund,
55 whichever is applicable, during the period January first, nineteen
56 hundred ninety-seven through December thirty-first, nineteen hundred

1 ninety-nine, up to fifty million dollars on an annualized basis, up to
2 thirty million dollars for the period January first, two thousand
3 through December thirty-first, two thousand, up to forty million dollars
4 for the period January first, two thousand one through December thirty-
5 first, two thousand one, up to fifty million dollars for the period
6 January first, two thousand two through December thirty-first, two thou-
7 sand two, up to forty-one million one hundred fifty thousand dollars for
8 the period January first, two thousand three through December thirty-
9 first, two thousand three, up to forty-one million one hundred fifty
10 thousand dollars for the period January first, two thousand four through
11 December thirty-first, two thousand four, up to fifty-eight million
12 three hundred sixty thousand dollars for the period January first, two
13 thousand five through December thirty-first, two thousand five, up to
14 fifty-two million three hundred sixty thousand dollars for the period
15 January first, two thousand six through December thirty-first, two thou-
16 sand six, up to thirty-five million four hundred thousand dollars annu-
17 ally for the period January first, two thousand seven through December
18 thirty-first, two thousand ten, up to eight million eight hundred fifty
19 thousand dollars for the period January first, two thousand eleven
20 through March thirty-first, two thousand eleven, up to twenty-eight
21 million four hundred thousand dollars each state fiscal year for the
22 period April first, two thousand eleven through March thirty-first, two
23 thousand fourteen, up to twenty-six million eight hundred seventeen
24 thousand dollars each state fiscal year for the period April first, two
25 thousand fourteen through March thirty-first, two thousand seventeen,
26 ~~[and]~~ up to twenty-six million eight hundred seventeen thousand dollars
27 each state fiscal year for the period April first, two thousand seven-
28 teen through March thirty-first, two thousand twenty, and up to twenty-
29 six million eight hundred seventeen thousand dollars each state fiscal
30 year for the period April first, two thousand twenty through March thir-
31 ty-first, two thousand twenty-three, less the amount of funds available
32 for allocations for rate adjustments for workforce training programs for
33 payments by state governmental agencies for inpatient hospital services.

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

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

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

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

53 (iv) from the pool or the health care reform act (HCRA) resources
54 fund, whichever is applicable, for the period January first, two thou-
55 sand through December thirty-first, two thousand four, eighty-two
56 million dollars annually, and for the period January first, two thousand

1 five through December thirty-first, two thousand five, eighty-two
2 million dollars, and for the period January first, two thousand six
3 through December thirty-first, two thousand six, eighty-two million
4 dollars, and for the period January first, two thousand seven through
5 December thirty-first, two thousand seven, eighty-two million dollars,
6 and for the period January first, two thousand eight through December
7 thirty-first, two thousand eight, ninety million seven hundred thousand
8 dollars shall be deposited by the commissioner, and the state comp-
9 troller is hereby authorized and directed to receive for deposit to the
10 credit of the state special revenue fund - other, HCRA transfer fund,
11 medical assistance account;

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

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

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

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

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

42 (h) Funds shall be reserved and accumulated from year to year by the
43 commissioner and shall be available, including income from invested
44 funds, for purposes of primary care education and training pursuant to
45 article nine of this chapter from the respective health care initiatives
46 pools established for the following periods in the following percentage
47 amounts of funds remaining after allocations in accordance with para-
48 graphs (a) through (f) of this subdivision and shall be available for
49 distributions as follows:

50 (i) funds shall be reserved and accumulated:

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

54 (B) from the pool for the period January first, nineteen hundred nine-
55 ty-eight through December thirty-first, nineteen hundred ninety-eight,
56 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, for the period January first, two thousand five through December thirty-first, two thousand five, up to nineteen million two hundred thousand dollars, 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

1 April first, two thousand eleven through March thirty-first, two thou-
2 sand fourteen, up to sixteen million two hundred thousand dollars, up to
3 sixteen million two hundred thousand dollars each state fiscal year for
4 the period April first, two thousand fourteen through March thirty-
5 first, two thousand seventeen, ~~and~~ up to sixteen million two hundred
6 thousand dollars each state fiscal year for the period April first, two
7 thousand seventeen through March thirty-first, two thousand twenty, and
8 up to sixteen million two hundred thousand dollars each state fiscal
9 year for the period April first, two thousand twenty through March thir-
10 ty-first, two thousand twenty-three.

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

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

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

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

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

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

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

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

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

51 (v) (A) from the pool or the health care reform act (HCRA) resources
52 fund, whichever is applicable, for the period July first, two thousand
53 three through December thirty-first, two thousand three, up to six
54 million dollars, for the period January first, two thousand four through
55 December thirty-first, two thousand six, up to twelve million dollars
56 annually, for the period January first, two thousand seven through

1 December thirty-first, two thousand thirteen, up to forty-eight million
2 dollars annually, for the period January first, two thousand fourteen
3 through March thirty-first, two thousand fourteen, up to twelve million
4 dollars for the period April first, two thousand fourteen through March
5 thirty-first, two thousand seventeen, up to forty-eight million dollars
6 annually, ~~and~~ for the period April first, two thousand seventeen
7 through March thirty-first, two thousand twenty, up to forty-eight
8 million dollars annually, and for the period April first, two thousand
9 twenty through March thirty-first, two thousand twenty-three, up to
10 forty-eight million dollars annually;

11 (B) from the health care reform act (HCRA) resources fund for the
12 period January first, two thousand six through December thirty-first,
13 two thousand six, an additional seven million five hundred thousand
14 dollars, for the period January first, two thousand seven through Decem-
15 ber thirty-first, two thousand thirteen, an additional seven million
16 five hundred thousand dollars annually, for the period January first,
17 two thousand fourteen through March thirty-first, two thousand fourteen,
18 an additional one million eight hundred seventy-five thousand dollars,
19 for the period April first, two thousand fourteen through March thirty-
20 first, two thousand seventeen, an additional seven million five hundred
21 thousand dollars annually, ~~and~~ for the period April first, two thou-
22 sand seventeen through March thirty-first, two thousand twenty, an addi-
23 tional seven million five hundred thousand dollars annually, and for the
24 period April first, two thousand twenty through March thirty-first, two
25 thousand twenty-three, an additional seven million five hundred thousand
26 dollars annually for voluntary non-profit diagnostic and treatment
27 center uncompensated care in accordance with subdivision four-c of
28 section twenty-eight hundred seven-p of this article; and

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

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

(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 ~~twenty~~ twenty-three.

(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 thou-

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

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

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

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

49 § 6. Subdivision 1, paragraph (f) of subdivision 3, paragraphs (a) and
50 (d) of subdivision 5 and subdivisions 5-a and 12 of section 2807-m of
51 the public health law, subdivision 1 as amended by section 16 of part B
52 of chapter 58 of the laws of 2008, the opening paragraph of paragraph
53 (s) of subdivision 1 as amended by section 95 and paragraph (f) of
54 subdivision 3 as amended by section 97 of part C of chapter 58 of the
55 laws of 2009, paragraph (a) of subdivision 5 as amended by section 75-b
56 of part C of chapter 58 of the laws of 2008, paragraph (d) of subdivi-

1 sion 5 as added by section 10-a of part E of chapter 63 of the laws of
2 2005, subdivision 5-a as amended by section 6 of part H of chapter 57 of
3 the laws of 2017 and subdivision 12 as added by section 3 of part R of
4 chapter 59 of the laws of 2016, are amended to read as follows:

5 1. Definitions. For purposes of this section, the following defi-
6 nitions shall apply, unless the context clearly requires otherwise:

7 (a) ~~["Clinical research" means patient-oriented research, epidemiolog-~~
8 ~~ic and behavioral studies, or outcomes research and health services~~
9 ~~research that is approved by an institutional review board by the time~~
10 ~~the clinical research position is filled.~~

11 (b) ~~"Clinical research plan" means a plan submitted by a consortium or~~
12 ~~teaching general hospital for a clinical research position which demon-~~
13 ~~strates, in a form to be provided by the commissioner, the following:~~

14 (i) ~~financial support for overhead, supervision, equipment and other~~
15 ~~resources equal to the amount of funding provided pursuant to subpara-~~
16 ~~graph (i) of paragraph (b) of subdivision five-a of this section by the~~
17 ~~teaching general hospital or consortium for the clinical research posi-~~
18 ~~tion;~~

19 (ii) ~~experience the sponsor-mentor and teaching general hospital has~~
20 ~~in clinical research and the medical field of the study;~~

21 (iii) ~~methods, data collection and anticipated measurable outcomes of~~
22 ~~the clinical research to be performed;~~

23 (iv) ~~training goals, objectives and experience the researcher will be~~
24 ~~provided to assess a future career in clinical research;~~

25 (v) ~~scientific relevance, merit and health implications of the~~
26 ~~research to be performed;~~

27 (vi) ~~information on potential scientific meetings and peer review~~
28 ~~journals where research results can be disseminated;~~

29 (vii) ~~clear and comprehensive details on the clinical research posi-~~
30 ~~tion;~~

31 (viii) ~~qualifications necessary for the clinical research position and~~
32 ~~strategy for recruitment;~~

33 (ix) ~~non-duplication with other clinical research positions from the~~
34 ~~same teaching general hospital or consortium;~~

35 (x) ~~methods to track the career of the clinical researcher once the~~
36 ~~term of the position is complete; and~~

37 (xi) ~~any other information required by the commissioner to implement~~
38 ~~subparagraph (i) of paragraph (b) of subdivision five-a of this section.~~

39 (xii) ~~The clinical review plan submitted in accordance with this para-~~
40 ~~graph may be reviewed by the commissioner in consultation with experts~~
41 ~~outside the department of health.~~

42 (c) ~~"Clinical research position" means a post-graduate residency posi-~~
43 ~~tion which:~~

44 (i) ~~shall not be required in order for the researcher to complete a~~
45 ~~graduate medical education program;~~

46 (ii) ~~may be reimbursed by other sources but only for costs in excess~~
47 ~~of the funding distributed in accordance with subparagraph (i) of para-~~
48 ~~graph (b) of subdivision five-a of this section;~~

49 (iii) ~~shall exceed the minimum standards that are required by the~~
50 ~~residency review committee in the specialty the researcher has trained~~
51 ~~or is currently training;~~

52 (iv) ~~shall not be previously funded by the teaching general hospital~~
53 ~~or supported by another funding source at the teaching general hospital~~
54 ~~in the past three years from the date the clinical research plan is~~
55 ~~submitted to the commissioner;~~

56 (v) ~~may supplement an existing research project;~~

~~(vi) shall be equivalent to a full time position comprising of no less than thirty five hours per week for one or two years;~~

~~(vii) shall provide, or be filled by a researcher who has formalized instruction in clinical research, including biostatistics, clinical trial design, grant writing and research ethics;~~

~~(viii) shall be supervised by a sponsor mentor who shall either (A) be employed, contracted for employment or paid through an affiliated faculty practice plan by a teaching general hospital which has received at least one research grant from the National Institutes of Health in the past five years from the date the clinical research plan is submitted to the commissioner; (B) maintain a faculty appointment at a medical, dental or podiatric school located in New York state that has received at least one research grant from the National Institutes of Health in the past five years from the date the clinical research plan is submitted to the commissioner; or (C) be collaborating in the clinical research plan with a researcher from another institution that has received at least one research grant from the National Institutes of Health in the past five years from the date the clinical research plan is submitted to the commissioner; and~~

~~(ix) shall be filled by a researcher who is (A) enrolled or has completed a graduate medical education program, as defined in paragraph (i) of this subdivision; (B) a United States citizen, national, or permanent resident of the United States; and (C) a graduate of a medical, dental or podiatric school located in New York state, a graduate or resident in a graduate medical education program, as defined in paragraph (i) of this subdivision, where the sponsoring institution, as defined in paragraph (g) of this subdivision, is located in New York state, or resides in New York state at the time the clinical research plan is submitted to the commissioner.~~

~~(d)~~ "Consortium" means an organization or association, approved by the commissioner in consultation with the council, of general hospitals which provide graduate medical education, together with any affiliated site; provided that such organization or association may also include other providers of health care services, medical schools, payors or consumers, and which meet other criteria pursuant to subdivision six of this section.

~~(e)~~ (b) "Council" means the New York state council on graduate medical education.

~~(f)~~ (c) "Direct medical education" means the direct costs of residents, interns and supervising physicians.

~~(g)~~ (d) "Distribution period" means each calendar year set forth in subdivision two of this section.

~~(h)~~ (e) "Faculty" means persons who are employed by or under contract for employment with a teaching general hospital or are paid through a teaching general hospital's affiliated faculty practice plan and maintain a faculty appointment at a medical school. Such persons shall not be limited to persons with a degree in medicine.

~~(i)~~ (f) "Graduate medical education program" means~~, for purposes of subparagraph (i) of paragraph (b) of subdivision five-a of this section,~~ a post-graduate medical education residency in the United States which has received accreditation from a nationally recognized accreditation body or has been approved by a nationally recognized organization for medical, osteopathic, podiatric or dental residency programs including, but not limited to, specialty boards.

~~(j)~~ (g) "Indirect medical education" means the estimate of costs, other than direct costs, of educational activities in teaching hospitals

1 as determined in accordance with the methodology applicable for purposes
2 of determining an estimate of indirect medical education costs for
3 reimbursement for inpatient hospital service pursuant to title XVIII of
4 the federal social security act (medicare).

5 ~~[(h)]~~ (h) "Medicare" means the methodology used for purposes of reim-
6 bursing inpatient hospital services provided to beneficiaries of title
7 XVIII of the federal social security act.

8 ~~[(i)]~~ (i) "Primary care" residents specialties shall include family
9 medicine, general pediatrics, primary care internal medicine, and prima-
10 ry care obstetrics and gynecology. In determining whether a residency is
11 in primary care, the commissioner shall consult with the council.

12 ~~[(j)]~~ (j) "Regions", for purposes of this section, shall mean the
13 regions as defined in paragraph (b) of subdivision sixteen of section
14 twenty-eight hundred seven-c of this article as in effect on June thir-
15 tieth, nineteen hundred ninety-six. For purposes of distributions pursu-
16 ant to subdivision five-a of this section, except distributions made in
17 accordance with paragraph (a) of subdivision five-a of this section,
18 "regions" shall be defined as New York city and the rest of the state.

19 ~~[(k)]~~ (k) "Regional pool" means a professional education pool estab-
20 lished on a regional basis by the commissioner from funds available
21 pursuant to sections twenty-eight hundred seven-s and twenty-eight
22 hundred seven-t of this article.

23 ~~[(l)]~~ (l) "Resident" means a person in a graduate medical education
24 program which has received accreditation from a nationally recognized
25 accreditation body or in a program approved by any other nationally
26 recognized organization for medical, osteopathic or dental residency
27 programs including, but not limited to, specialty boards.

28 ~~[(p)] "Shortage specialty" means a specialty determined by the commis-~~
29 ~~sioner, in consultation with the council, to be in short supply in the~~
30 ~~state of New York.~~

31 ~~[(q)]~~ (m) "Sponsoring institution" means the entity that has the over-
32 all responsibility for a program of graduate medical education. Such
33 institutions shall include teaching general hospitals, medical schools,
34 consortia and diagnostic and treatment centers.

35 ~~[(n)]~~ (n) "Weighted resident count" means a teaching general hospi-
36 tal's total number of residents as of July first, nineteen hundred nine-
37 ty-five, including residents in affiliated non-hospital ambulatory
38 settings, reported to the commissioner. Such resident counts shall
39 reflect the weights established in accordance with rules and regulations
40 adopted by the state hospital review and planning council and approved
41 by the commissioner for purposes of implementing subdivision twenty-five
42 of section twenty-eight hundred seven-c of this article and in effect on
43 July first, nineteen hundred ninety-five. Such weights shall not be
44 applied to specialty hospitals, specified by the commissioner, whose
45 primary care mission is to engage in research, training and clinical
46 care in specialty eye and ear, special surgery, orthopedic, joint
47 disease, cancer, chronic care or rehabilitative services.

48 ~~[(s)]~~ (o) "Adjustment amount" means an amount determined for each
49 teaching hospital for periods prior to January first, two thousand nine
50 by:

51 (i) determining the difference between (A) a calculation of what each
52 teaching general hospital would have been paid if payments made pursuant
53 to paragraph (a-3) of subdivision one of section twenty-eight hundred
54 seven-c of this article between January first, nineteen hundred ninety-
55 six and December thirty-first, two thousand three were based solely on
56 the case mix of persons eligible for medical assistance under the

1 medical assistance program pursuant to title eleven of article five of
2 the social services law who are enrolled in health maintenance organiza-
3 tions and persons paid for under the family health plus program enrolled
4 in approved organizations pursuant to title eleven-D of article five of
5 the social services law during those years, and (B) the actual payments
6 to each such hospital pursuant to paragraph (a-3) of subdivision one of
7 section twenty-eight hundred seven-c of this article between January
8 first, nineteen hundred ninety-six and December thirty-first, two thou-
9 sand three.

10 (ii) reducing proportionally each of the amounts determined in subpar-
11 agraph (i) of this paragraph so that the sum of all such amounts totals
12 no more than one hundred million dollars;

13 (iii) further reducing each of the amounts determined in subparagraph
14 (ii) of this paragraph by the amount received by each hospital as a
15 distribution from funds designated in paragraph (a) of subdivision five
16 of this section attributable to the period January first, two thousand
17 three through December thirty-first, two thousand three, except that if
18 such amount was provided to a consortium then the amount of the
19 reduction for each hospital in the consortium shall be determined by
20 applying the proportion of each hospital's amount determined under
21 subparagraph (i) of this paragraph to the total of such amounts of all
22 hospitals in such consortium to the consortium award;

23 (iv) further reducing each of the amounts determined in subparagraph
24 (iii) of this paragraph by the amounts specified in paragraph ~~[(+)]~~ (p)
25 of this subdivision; and

26 (v) dividing each of the amounts determined in subparagraph (iii) of
27 this paragraph by seven.

28 ~~[(+)]~~ (p) "Extra reduction amount" shall mean an amount determined for
29 a teaching hospital for which an adjustment amount is calculated pursu-
30 ant to paragraph ~~[(+)]~~ (o) of this subdivision that is the hospital's
31 proportionate share of the sum of the amounts specified in paragraph
32 ~~[(+)]~~ (q) of this subdivision determined based upon a comparison of the
33 hospital's remaining liability calculated pursuant to paragraph ~~[(+)]~~
34 (o) of this subdivision to the sum of all such hospital's remaining
35 liabilities.

36 ~~[(+)]~~ (q) "Allotment amount" shall mean an amount determined for
37 teaching hospitals as follows:

38 (i) for a hospital for which an adjustment amount pursuant to para-
39 graph ~~[(+)]~~ (o) of this subdivision does not apply, the amount received
40 by the hospital pursuant to paragraph (a) of subdivision five of this
41 section attributable to the period January first, two thousand three
42 through December thirty-first, two thousand three, or

43 (ii) for a hospital for which an adjustment amount pursuant to para-
44 graph ~~[(+)]~~ (o) of this subdivision applies and which received a
45 distribution pursuant to paragraph (a) of subdivision five of this
46 section attributable to the period January first, two thousand three
47 through December thirty-first, two thousand three that is greater than
48 the hospital's adjustment amount, the difference between the distrib-
49 ution amount and the adjustment amount.

50 (f) Effective January first, two thousand five through December thir-
51 ty-first, two thousand eight, each teaching general hospital shall
52 receive a distribution from the applicable regional pool based on its
53 distribution amount determined under paragraphs (c), (d) and (e) of this
54 subdivision and reduced by its adjustment amount calculated pursuant to
55 paragraph ~~[(+)]~~ (o) of subdivision one of this section and, for distrib-
56 utions for the period January first, two thousand five through December

1 thirty-first, two thousand five, further reduced by its extra reduction
2 amount calculated pursuant to paragraph ~~[(t)]~~ (p) of subdivision one of
3 this section.

4 (a) Up to thirty-one million dollars annually for the periods January
5 first, two thousand through December thirty-first, two thousand three,
6 and up to twenty-five million dollars plus the sum of the amounts speci-
7 fied in paragraph ~~[(n)]~~ (k) of subdivision one of this section for the
8 period January first, two thousand five through December thirty-first,
9 two thousand five, and up to thirty-one million dollars annually for the
10 period January first, two thousand six through December thirty-first,
11 two thousand seven, shall be set aside and reserved by the commissioner
12 from the regional pools established pursuant to subdivision two of this
13 section for supplemental distributions in each such region to be made by
14 the commissioner to consortia and teaching general hospitals in accord-
15 ance with a distribution methodology developed in consultation with the
16 council and specified in rules and regulations adopted by the commis-
17 sioner.

18 (d) Notwithstanding any other provision of law or regulation, for the
19 period January first, two thousand five through December thirty-first,
20 two thousand five, the commissioner shall distribute as supplemental
21 payments the allotment specified in paragraph ~~[(n)]~~ (k) of subdivision
22 one of this section.

23 5-a. Graduate medical education innovations pool. (a) Supplemental
24 distributions. (i) Thirty-one million dollars for the period January
25 first, two thousand eight through December thirty-first, two thousand
26 eight, shall be set aside and reserved by the commissioner from the
27 regional pools established pursuant to subdivision two of this section
28 and shall be available for distributions pursuant to subdivision five of
29 this section and in accordance with section 86-1.89 of title 10 of the
30 codes, rules and regulations of the state of New York as in effect on
31 January first, two thousand eight~~[, provided, however, for purposes of~~
32 ~~funding the empire clinical research investigation program (ECRIP) in~~
33 ~~accordance with paragraph eight of subdivision (e) and paragraph two of~~
34 ~~subdivision (f) of section 86-1.89 of title 10 of the codes, rules and~~
35 ~~regulations of the state of New York, distributions shall be made using~~
36 ~~two regions defined as New York city and the rest of the state and the~~
37 ~~dollar amount set forth in subparagraph (i) of paragraph two of subdivi-~~
38 ~~sion (f) of section 86-1.89 of title 10 of the codes, rules and regu-~~
39 ~~lations of the state of New York shall be increased from sixty thousand~~
40 ~~dollars to seventy five thousand dollars].~~

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

47 (b) ~~[Empire clinical research investigator program (ECRIP). Nine~~
48 ~~million one hundred twenty thousand dollars annually for the period~~
49 ~~January first, two thousand nine through December thirty-first, two~~
50 ~~thousand ten, and two million two hundred eighty thousand dollars for~~
51 ~~the period January first, two thousand eleven, through March thirty-~~
52 ~~first, two thousand eleven, nine million one hundred twenty thousand~~
53 ~~dollars each state fiscal year for the period April first, two thousand~~
54 ~~eleven through March thirty-first, two thousand fourteen, up to eight~~
55 ~~million six hundred twelve thousand dollars each state fiscal year for~~
56 ~~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 subparagraph. Such distributions shall be made in accordance with the following methodology:~~

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

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

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

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

~~(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 (C) of this subparagraph. The requirements set forth in items (IV) and (V) of clause (C) 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 (C) 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 (C) of this subparagraph. The requirements set forth in items (IV) and (V) of clause (C) of this subparagraph must be completed by the consortium or teaching general hospital in order for the consortium or teaching general hospital to be eligible to apply for ECRIP funding in any subsequent funding cycle.~~

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

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

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

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

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

~~(III) Information on the status of the clinical research plan, accomplishments, changes in research activities, progress, and performance of~~

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

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

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

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

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

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

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

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

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

~~(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, 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, 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, and up to one million seven hundred five thousand dollars each state fiscal year for the period April first, two thousand twenty through March thirty-first, two thousand twenty-three,

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

1 thousand seventeen, two million dollars shall be available for the
2 purposes described in subdivision ten of this section;

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

8 ~~[(e-)]~~ (c) Physician practice support. Four million nine hundred thou-
9 sand dollars for the period January first, two thousand eight through
10 December thirty-first, two thousand eight, four million nine hundred
11 thousand dollars annually for the period January first, two thousand
12 nine through December thirty-first, two thousand ten, one million two
13 hundred twenty-five thousand dollars for the period January first, two
14 thousand eleven through March thirty-first, two thousand eleven, four
15 million three hundred thousand dollars each state fiscal year for the
16 period April first, two thousand eleven through March thirty-first, two
17 thousand fourteen, up to four million three hundred sixty thousand
18 dollars each state fiscal year for the period April first, two thousand
19 fourteen through March thirty-first, two thousand seventeen, ~~[and]~~ up to
20 four million three hundred sixty thousand dollars for each state fiscal
21 year for the period April first, two thousand seventeen through March
22 thirty-first, two thousand twenty, and up to four million three hundred
23 sixty thousand dollars for each fiscal year for the period April first,
24 two thousand twenty through March thirty-first, two thousand twenty-
25 three, shall be set aside and reserved by the commissioner from the
26 regional pools established pursuant to subdivision two of this section
27 and shall be available for purposes of physician practice support.
28 Notwithstanding any contrary provision of this section, sections one
29 hundred twelve and one hundred sixty-three of the state finance law, or
30 any other contrary provision of law, such funding shall be allocated
31 regionally with one-third of available funds going to New York city and
32 two-thirds of available funds going to the rest of the state and shall
33 be distributed in a manner to be determined by the commissioner without
34 a competitive bid or request for proposal process as follows:

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

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

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

49 ~~[(e-1)]~~ (d) Work group. For funding available pursuant to paragraphs
50 ~~[(d-)]~~ (b) and ~~[(e-)]~~ (c) of this subdivision:

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

55 (ii) Subject to available funding, applications shall be accepted on a
56 continuous basis. The department shall provide technical assistance to

1 applicants to facilitate their completion of applications. An applicant
2 shall be notified in writing by the department within ten days of
3 receipt of an application as to whether the application is complete and
4 if the application is incomplete, what information is outstanding. The
5 department shall act on an application within thirty days of receipt of
6 a complete application.

7 ~~[(f)]~~ (e) Study on physician workforce. Five hundred ninety thousand
8 dollars annually for the period January first, two thousand eight
9 through December thirty-first, two thousand ten, one hundred forty-eight
10 thousand dollars for the period January first, two thousand eleven
11 through March thirty-first, two thousand eleven, five hundred sixteen
12 thousand dollars each state fiscal year for the period April first, two
13 thousand eleven through March thirty-first, two thousand fourteen, up to
14 four hundred eighty-seven thousand dollars each state fiscal year for
15 the period April first, two thousand fourteen through March thirty-
16 first, two thousand seventeen, ~~[and]~~ up to four hundred eighty-seven
17 thousand dollars for each state fiscal year for the period April first,
18 two thousand seventeen through March thirty-first, two thousand twenty,
19 and up to four hundred eighty-seven thousand dollars each state fiscal
20 year for the period April first, two thousand twenty through March thir-
21 ty-first, two thousand twenty-three, shall be set aside and reserved by
22 the commissioner from the regional pools established pursuant to subdi-
23 vision two of this section and shall be available to fund a study of
24 physician workforce needs and solutions including, but not limited to,
25 an analysis of residency programs and projected physician workforce and
26 community needs. The commissioner shall enter into agreements with one
27 or more organizations to conduct such study based on a request for
28 proposal process.

29 ~~[(g) Diversity in medicine/post-baccalaureate program. Notwithstanding~~
30 ~~any inconsistent provision of section one hundred twelve or one hundred~~
31 ~~sixty three of the state finance law or any other law, one million nine~~
32 ~~hundred sixty thousand dollars annually for the period January first,~~
33 ~~two thousand eight through December thirty-first, two thousand ten, four~~
34 ~~hundred ninety thousand dollars for the period January first, two thou-~~
35 ~~sand eleven through March thirty-first, two thousand eleven, one million~~
36 ~~seven hundred thousand dollars each state fiscal year for the period~~
37 ~~April first, two thousand eleven through March thirty-first, two thou-~~
38 ~~sand fourteen, up to one million six hundred five thousand dollars each~~
39 ~~state fiscal year for the period April first, two thousand fourteen~~
40 ~~through March thirty-first, two thousand seventeen, and up to one~~
41 ~~million six hundred five thousand dollars each state fiscal year for the~~
42 ~~period April first, two thousand seventeen through March thirty-first,~~
43 ~~two thousand twenty, shall be set aside and reserved by the commissioner~~
44 ~~from the regional pools established pursuant to subdivision two of this~~
45 ~~section and shall be available for distributions to the Associated~~
46 ~~Medical Schools of New York to fund its diversity program including~~
47 ~~existing and new post-baccalaureate programs for minority and econom-~~
48 ~~ically disadvantaged students and encourage participation from all~~
49 ~~medical schools in New York. The associated medical schools of New York~~
50 ~~shall report to the commissioner on an annual basis regarding the use of~~
51 ~~funds for such purpose in such form and manner as specified by the~~
52 ~~commissioner.~~

53 ~~[(h)]~~ (f) In the event there are undistributed funds within amounts
54 made available for distributions pursuant to this subdivision, such
55 funds may be reallocated and distributed in current or subsequent

1 distribution periods in a manner determined by the commissioner for any
2 purpose set forth in this subdivision.

3 12. Notwithstanding any provision of law to the contrary, applications
4 submitted on or after April first, two thousand sixteen, for the physi-
5 cian loan repayment program pursuant to paragraph ~~[(d)]~~ (b) of subdivi-
6 sion five-a of this section and subdivision ten of this section or the
7 physician practice support program pursuant to paragraph ~~[(e)]~~ (c) of
8 subdivision five-a of this section, shall be subject to the following
9 changes:

10 (a) Awards shall be made from the total funding available for new
11 awards under the physician loan repayment program and the physician
12 practice support program, with neither program limited to a specific
13 funding amount within such total funding available;

14 (b) An applicant may apply for an award for either physician loan
15 repayment or physician practice support, but not both;

16 (c) An applicant shall agree to practice for three years in an under-
17 served area and each award shall provide up to forty thousand dollars
18 for each of the three years; and

19 (d) To the extent practicable, awards shall be timed to be of use for
20 job offers made to applicants.

21 § 7. Subdivision 7 of section 2807-m of the public health law is
22 REPEALED.

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

26 (xvi) provided further, however, for periods prior to July first, two
27 thousand nine, amounts set forth in this paragraph shall be reduced by
28 an amount equal to the actual distribution reductions for all facilities
29 pursuant to paragraph ~~[(e)]~~ (o) of subdivision one of section twenty-
30 eight hundred seven-m of this article.

31 § 9. Subdivision (c) of section 92-dd of the state finance law, as
32 amended by section 75-f of part C of chapter 58 of the laws of 2008, is
33 amended to read as follows:

34 (c) The pool administrator shall, from appropriated funds transferred
35 to the pool administrator from the comptroller, continue to make
36 payments as required pursuant to sections twenty-eight hundred seven-k,
37 twenty-eight hundred seven-m (not including payments made pursuant to
38 ~~subparagraph (ii) of paragraph (b) and~~ paragraphs (b), (c), ~~[(d)],~~ and
39 (e), ~~[(f) and (g)]~~ of subdivision five-a ~~[and subdivision seven]~~ of
40 section twenty-eight hundred seven-m), and twenty-eight hundred seven-w
41 of the public health law, paragraph (e) of subdivision twenty-five of
42 section twenty-eight hundred seven-c of the public health law, para-
43 graphs (b) and (c) of subdivision thirty of section twenty-eight hundred
44 seven-c of the public health law, paragraph (b) of subdivision eighteen
45 of section twenty-eight hundred eight of the public health law, subdivi-
46 sion seven of section twenty-five hundred-d of the public health law and
47 section eighty-eight of chapter one of the laws of nineteen hundred
48 ninety-nine.

49 § 10. Subdivision 4-c of section 2807-p of the public health law, as
50 amended by section 13 of part H of chapter 57 of the laws of 2017, is
51 amended to read as follows:

52 4-c. Notwithstanding any provision of law to the contrary, the commis-
53 sioner shall make additional payments for uncompensated care to volun-
54 tary non-profit diagnostic and treatment centers that are eligible for
55 distributions under subdivision four of this section in the following
56 amounts: for the period June first, two thousand six through December

1 thirty-first, two thousand six, in the amount of seven million five
2 hundred thousand dollars, for the period January first, two thousand
3 seven through December thirty-first, two thousand seven, seven million
4 five hundred thousand dollars, for the period January first, two thou-
5 sand eight through December thirty-first, two thousand eight, seven
6 million five hundred thousand dollars, for the period January first, two
7 thousand nine through December thirty-first, two thousand nine, fifteen
8 million five hundred thousand dollars, for the period January first, two
9 thousand ten through December thirty-first, two thousand ten, seven
10 million five hundred thousand dollars, for the period January first, two
11 thousand eleven through December thirty-first, two thousand eleven, seven
12 million five hundred thousand dollars, for the period January first, two
13 thousand twelve through December thirty-first, two thousand twelve,
14 seven million five hundred thousand dollars, for the period January
15 first, two thousand thirteen through December thirty-first, two thousand
16 thirteen, seven million five hundred thousand dollars, for the period
17 January first, two thousand fourteen through December thirty-first, two
18 thousand fourteen, seven million five hundred thousand dollars, for the
19 period January first, two thousand fifteen through December thirty-
20 first, two thousand fifteen, seven million five hundred thousand
21 dollars, for the period January first two thousand sixteen through
22 December thirty-first, two thousand sixteen, seven million five hundred
23 thousand dollars, for the period January first, two thousand seventeen
24 through December thirty-first, two thousand seventeen, seven million
25 five hundred thousand dollars, for the period January first, two thou-
26 sand eighteen through December thirty-first, two thousand eighteen,
27 seven million five hundred thousand dollars, for the period January
28 first, two thousand nineteen through December thirty-first, two thousand
29 nineteen, seven million five hundred thousand dollars, for the period
30 January first, two thousand twenty through December thirty-first, two
31 thousand twenty, seven million five hundred thousand dollars, for the
32 period January first, two thousand twenty-one through December thirty-
33 first, two thousand twenty-one, seven million five hundred thousand
34 dollars, for the period January first, two thousand twenty-two through
35 December thirty-first, two thousand twenty-two, seven million five
36 hundred thousand dollars, and for the period January first, two thousand
37 [~~twenty~~] twenty-three through March thirty-first, two thousand [~~twenty~~]
38 twenty-three, in the amount of one million six hundred thousand dollars,
39 provided, however, that for periods on and after January first, two
40 thousand eight, such additional payments shall be distributed to volun-
41 tary, non-profit diagnostic and treatment centers and to public diagnos-
42 tic and treatment centers in accordance with paragraph (g) of subdivi-
43 sion four of this section. In the event that federal financial
44 participation is available for rate adjustments pursuant to this
45 section, the commissioner shall make such payments as additional adjust-
46 ments to rates of payment for voluntary non-profit diagnostic and treat-
47 ment centers that are eligible for distributions under subdivision
48 four-a of this section in the following amounts: for the period June
49 first, two thousand six through December thirty-first, two thousand six,
50 fifteen million dollars in the aggregate, and for the period January
51 first, two thousand seven through June thirtieth, two thousand seven,
52 seven million five hundred thousand dollars in the aggregate. The
53 amounts allocated pursuant to this paragraph shall be aggregated with
54 and distributed pursuant to the same methodology applicable to the
55 amounts allocated to such diagnostic and treatment centers for such
56 periods pursuant to subdivision four of this section if federal finan-

cial 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.

§ 11. Subparagraph (xv) of paragraph (a) of subdivision 6 of section 2807-s of the public health law, as amended by section 3 of part H of chapter 57 of the laws of 2017, 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 ~~twenty~~ twenty-three, shall be one billion forty-five million dollars.

§ 12. Subparagraph (xiii) of paragraph (a) of subdivision 7 of section 2807-s of the public health law, as amended by section 4 of part H of chapter 57 of the laws of 2017, 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 ~~twenty~~ twenty-three;

§ 13. Subdivision 6 of section 2807-t of the public health law, as amended by section 8 of part H of chapter 57 of the laws of 2017, 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 ~~twenty~~ twenty-three, 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.

§ 14. Section 2807-v of the public health law, as amended by section 22 of part H of chapter 57 of the laws of 2017, is amended to read as follows:

§ 2807-v. Tobacco control and insurance initiatives pool distributions. 1. Funds accumulated in the tobacco control and insurance

1 initiatives pool or in the health care reform act (HCRA) resources fund
2 established pursuant to section ninety-two-dd of the state finance law,
3 whichever is applicable, including income from invested funds, shall be
4 distributed or retained by the commissioner or by the state comptroller,
5 as applicable, in accordance with the following:

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

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

1 eight million five hundred thousand dollars for the period January
2 first, two thousand nine through December thirty-first, two thousand
3 nine, up to eight million five hundred thousand dollars for the period
4 January first, two thousand ten through December thirty-first, two thou-
5 sand ten, up to two million one hundred twenty-five thousand dollars for
6 the period January first, two thousand eleven through March thirty-
7 first, two thousand eleven, up to fourteen million seven hundred thou-
8 sand dollars each state fiscal year for the period April first, two
9 thousand eleven through March thirty-first, two thousand fourteen, up to
10 eleven million one hundred thousand dollars each state fiscal year for
11 the period April first, two thousand fourteen through March thirty-
12 first, two thousand seventeen, [and] up to eleven million one hundred
13 thousand dollars each state fiscal year for the period April first, two
14 thousand seventeen through March thirty-first, two thousand twenty, and
15 up to eleven million one hundred thousand dollars each state fiscal year
16 for the period April first, two thousand twenty through March thirty-
17 first, two thousand twenty-three.

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

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

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

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

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

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

ary 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-1 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-1 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-1 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-1 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

1 services law from the tobacco control and insurance initiatives pool
2 established for the following periods in the following amounts:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 (xv) up to six million dollars each state fiscal year for the period
2 April first, two thousand seventeen through March thirty-first, two
3 thousand twenty; and

4 (xvi) up to six million dollars each state fiscal year for the period
5 April first, two thousand twenty through March thirty-first, two thou-
6 sand twenty-three.

7 (k) Funds shall be deposited by the commissioner, within amounts
8 appropriated, and the state comptroller is hereby authorized and
9 directed to receive for deposit to the credit of the state special
10 revenue fund - other, HCRA transfer fund, health care services account,
11 or any successor fund or account, for purposes of services and expenses
12 related to public health programs, including comprehensive care centers
13 for eating disorders pursuant to the former section twenty-seven hundred
14 ninety-nine-1 of this chapter, provided however that, for such centers,
15 funds in the amount of five hundred thousand dollars on an annualized
16 basis shall be transferred from the health care services account, or any
17 successor fund or account, and deposited into the fund established by
18 section ninety-five-e of the state finance law for periods prior to
19 March thirty-first, two thousand eleven, from the tobacco control and
20 insurance initiatives pool established for the following periods in the
21 following amounts:

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

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

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

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

31 (v) one hundred eight million five hundred seventy-five thousand
32 dollars, plus an additional five hundred thousand dollars, for the peri-
33 od January first, two thousand four through December thirty-first, two
34 thousand four;

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

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

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

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

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

53 (xi) one hundred sixteen million nine hundred forty-nine thousand
54 dollars, plus an additional five hundred thousand dollars, for the peri-
55 od January first, two thousand ten through December thirty-first, two
56 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:

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

3 (ii) three million eight hundred thousand dollars for the period Janu-
4 ary first, two thousand one through December thirty-first, two thousand
5 one;

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

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

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

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

18 (vii) up to three million eight hundred thousand dollars for the peri-
19 od January first, two thousand six through December thirty-first, two
20 thousand six;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

19 (xv) one hundred twenty-eight million eight hundred fifty thousand
20 dollars for the period April first, two thousand thirteen through March
21 thirty-first, two thousand fourteen;

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

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

28 (xviii) one hundred twenty-seven million four hundred sixteen thousand
29 dollars each state fiscal year for the period April first, two thousand
30 twenty through March thirty-first, two thousand twenty-three.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

12 (xv) up to ninety-six million six hundred thousand dollars each state
13 fiscal year for the period April first, two thousand seventeen through
14 March thirty-first, two thousand twenty; and

15 (xvi) up to ninety-six million six hundred thousand dollars each state
16 fiscal year for the period April first, two thousand twenty through
17 March thirty-first, two thousand twenty-three.

18 (p) Funds shall be deposited by the commissioner, within amounts
19 appropriated, and the state comptroller is hereby authorized and
20 directed to receive for deposit to the credit of the state special
21 revenue funds - other, indigent care fund - 068, indigent care account,
22 or any successor fund or account, for purposes of providing a medicaid
23 disproportionate share payment from the high need indigent care adjust-
24 ment pool established pursuant to section twenty-eight hundred seven-w
25 of this article, from the tobacco control and insurance initiatives pool
26 established for the following periods in the following amounts:

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

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

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

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

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

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

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

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

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

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

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

51 (q) Funds shall be reserved and accumulated from year to year and
52 shall be available, including income from invested funds, for purposes
53 of providing distributions to eligible school based health centers
54 established pursuant to section eighty-eight of chapter one of the laws
55 of nineteen hundred ninety-nine, from the tobacco control and insurance

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

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

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

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

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

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

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

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

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

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

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

24 (xi) up to five million six hundred thousand dollars each state fiscal
25 year for the period April first, two thousand eleven through March thir-
26 ty-first, two thousand fourteen;

27 (xii) up to five million two hundred ~~[eighty-eighty]~~ eighty-eight
28 thousand dollars each state fiscal year for the period April first, two
29 thousand fourteen through March thirty-first, two thousand seventeen;
30 ~~[and]~~

31 (xiii) up to five million two hundred eighty-eight thousand dollars
32 each state fiscal year for the period April first, two thousand seven-
33 teen through March thirty-first, two thousand twenty; and

34 (xiv) up to five million two hundred eighty-eight thousand dollars
35 each state fiscal year for the period April first, two thousand twenty
36 through March thirty-first, two thousand twenty-three.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(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; ~~and~~

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

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

(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;

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

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

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

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

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

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

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

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

25 (aa) Funds shall be reserved and accumulated from year to year and
26 shall be available, including income from invested funds, for purposes
27 of grants to public residential health care facilities for recruitment
28 and retention of health care workers pursuant to paragraph (b) of subdi-
29 vision eighteen of section twenty-eight hundred eight of this article
30 from the tobacco control and insurance initiatives pool established for
31 the following periods in the following amounts:

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

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

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

41 (iv) sixteen million two hundred thousand dollars for the period Janu-
42 ary first, two thousand five through December thirty-first, two thousand
43 five;

44 (v) sixteen million two hundred thousand dollars for the period Janu-
45 ary first, two thousand six through December thirty-first, two thousand
46 six;

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

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

53 (viii) one million three hundred fifty thousand dollars for the period
54 January first, two thousand nine through December thirty-first, two
55 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 supporting 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;

(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; and

1 (N) up to one hundred thirty-six million dollars each state fiscal
2 year for the period April first, two thousand twenty through March thir-
3 ty-first, two thousand twenty-three.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

40 (iii) Personal care service providers which have their rates adjusted
41 pursuant to this paragraph shall use such funds for the purpose of
42 recruitment and retention of non-supervisory personal care services
43 workers or any worker with direct patient care responsibility only and
44 are prohibited from using such funds for any other purpose. Each such
45 personal care services provider shall submit, at a time and in a manner
46 to be determined by the commissioner, a written certification attesting
47 that such funds will be used solely for the purpose of recruitment and
48 retention of non-supervisory personal care services workers or any work-
49 er with direct patient care responsibility. The commissioner is author-
50 ized to audit each such provider to ensure compliance with the written
51 certification required by this subdivision and shall recoup any funds
52 determined to have been used for purposes other than recruitment and
53 retention of non-supervisory personal care services workers or any work-
54 er with direct patient care responsibility. Such recoupment shall be in
55 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;

(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; ~~and~~

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 (iii) three million two hundred fifty thousand dollars on an annual-
2 ized basis for the period January first, two thousand four through
3 December thirty-first, two thousand four;

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

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

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

13 (vii) three million four hundred thirty-eight thousand dollars for the
14 period January first, two thousand eight through December thirty-first,
15 two thousand eight;

16 (viii) two million four hundred fifty thousand dollars for the period
17 January first, two thousand nine through December thirty-first, two
18 thousand nine;

19 (ix) one million five hundred thousand dollars for the period January
20 first, two thousand ten through December thirty-first, two thousand ten;
21 and

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

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

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

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

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

43 (iv) thirty million six hundred thousand dollars for the period Janu-
44 ary first, two thousand five through December thirty-first, two thousand
45 five;

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

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

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

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

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

(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;

(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; and

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

(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

1 facilities pursuant to subdivisions nineteen and twenty-one of section
2 twenty-eight hundred eight of this article, from the tobacco control and
3 insurance initiatives pool established for the following periods in the
4 following amounts:

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

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

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

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

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

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

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

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

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

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

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

31 (ii) Funds shall be deposited by the commissioner, within amounts
32 appropriated, and the state comptroller is hereby authorized and
33 directed to receive for deposit to the credit of the state special
34 revenue funds - other, HCRA transfer fund, medical assistance account,
35 or any successor fund or account, for the purpose of supporting the
36 state share of Medicaid expenditures for disabled persons as authorized
37 by sections 1619 (a) and (b) of the federal social security act pursuant
38 to the tobacco control and insurance initiatives pool established for
39 the following periods in the following amounts:

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

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

45 (iii) eight million five hundred thousand dollars for the period Janu-
46 ary first, two thousand four through December thirty-first, two thousand
47 four;

48 (iv) eight million five hundred thousand dollars for the period Janu-
49 ary first, two thousand five through December thirty-first, two thousand
50 five;

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

53 (vi) eight million six hundred thousand dollars for the period January
54 first, two thousand seven through December thirty-first, two thousand
55 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;

(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; and

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

(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 initiatives 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.

(11) 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;

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

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

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

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

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

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

22 (ii) Funding for the family health plus program will include up to
23 five million dollars annually for the period January first, two thousand
24 three through December thirty-first, two thousand six, up to five
25 million dollars for the period January first, two thousand seven through
26 December thirty-first, two thousand seven, up to seven million two
27 hundred thousand dollars for the period January first, two thousand
28 eight through December thirty-first, two thousand eight, up to seven
29 million two hundred thousand dollars for the period January first, two
30 thousand nine through December thirty-first, two thousand nine, up to
31 seven million two hundred thousand dollars for the period January first,
32 two thousand ten through December thirty-first, two thousand ten, up to
33 one million eight hundred thousand dollars for the period January first,
34 two thousand eleven through March thirty-first, two thousand eleven, up
35 to six million forty-nine thousand dollars for the period April first,
36 two thousand eleven through March thirty-first, two thousand twelve, up
37 to six million two hundred eighty-nine thousand dollars for the period
38 April first, two thousand twelve through March thirty-first, two thou-
39 sand thirteen, and up to six million four hundred sixty-one thousand
40 dollars for the period April first, two thousand thirteen through March
41 thirty-first, two thousand fourteen, for administration and marketing
42 costs associated with such program established pursuant to clauses (A)
43 and (B) of subparagraph (v) of paragraph (a) of subdivision two of
44 section three hundred sixty-nine-ee of the social services law from the
45 tobacco control and insurance initiatives pool established for the
46 following periods in the following amounts:

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

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

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

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

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

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

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

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

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

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

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

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

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

31 (nn) Funds shall be deposited by the commissioner, within amounts
32 appropriated, and the state comptroller is hereby authorized and
33 directed to receive for deposit to the credit of the state special
34 revenue fund - other, HCRA transfer fund, health care services account,
35 or any successor fund or account, for purposes related to adult home
36 initiatives for medicaid eligible residents of residential facilities
37 licensed pursuant to section four hundred sixty-b of the social services
38 law from the tobacco control and insurance initiatives pool established
39 for the following periods in the following amounts:

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

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

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

52 (iv) up to eight million dollars for the period January first, two
53 thousand six through December thirty-first, two thousand six, provided,
54 however, that up to five million two hundred fifty thousand dollars of
55 such funds shall be received by the comptroller and deposited to the
56 credit of the special revenue fund - other / aid to localities, HCRA

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

51 (iv) up to five million dollars for the period January first, two
52 thousand seven through December thirty-first, two thousand seven; of
53 such funds one million nine hundred fifty thousand dollars shall be made
54 available to the department for the purpose of developing, implementing
55 and administering the long-term care insurance education and outreach
56 program and three million fifty thousand dollars shall be made available

1 to the office for the aging for the purpose of providing the long term
2 care insurance resource centers with the necessary resources to carry
3 out their operations;

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

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

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

28 (rr) Funds shall be reserved and accumulated from the tobacco control
29 and insurance initiatives pool and shall be available, including income
30 from invested funds, for the purpose of supporting expenses related to
31 implementation of the provisions of title ~~III~~ three of article twen-
32 ty-nine-D of this chapter, for the following periods and in the follow-
33 ing amounts:

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

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

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

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

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

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

47 (ss) Funds shall be reserved and accumulated from the tobacco control
48 and insurance initiatives pool and used for a health care stabilization
49 program established by the commissioner for the purposes of stabilizing
50 critical health care providers and health care programs whose ability to
51 continue to provide appropriate services are threatened by financial or
52 other challenges, in the amount of up to twenty-eight million dollars
53 for the period July first, two thousand four through June thirtieth, two
54 thousand five. Notwithstanding the provisions of section one hundred
55 twelve of the state finance law or any other inconsistent provision of
56 the state finance law or any other law, funds available for distribution

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

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

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

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

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

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

35 (v) up to two hundred fifty thousand dollars for the period January
36 first, two thousand eight through March thirty-first, two thousand
37 eight.

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

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

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

53 (iii) nine million five hundred thousand dollars for the period Janu-
54 ary first, two thousand six through December thirty-first, two thousand
55 six, of which seven million five hundred thousand dollars shall be

1 available for disease management demonstration programs and two million
2 dollars shall be available for telemedicine demonstration programs;

3 (iv) nine million five hundred thousand dollars for the period January
4 first, two thousand seven through December thirty-first, two thousand
5 seven, of which seven million five hundred thousand dollars shall be
6 available for disease management demonstration programs and one million
7 dollars shall be available for telemedicine demonstration programs;

8 (v) nine million five hundred thousand dollars for the period January
9 first, two thousand eight through December thirty-first, two thousand
10 eight, of which seven million five hundred thousand dollars shall be
11 available for disease management demonstration programs and two million
12 dollars shall be available for telemedicine demonstration programs;

13 (vi) seven million eight hundred thirty-three thousand three hundred
14 thirty-three dollars for the period January first, two thousand nine
15 through December thirty-first, two thousand nine, of which seven million
16 five hundred thousand dollars shall be available for disease management
17 demonstration programs and three hundred thirty-three thousand three
18 hundred thirty-three dollars shall be available for telemedicine demon-
19 stration programs for the period January first, two thousand nine
20 through March first, two thousand nine;

21 (vii) one million eight hundred seventy-five thousand dollars for the
22 period January first, two thousand ten through March thirty-first, two
23 thousand ten shall be available for disease management demonstration
24 programs.

25 (ww) Funds shall be deposited by the commissioner, within amounts
26 appropriated, and the state comptroller is hereby authorized and
27 directed to receive for the deposit to the credit of the state special
28 revenue funds - other, HCRA transfer fund, medical assistance account,
29 or any successor fund or account, for purposes of funding the state
30 share of the general hospital rates increases for recruitment and
31 retention of health care workers pursuant to paragraph (e) of subdivi-
32 sion thirty of section twenty-eight hundred seven-c of this article from
33 the tobacco control and insurance initiatives pool established for the
34 following periods in the following amounts:

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

38 (ii) sixty million five hundred thousand dollars for the period Janu-
39 ary first, two thousand six through December thirty-first, two thousand
40 six.

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

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

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

(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, 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, and up to two million six hundred forty-four thousand dollars each state fiscal year for the period April first, two thousand twenty through March thirty-first, two thousand twenty-three. 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;

(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 each state fiscal year for the period April first, two thousand seventeen through March thirty-first, two thousand twenty; and

(x) up to fifty million dollars each state fiscal year for the period April first, two thousand twenty through March thirty-first, two thousand twenty-three.

(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 trust 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

1 insurance initiatives pool established pursuant to this section. In the
2 event contracts with the article forty-three insurance law plans or
3 other commissioner's designees are effectuated, the commissioner shall
4 conduct annual audits of the receipt and distribution of such funds. The
5 reasonable costs and expenses of an administrator as approved by the
6 commissioner, not to exceed for personnel services on an annual basis
7 five hundred thousand dollars, for collection and distribution of funds
8 pursuant to this section shall be paid from such funds.

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

19 § 15. Paragraph (a) of subdivision 12 of section 367-b of the social
20 services law, as amended by section 7 of part H of chapter 57 of the
21 laws of 2017, is amended to read as follows:

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

29 § 16. Paragraph (o) of subdivision 9 of section 3614 of the public
30 health law, as added by section 11 of part H of chapter 57 of the laws
31 of 2017, is amended and three new paragraphs (p), (q) and (r) are added
32 to read as follows:

33 (o) for the period April first, two thousand nineteen through March
34 thirty-first, two thousand twenty, up to one hundred million dollars[+];

35 (p) for the period April first, two thousand twenty through March
36 thirty-first, two thousand twenty-one, up to one hundred million
37 dollars;

38 (q) for the period April first, two thousand twenty-one through March
39 thirty-first, two thousand twenty-two, up to one hundred million
40 dollars;

41 (r) for the period April first, two thousand twenty-two through March
42 thirty-first, two thousand twenty-three, up to one hundred million
43 dollars.

44 § 17. Paragraph (s) of subdivision 1 of section 367-q of the social
45 services law, as added by section 12 of part H of chapter 57 of the laws
46 of 2017, is amended and three new paragraphs (t), (u) and (v) are added
47 to read as follows:

48 (s) for the period April first, two thousand nineteen through March
49 thirty-first, two thousand twenty, twenty-eight million five hundred
50 thousand dollars[+];

51 (t) for the period April first, two thousand twenty through March
52 thirty-first, two thousand twenty-one, up to twenty-eight million five
53 hundred thousand dollars;

54 (u) for the period April first, two thousand twenty-one through March
55 thirty-first, two thousand twenty-two, up to twenty-eight million five
56 hundred thousand dollars;

(v) for the period April first, two thousand twenty-two through March thirty-first, two thousand twenty-three, up to twenty-eight million five hundred thousand dollars.

§ 18. Section 5 of chapter 517 of the laws of 2016, amending the public health law relating to payments from the New York state medical indemnity fund, as amended by section 4 of part K of chapter 57 of the laws of 2019, is amended to read as follows:

§ 5. This act shall take effect on the forty-fifth day after it shall have become a law, provided that the amendments to subdivision 4 of section 2999-j of the public health law made by section two of this act shall take effect on June 30, 2017 and shall expire and be deemed repealed December 31, ~~2020~~ 2021.

§ 19. Section 2807-g and paragraph (e) of subdivision 1 of section 2807-l of the public health law are REPEALED.

§ 20. This act shall take effect April 1, 2020, provided, however, if this act shall become a law after such date it shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2020, and further provided, that:

(a) the amendments to sections 2807-j and 2807-s of the public health law made by sections two, eight, eleven and twelve 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 thirteen of this act shall not affect the expiration of such section and shall be deemed to expire therewith; and

(c) the amendments to paragraph (i-1) of subdivision 1 of section 2807-v of the public health law made by section fourteen of this act shall not affect the repeal of such paragraph and shall be deemed repealed therewith.

PART B

Section 1. Subdivision 9 of section 2803 of the public health law is REPEALED.

§ 2. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2020.

PART C

Section 1. Section 3235-a of the insurance law is amended by adding two new subsections (e) and (f) to read as follows:

(e)(1) An insurer shall pay an early intervention program service claim to a provider through the state fiscal agent, designated pursuant to section two thousand five hundred fifty-seven of the public health law, that participates in the insurer's provider network in accordance with subsection (a) of section thirty-two hundred twenty-four-a of this article where the insurer's obligation to pay is reasonably clear, even though there may be a disagreement about whether the early intervention program service was medically necessary.

(2) Notwithstanding the provisions of article forty-nine of this chapter and article forty-nine of the public health law, following payment of the early intervention program service claim, an insurer may initiate a non-expedited external appeal pursuant to title two of article forty-nine of this chapter or title two of article forty-nine of the public health law or pursue a determination from an independent third-party review agent agreed upon by the insurer and the provider, which determination shall be binding, in order to determine whether the early inter-

1 vention program service was medically necessary. The insurer shall
2 notify the state fiscal agent as designated pursuant to section two
3 thousand five hundred fifty-seven of the public health law of the
4 external appeal agent's or independent third-party review agent's deter-
5 mination. If the external appeal agent or the independent third-party
6 review agent determines that the early intervention program service
7 provided was not medically necessary, in whole or in part, the insurer
8 may recoup, offset, or otherwise require a refund of any overpayment
9 resulting from the determination. Such recoup, offset or other required
10 refund shall be a charge to the appropriate municipality and state. The
11 state fiscal agent designated pursuant to section two thousand five
12 hundred fifty-seven of the public health law shall process the recoup-
13 ment, offset, or refund submitted by the insurer within ninety days of
14 receipt of the notification of the external appeal agent's or independ-
15 ent third-party review agent's determination.

16 (3) If the external appeal agent or independent third-party review
17 agent determines that the early intervention program services rendered
18 by the provider were not medically necessary, in whole or in part, more
19 than sixty percent of the time in any twelve-month period, the insurer
20 may for the subsequent twelve-month period review the provider's early
21 intervention program services claims for medical necessity prior to
22 making payment, in accordance with title one of article forty-nine of
23 this chapter or title one of article forty-nine of the public health
24 law.

25 (4) Nothing in this subsection shall prohibit an insurer from requir-
26 ing preauthorization for early intervention program services. A claim
27 for an early intervention program service for which an insurer denied a
28 preauthorization request shall not be subject to this subsection.

29 (f) For purposes of this section, "insurer" shall mean an insurer
30 authorized to write accident and health insurance in this state, a
31 corporation organized pursuant to article forty-three of this chapter, a
32 municipal cooperative health benefit plan certified pursuant to article
33 forty-seven of this chapter, or a health maintenance organization certi-
34 fied pursuant to article forty-four of the public health law.

35 § 2. This act shall take effect January 1, 2021 and shall apply to
36 health care services provided on and after such date.

37 PART D

38 Section 1. Subdivisions 1 and 3 of section 461-s of the social
39 services law, subdivision 1 as amended by section 4 of part R of chapter
40 59 of the laws of 2016 and subdivision 3 as amended by section 6 of part
41 A of chapter 57 of the laws of 2015, are amended to read as follows:

42 1. (a) The commissioner of health shall establish the enhanced quality
43 of adult living program (referred to in this section as the "EQUAL
44 program" or the "program") for [~~adult care facilities. The program~~
45 ~~shall be targeted at improving the quality of life for adult care facil-~~
46 ~~ity residents by means of grants to facilities for specified purposes.~~
47 ~~The department of health, subject to the approval of the director of the~~
48 ~~budget, shall develop an allocation methodology taking into account the~~
49 ~~financial status and size of the facility as well as resident needs. On~~
50 ~~or before June first of each year, the department shall make available~~
51 ~~the application for EQUAL program funds] the following purposes:~~

52 (i) to support adult care facilities in which at least twenty-five
53 percent of the resident population or twenty-five residents, whichever
54 is less, are persons with serious mental illness, as defined by the

1 commissioner of health. The program shall be targeted at improving the
2 quality of life for such adult care facility residents by means of
3 grants to facilities to support mental hygiene training of staff
4 employed by eligible adult care facilities, as set forth in this
5 section, and independent skills training for residents who desire to
6 transition from such facilities to the community. The department of
7 health, subject to the approval of the director of the budget, shall
8 develop an allocation methodology taking into account the financial
9 status and size of the facility, resident needs, and the population of
10 residents with serious mental illness; and

11 (ii) to support adult care facilities with the highest populations of
12 residents who receive supplemental security income, as defined in
13 subchapter XVI of chapter 7 of title 42 of the United States Code, or
14 safety net assistance, as defined in section one hundred fifty-nine of
15 this chapter. The program shall be targeted at improving the quality of
16 life for such adult care facility residents by financing capital
17 improvement projects that will enhance the physical environment of the
18 facility and promote a higher quality of life for residents. Any capital
19 related expense generated by such capital expenditure must receive
20 approval by the department of health. The department of health, subject
21 to the approval of the director of the budget, shall develop an allo-
22 cation methodology taking into account the financial status and size of
23 the facility, resident needs, and the population of residents who
24 receive supplemental security income and safety net assistance.

25 (b) On or before June first of each year, the department shall make
26 available the application for EQUAL program funds to eligible adult care
27 facilities, as set forth in this section. Where a facility is eligible
28 to apply for funds pursuant to both subparagraphs (i) and (ii) of para-
29 graph (a) of this subdivision, such facility shall only be authorized to
30 apply for those funds set forth in subparagraph (i) of paragraph (a) of
31 this subdivision.

32 3. Prior to applying for EQUAL program funds, a facility shall receive
33 approval of its expenditure plan from the residents' council for the
34 facility. ~~[The]~~ Where an application is submitted pursuant to subpara-
35 graph (ii) of paragraph (a) of subdivision one of this section the resi-
36 dents' council shall adopt a process to identify the priorities of the
37 residents for the use of the program funds and document residents' top
38 preferences by means that may include a vote or survey. [The] Such plan
39 shall detail how program funds will be used to [improve] support
40 sustainable enhancements to the physical environment of the facility [or
41 ~~the quality of care and services rendered to residents and may include,~~
42 ~~but not be limited to, staff training, air conditioning in residents'~~
43 ~~areas, clothing, improvements in food quality, furnishings, equipment,~~
44 ~~security, and maintenance or repairs to the facility]. [The] For all~~
45 applications, the facility's application for EQUAL program funds shall
46 include a signed attestation from the president or chair-person of the
47 residents' council or, in the absence of a residents' council, at least
48 three residents of the facility, stating that the application ~~[reflects~~
49 ~~the priorities of the residents of the facility]~~ has been reviewed and
50 approved by the residents' council. The department shall investigate
51 reports of resident abuse and retaliation related to program applica-
52 tions and expenditures.

53 § 2. This act shall take effect immediately and shall be deemed to
54 have been in full force and effect on and after April 1, 2020.

1 Section 1. Section 2807-bbb of the public health law is REPEALED.

2 § 2. Subdivision 10 of section 2808 of the public health law is
3 REPEALED.

4 § 3. Subdivision 6 of section 3614 of the public health law, as added
5 by chapter 563 of the laws of 1991, is REPEALED.

6 § 4. Subdivision 4 of section 4012 of the public health law is
7 REPEALED.

8 § 5. Article 27-G of the public health law is REPEALED.

9 § 6. Section 95-e of the state finance law, as added by chapter 301 of
10 the laws of 2004, subdivision 2 as amended by chapter 483 of the laws of
11 2015, subdivision 2-a as added by section 27-i of part UU of chapter 54
12 of the laws of 2016, is amended to read as follows:

13 § 95-e. The New York state autism awareness and research fund. 1.
14 There is hereby established in the joint custody of the commissioner of
15 taxation and finance and the comptroller, a special fund to be known as
16 the New York state autism awareness and research fund.

17 2. Such fund shall consist of all revenues received pursuant to the
18 provisions of section four hundred four-v of the vehicle and traffic
19 law, as added by chapter three hundred one of the laws of two thousand
20 four, all revenues received pursuant to section six hundred thirty-d of
21 the tax law and all other moneys appropriated, credited, or transferred
22 thereto from any other fund or source pursuant to law. Nothing contained
23 in this section shall prevent the state from receiving grants, gifts or
24 bequests for the purposes of the fund as defined in this section and
25 depositing them into the fund according to law.

26 2-a. On or before the first day of February each year, the commission-
27 er of [~~health~~] the office for people with developmental disabilities
28 shall provide a written report to the temporary president of the senate,
29 speaker of the assembly, chair of the senate finance committee, chair of
30 the assembly ways and means committee, chair of the senate committee on
31 health, chair of the assembly health committee, the state comptroller
32 and the public. Such report shall include how the monies of the fund
33 were utilized during the preceding calendar year, and shall include:

34 (i) the amount of money disbursed from the fund and the award process
35 used for such disbursements;

36 (ii) recipients of awards from the fund;

37 (iii) the amount awarded to each;

38 (iv) the purposes for which such awards were granted; and

39 (v) a summary financial plan for such monies which shall include esti-
40 mates of all receipts and all disbursements for the current and succeed-
41 ing fiscal years, along with the actual results from the prior fiscal
42 year.

43 3. (a) Monies of the fund shall be expended only for autism awareness
44 projects or autism research projects approved by the [~~department of~~
45 ~~health~~] office for people with developmental disabilities in New York
46 state provided, however, that no more than ten percent of monies from
47 such fund shall be expended on the aggregate number of autism research
48 projects approved in a fiscal year.

49 (b) As used in this section, the term "autism research project" means
50 scientific research approved by the [~~department of health~~] office for
51 people with developmental disabilities into the causes and/or treatment
52 of autism, and the term "autism awareness project" means a project
53 approved by the [~~department of health~~] office for people with develop-
54 mental disabilities aimed toward educating the general public about the
55 causes, symptoms, and treatments of autism.

4. Monies shall be payable from the fund on the audit and warrant of the comptroller on vouchers approved and certified by the commissioner of ~~[health]~~ the office for people with developmental disabilities.

5. To the extent practicable, the commissioner of ~~[health]~~ the office for people with developmental disabilities shall ensure that all monies received during a fiscal year are expended prior to the end of that fiscal year.

§ 7. Article 27-J of the public health law is REPEALED.

§ 8. Title E of the mental hygiene law is amended by adding a new article 30 to read as follows:

ARTICLE 30

COMPREHENSIVE CARE CENTERS FOR EATING DISORDERS

Section 30.01 Legislative findings.

30.02 Definitions.

30.03 Comprehensive care centers for eating disorders; established.

30.04 Qualifying criteria.

30.05 State identification of comprehensive care centers for eating disorders; commissioner's written notice.

30.06 Restricted use of title.

§ 30.01 Legislative findings.

The legislature hereby finds that effective diagnosis and treatment for citizens struggling with eating disorders, a complex and potentially life-threatening condition, requires a continuum of interdisciplinary providers and levels of care. Such effective diagnosis and treatment further requires the coordination and comprehensive management of an individualized plan of care specifically oriented to the distinct needs of each individual.

The legislature further finds that, while there are numerous health care providers in the state with expertise in eating disorder treatment, there is no generally accessible, comprehensive system for responding to these disorders. Due to the lack of such a system the legislature finds that treatment, information/referral, prevention and research activities are fragmented and incomplete. In addition, due to the broad, multifaceted needs of individuals with eating disorders, insurance payments for the necessary plan of care and providers is usually fragmented as well, leaving citizens with insufficient coverage for essential services and, therefore, at risk of incomplete treatment, relapse, deterioration and potential death.

The legislature therefore declares that the state take positive action to facilitate the development and public identification of provider networks and care centers of excellence to provide a coordinated, comprehensive system for the treatment of such disorders, as well as to conduct community education, prevention, information/referral and research activities. The legislature further declares that health coverage by insurers and health maintenance organizations should include covered services provided through such centers and that, to the extent possible and practicable, health plan reimbursement should be structured in a manner to facilitate the individualized, comprehensive and integrated plans of care which such centers are required to provide.

§ 30.02 Definitions.

For purposes of this article:

(a) "Eating disorder" is defined to include, but not be limited to, conditions such as anorexia nervosa, bulimia and binge eating disorder, identified as such in the ICD-9-CM International Classification of Disease or the most current edition of the Diagnostic and Statistical

1 Manual of Mental Disorders, or other medical and mental health diagnos-
2 tic references generally accepted for standard use by the medical and
3 mental health fields.

4 (b) "Comprehensive care centers for eating disorders" or "comprehen-
5 sive care centers" means a provider-sponsored system of care, organized
6 by either corporate affiliation or clinical association for the common
7 purpose of providing a coordinated, individualized plan of care for an
8 individual with an eating disorder, across a continuum that includes all
9 necessary non-institutional, institutional and practitioner services and
10 treatments, from initial patient screening and evaluation, to treatment,
11 follow-up care and support.

12 § 30.03 Comprehensive care centers for eating disorders; established.

13 The commissioner shall provide for the public identification of
14 comprehensive care centers for persons with eating disorders for the
15 purposes of:

16 (a) Promoting the operation of a continuum of comprehensive, coordi-
17 nated care for persons with eating disorders;

18 (b) Promoting ready access to information, referral and treatment
19 services on eating disorders for consumers, health practitioners,
20 providers and insurers, with access in every region of the state;

21 (c) Promoting community education, prevention and patient entry into
22 care; and

23 (d) Promoting and coordinating regional and statewide research efforts
24 into effective methods of education, prevention and treatment, including
25 research on the various models of care.

26 § 30.04 Qualifying criteria.

27 (a) In order to qualify for state identification as a comprehensive
28 care center for eating disorders pursuant to this article, applicants
29 must demonstrate to the commissioner's satisfaction that, at a minimum:

30 1. The applicant can provide a continuum of care tailored to the
31 specialized needs of individuals with eating disorders, with such
32 continuum including at least the following levels of care:

33 (i) Individual health, psychosocial and case management services, in
34 both noninstitutional and institutional settings, from licensed and
35 certified practitioners with demonstrated experience and expertise in
36 providing services to individuals with eating disorders;

37 (ii) Medical/surgical, psychiatric and rehabilitation care in a gener-
38 al hospital or a hospital licensed under this chapter; provided that,
39 whenever practicable and appropriate, the service setting for any such
40 care shall be oriented to the specific needs, treatment and recovery of
41 persons with eating disorders;

42 (iii) Residential care and services in a residential health care
43 facility licensed under article twenty-eight of the public health law,
44 or a facility licensed under article thirty-one of this chapter which
45 will provide a program of care and service setting that is specifically
46 oriented to the needs of individuals with eating disorders;

47 2. The care of individuals will be managed and coordinated at each
48 level and throughout the continuum of care;

49 3. The applicant is able to conduct activities for community educa-
50 tion, prevention, information/referral and research; and

51 4. The applicant meets such additional criteria as are established by
52 the commissioner.

53 (b) Eligible applicants shall include but are not limited to providers
54 licensed under article twenty-eight of the public health law or article
55 thirty-one of this chapter or health or mental health practitioners
56 licensed under title eight of the education law.

(c) The commissioner shall seek the recommendation of the commissioner of health prior to identifying an applicant as a comprehensive care center under this article.

§ 30.05 State identification of comprehensive care centers for eating disorders; commissioner's written notice.

(a) The commissioner shall identify a sufficient number of comprehensive centers to ensure adequate access to services in all regions of the state, provided that, to the extent possible, the commissioner shall identify such care centers geographically dispersed throughout the state, and provided further, however, that the commissioner shall, to the extent possible, initially identify at least three such centers.

(b) The commissioner's identification of a comprehensive care center for eating disorders under this article shall be valid for not more than a two year period from the date of issuance. The commissioner may reissue such identifications for subsequent periods of up to five years, provided that the comprehensive care center has notified the commissioner of any material changes in structure or operation based on its original application, or since its last written notice by the commissioner, and that the commissioner is satisfied that the center continues to meet the criteria required pursuant to this article.

(c) The commissioner may suspend or revoke his or her written notice upon a determination that the comprehensive care center has not met, or would not be able to meet, the criteria required pursuant to this article, provided, however that the commissioner shall afford such center an opportunity for a hearing, in accordance section 31.17 of this chapter, to review the circumstances of and grounds for such suspension or revocation and to appeal such determination.

§ 30.06 Restricted use of title.

No person or entity shall claim, advertise or imply to consumers, health plans or other health care providers that such provider or practitioner is a state-identified comprehensive care center for eating disorders unless it is qualified pursuant to section 30.04 of this article.

§ 9. Section 31.25 of the mental hygiene law, as added by chapter 24 of the laws of 2008, is amended to read as follows:

§ 31.25 Residential services for treatment of eating disorders.

The commissioner shall establish, pursuant to regulation, licensed residential providers of treatment and/or supportive services to children, adolescents, and adults with eating disorders, as that term is defined in section ~~[twenty-seven-hundred-ninety-nine-e-of-the-public-health-law]~~ 30.02 of this title. Such regulations shall be developed in consultation with representatives from each of the comprehensive care centers for eating disorders established pursuant to article ~~[twenty-seven-J-of-the-public-health-law]~~ thirty of this chapter and licensed treatment professionals, such as physicians, psychiatrists, psychologists and therapists, with demonstrated expertise in treating patients with eating disorders.

§ 10. Paragraph 14 of subsection (k) of section 3221 of the insurance law, as added by chapter 114 of the laws of 2004, is amended to read as follows:

(14) No group or blanket policy delivered or issued for delivery in this state which provides medical, major medical or similar comprehensive-type coverage shall exclude coverage for services covered under such policy when provided by a comprehensive care center for eating disorders pursuant to article ~~[twenty-seven-J-of-the-public-health-law]~~ thirty of the mental hygiene law; provided, however, that reimbursement

1 under such policy for services provided through such comprehensive care
2 centers shall, to the extent possible and practicable, be structured in
3 a manner to facilitate the individualized, comprehensive and integrated
4 plans of care which such centers' network of practitioners and providers
5 are required to provide.

6 § 11. Subsection (dd) of section 4303 of the insurance law, as added
7 by chapter 114 of the laws of 2004, is amended to read as follows:

8 (dd) No health service corporation or medical service expense indem-
9 nity corporation which provides medical, major medical or similar
10 comprehensive-type coverage shall exclude coverage for services covered
11 under such policy when provided by a comprehensive care center for
12 eating disorders pursuant to article [~~twenty-seven-J of the public~~
13 ~~health~~] thirty of the mental hygiene law; provided, however, that
14 reimbursement by such corporation for services provided through such
15 comprehensive care centers shall, to the extent possible and practica-
16 ble, be structured in a manner to facilitate the individualized, compre-
17 hensive and integrated plans of care which such centers' network of
18 practitioners and providers are required to provide.

19 § 12. Paragraph 27 of subsection (b) of section 4322 of the insurance
20 law, as added by chapter 114 of the laws of 2004, is amended to read as
21 follows:

22 (27) Services covered under such policy when provided by a comprehen-
23 sive care center for eating disorders pursuant to article [~~twenty-sev-~~
24 ~~en-J of the public health~~] thirty of the mental hygiene law; provided,
25 however, that reimbursement under such policy for services provided
26 through such comprehensive care centers shall, to the extent possible
27 and practicable, be structured in a manner to facilitate the individual-
28 ized, comprehensive and integrated plans of care which such centers'
29 network of practitioners and providers are required to provide.

30 § 13. Subdivision 1 of section 154 of the labor law, as added by chap-
31 ter 675 of the laws of 2007, is amended to read as follows:

32 1. The commissioner, in consultation with the commissioner of health
33 and the commissioner of mental health, shall establish a child performer
34 advisory board for the purpose of recommending guidelines for the
35 employment of child performers and models under the age of eighteen and
36 preventing eating disorders such as anorexia nervosa and bulimia nervosa
37 amongst such persons. The advisory board shall consist of at least
38 sixteen but no more than twenty members appointed by the commissioner,
39 and shall include: representatives of professional organizations or
40 unions representing child performers or models; employers representing
41 child performers or models; physicians, nutritionists and mental health
42 professionals with demonstrated expertise in treating patients with
43 eating disorders; at least one representative from each of the compre-
44 hensive care centers for eating disorders established pursuant to arti-
45 cle [~~twenty-seven-J of the public health~~] thirty of the mental hygiene
46 law; advocacy organizations working to prevent and treat eating disor-
47 ders; and other members deemed necessary by the commissioner. In addi-
48 tion, the commissioner of health and the commissioner of mental health,
49 or their designees, shall serve on the advisory board. The members of
50 the advisory board shall receive no compensation for their services but
51 shall be reimbursed their actual and necessary expenses incurred in the
52 performance of their duties.

53 § 14. This act shall take effect immediately and shall be deemed to
54 have been in full force and effect on and after April 1, 2020.

1 Section 1. Section 9 of part R of chapter 59 of the laws of 2016,
2 amending the public health law and other laws relating to electronic
3 prescriptions, is amended to read as follows:

4 § 9. This act shall take effect immediately; provided however, that
5 sections one and two of this act shall take effect on the first of June
6 next succeeding the date on which it shall have become a law and shall
7 expire and be deemed repealed [~~four years after such effective date~~]
8 June 1, 2023.

9 § 2. Section 4 of chapter 19 of the laws of 1998, amending the social
10 services law relating to limiting the method of payment for prescription
11 drugs under the medical assistance program, as amended by section 11 of
12 part I of chapter 57 of the laws of 2017, is amended to read as follows:

13 § 4. This act shall take effect 120 days after it shall have become a
14 law and shall expire and be deemed repealed March 31, [~~2020~~] 2023.

15 § 3. Paragraph (e-1) of subdivision 12 of section 2808 of the public
16 health law, as amended by section 12 of part I of chapter 57 of the laws
17 of 2017, is amended to read as follows:

18 (e-1) Notwithstanding any inconsistent provision of law or regulation,
19 the commissioner shall provide, in addition to payments established
20 pursuant to this article prior to application of this section, addi-
21 tional payments under the medical assistance program pursuant to title
22 eleven of article five of the social services law for non-state operated
23 public residential health care facilities, including public residential
24 health care facilities located in the county of Nassau, the county of
25 Westchester and the county of Erie, but excluding public residential
26 health care facilities operated by a town or city within a county, in
27 aggregate annual amounts of up to one hundred fifty million dollars in
28 additional payments for the state fiscal year beginning April first, two
29 thousand six and for the state fiscal year beginning April first, two
30 thousand seven and for the state fiscal year beginning April first, two
31 thousand eight and of up to three hundred million dollars in such aggre-
32 gate annual additional payments for the state fiscal year beginning
33 April first, two thousand nine, and for the state fiscal year beginning
34 April first, two thousand ten and for the state fiscal year beginning
35 April first, two thousand eleven, and for the state fiscal years begin-
36 ning April first, two thousand twelve and April first, two thousand
37 thirteen, and of up to five hundred million dollars in such aggregate
38 annual additional payments for the state fiscal years beginning April
39 first, two thousand fourteen, April first, two thousand fifteen and
40 April first, two thousand sixteen and of up to five hundred million
41 dollars in such aggregate annual additional payments for the state
42 fiscal years beginning April first, two thousand seventeen, April first,
43 two thousand eighteen, and April first, two thousand nineteen, and of up
44 to five hundred million dollars in such aggregate annual additional
45 payments for the state fiscal years beginning April first, two thousand
46 twenty, April first, two thousand twenty-one, and April first, two thou-
47 sand twenty-two. The amount allocated to each eligible public residen-
48 tial health care facility for this period shall be computed in accord-
49 ance with the provisions of paragraph (f) of this subdivision, provided,
50 however, that patient days shall be utilized for such computation
51 reflecting actual reported data for two thousand three and each repre-
52 sentative succeeding year as applicable, and provided further, however,
53 that, in consultation with impacted providers, of the funds allocated
54 for distribution in the state fiscal year beginning April first, two
55 thousand thirteen, up to thirty-two million dollars may be allocated in
56 accordance with paragraph (f-1) of this subdivision.

1 § 4. Section 18 of chapter 904 of the laws of 1984, amending the
2 public health law and the social services law relating to encouraging
3 comprehensive health services, as amended by section 13 of part I of
4 chapter 57 of the laws of 2017, is amended to read as follows:

5 § 18. This act shall take effect immediately, except that sections
6 six, nine, ten and eleven of this act shall take effect on the sixtieth
7 day after it shall have become a law, sections two, three, four and nine
8 of this act shall expire and be of no further force or effect on or
9 after March 31, ~~2020~~ 2023, section two of this act shall take effect
10 on April 1, 1985 or seventy-five days following the submission of the
11 report required by section one of this act, whichever is later, and
12 sections eleven and thirteen of this act shall expire and be of no
13 further force or effect on or after March 31, 1988.

14 § 5. Section 4 of part X2 of chapter 62 of the laws of 2003, amending
15 the public health law relating to allowing for the use of funds of the
16 office of professional medical conduct for activities of the patient
17 health information and quality improvement act of 2000, as amended by
18 section 14 of part I of chapter 57 of the laws of 2017, is amended to
19 read as follows:

20 § 4. This act shall take effect immediately; provided that the
21 provisions of section one of this act shall be deemed to have been in
22 full force and effect on and after April 1, 2003, and shall expire March
23 31, ~~2020~~ 2023 when upon such date the provisions of such section shall
24 be deemed repealed.

25 § 6. Subdivision (o) of section 111 of part H of chapter 59 of the
26 laws of 2011, amending the public health law relating to the statewide
27 health information network of New York and the statewide planning and
28 research cooperative system and general powers and duties, as amended by
29 section 15 of part I of chapter 57 of the laws of 2017, is amended to
30 read as follows:

31 (o) sections thirty-eight and thirty-eight-a of this act shall expire
32 and be deemed repealed March 31, ~~2020~~ 2023;

33 § 7. Section 32 of part A of chapter 58 of the laws of 2008, amending
34 the elder law and other laws relating to reimbursement to participating
35 provider pharmacies and prescription drug coverage, as amended by
36 section 16 of part I of chapter 57 of the laws of 2017, is amended to
37 read as follows:

38 § 32. This act shall take effect immediately and shall be deemed to
39 have been in full force and effect on and after April 1, 2008; provided
40 however, that sections one, six-a, nineteen, twenty, twenty-four, and
41 twenty-five of this act shall take effect July 1, 2008; provided however
42 that sections sixteen, seventeen and eighteen of this act shall expire
43 April 1, ~~2020~~ 2023; provided, however, that the amendments made by
44 section twenty-eight of this act shall take effect on the same date as
45 section 1 of chapter 281 of the laws of 2007 takes effect; provided
46 further, that sections twenty-nine, thirty, and thirty-one of this act
47 shall take effect October 1, 2008; provided further, that section twen-
48 ty-seven of this act shall take effect January 1, 2009; and provided
49 further, that section twenty-seven of this act shall expire and be
50 deemed repealed March 31, ~~2020~~ 2023; and provided, further, however,
51 that the amendments to subdivision 1 of section 241 of the education law
52 made by section twenty-nine of this act shall not affect the expiration
53 of such subdivision and shall be deemed to expire therewith and provided
54 that the amendments to section 272 of the public health law made by
55 section thirty of this act shall not affect the repeal of such section
56 and shall be deemed repealed therewith.

§ 8. Subdivision 3 of section 2999-p of the public health law, as amended by section 17 of part I of chapter 57 of the laws of 2017, is amended to read as follows:

3. The commissioner may issue a certificate of authority to an entity that meets conditions for ACO certification as set forth in regulations made by the commissioner pursuant to section twenty-nine hundred ninety-nine-q of this article. The commissioner shall not issue any new certificate under this article after December thirty-first, two thousand ~~twenty~~ twenty-four.

§ 9. Subdivision (a) of section 31 of part B of chapter 59 of the laws of 2016, amending the social services law and other laws relating to authorizing the commissioner of health to apply federally established consumer price index penalties for generic drugs, and authorizing the commissioner of health to impose penalties on managed care plans for reporting late or incorrect encounter data, as amended by section 1 of part T of chapter 57 of the laws of 2018, is amended to read as follows:

(a) section eleven of this act shall expire and be deemed repealed March 31, ~~2020~~ 2022;

§ 10. Subdivision 1-a of section 60 of part B of chapter 57 of the laws of 2015, amending the social services law and other laws relating to supplemental rebates, as added by section 5-b of part T of chapter 57 of the laws of 2018, is amended to read as follows:

1-a. section fifty-two of this act shall expire and be deemed repealed March 31, ~~2020~~ 2025;

§ 11. Section 7 of part H of chapter 57 of the laws of 2019, amending the public health law relating to waiver of certain regulations, is amended to read as follows:

§ 7. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2019, provided, however, that section two of this act shall expire on April 1, ~~2020~~ 2024.

§ 12. Section 228 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 chapter 49 of the laws of 2017, is amended to read as follows:

§ 228. 1. Definitions. (a) Regions, for purposes of this section, shall mean a downstate region to consist of Kings, New York, Richmond, Queens, Bronx, Nassau and Suffolk counties and an upstate region to consist of all other New York state counties. A certified home health agency or long term home health care program shall be located in the same county utilized by the commissioner of health for the establishment of rates pursuant to article 36 of the public health law.

(b) Certified home health agency (CHHA) shall mean such term as defined in section 3602 of the public health law.

(c) Long term home health care program (LTHHCP) shall mean such term as defined in subdivision 8 of section 3602 of the public health law.

(d) Regional group shall mean all those CHHAs and LTHHCPs, respectively, located within a region.

(e) Medicaid revenue percentage, for purposes of this section, shall mean CHHA and LTHHCP revenues attributable to services provided to persons eligible for payments pursuant to title 11 of article 5 of the social services law divided by such revenues plus CHHA and LTHHCP revenues attributable to services provided to beneficiaries of Title XVIII of the federal social security act (medicare).

(f) Base period, for purposes of this section, shall mean calendar year 1995.

(g) Target period. For purposes of this section, the 1996 target period shall mean August 1, 1996 through March 31, 1997, the 1997 target period shall mean January 1, 1997 through November 30, 1997, the 1998 target period shall mean January 1, 1998 through November 30, 1998, the 1999 target period shall mean January 1, 1999 through November 30, 1999, the 2000 target period shall mean January 1, 2000 through November 30, 2000, the 2001 target period shall mean January 1, 2001 through November 30, 2001, the 2002 target period shall mean January 1, 2002 through November 30, 2002, the 2003 target period shall mean January 1, 2003 through November 30, 2003, the 2004 target period shall mean January 1, 2004 through November 30, 2004, and the 2005 target period shall mean January 1, 2005 through November 30, 2005, the 2006 target period shall mean January 1, 2006 through November 30, 2006, and the 2007 target period shall mean January 1, 2007 through November 30, 2007 and the 2008 target period shall mean January 1, 2008 through November 30, 2008, and the 2009 target period shall mean January 1, 2009 through November 30, 2009 and the 2010 target period shall mean January 1, 2010 through November 30, 2010 and the 2011 target period shall mean January 1, 2011 through November 30, 2011 and the 2012 target period shall mean January 1, 2012 through November 30, 2012 and the 2013 target period shall mean January 1, 2013 through November 30, 2013, and the 2014 target period shall mean January 1, 2014 through November 30, 2014 and the 2015 target period shall mean January 1, 2015 through November 30, 2015 and the 2016 target period shall mean January 1, 2016 through November 30, 2016 and the 2017 target period shall mean January 1, 2017 through November 30, 2017 and the 2018 target period shall mean January 1, 2018 through November 30, 2018 and the 2019 target period shall mean January 1, 2019 through November 30, 2019 and the 2020 target period shall mean January 1, 2020 through November 30, 2020, and the 2021 target period shall mean January 1, 2021 through November 30, 2021 and the 2022 target period shall mean January 1, 2022 through November 30, 2022 and the 2023 target period shall mean January 1, 2023 through November 30, 2023.

2. (a) Prior to February 1, 1997, for each regional group the commissioner of health shall calculate the 1996 medicaid revenue percentages for the period commencing August 1, 1996 to the last date for which such data is available and reasonably accurate.

(b) Prior to February 1, 1998, prior to February 1, 1999, prior to February 1, 2000, prior to February 1, 2001, prior to February 1, 2002, prior to February 1, 2003, prior to February 1, 2004, prior to February 1, 2005, prior to February 1, 2006, prior to February 1, 2007, prior to February 1, 2008, prior to February 1, 2009, prior to February 1, 2010, prior to February 1, 2011, prior to February 1, 2012, prior to February 1, 2013, prior to February 1, 2014, prior to February 1, 2015, prior to February 1, 2016, prior to February 1, 2017, prior to February 1, 2018, prior to February 1, 2019, ~~and~~ prior to February 1, 2020, prior to February 1, 2021, prior to February 1, 2022, and prior to February 1, 2023 for each regional group the commissioner of health shall calculate the prior year's medicaid revenue percentages for the period commencing January 1 through November 30 of such prior year.

3. By September 15, 1996, for each regional group the commissioner of health shall calculate the base period medicaid revenue percentage.

4. (a) For each regional group, the 1996 target medicaid revenue percentage shall be calculated by subtracting the 1996 medicaid revenue reduction percentages from the base period medicaid revenue percentages. The 1996 medicaid revenue reduction percentage, taking into account

1 regional and program differences in utilization of medicaid and medicare
2 services, for the following regional groups shall be equal to:

3 (i) one and one-tenth percentage points for CHHAs located within the
4 downstate region;

5 (ii) six-tenths of one percentage point for CHHAs located within the
6 upstate region;

7 (iii) one and eight-tenths percentage points for LTHHCPS located with-
8 in the downstate region; and

9 (iv) one and seven-tenths percentage points for LTHHCPS located within
10 the upstate region.

11 (b) For 1997, 1998, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007,
12 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019
13 [and], 2020, 2021, 2022 and 2023 for each regional group, the target
14 medicaid revenue percentage for the respective year shall be calculated
15 by subtracting the respective year's medicaid revenue reduction percent-
16 age from the base period medicaid revenue percentage. The medicaid
17 revenue reduction percentages for 1997, 1998, 2000, 2001, 2002, 2003,
18 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015,
19 2016, 2017, 2018, 2019 [and], 2020, 2021, 2022 and 2023, taking into
20 account regional and program differences in utilization of medicaid and
21 medicare services, for the following regional groups shall be equal to
22 for each such year:

23 (i) one and one-tenth percentage points for CHHAs located within the
24 downstate region;

25 (ii) six-tenths of one percentage point for CHHAs located within the
26 upstate region;

27 (iii) one and eight-tenths percentage points for LTHHCPS located with-
28 in the downstate region; and

29 (iv) one and seven-tenths percentage points for LTHHCPS located within
30 the upstate region.

31 (c) For each regional group, the 1999 target medicaid revenue percent-
32 age shall be calculated by subtracting the 1999 medicaid revenue
33 reduction percentage from the base period medicaid revenue percentage.
34 The 1999 medicaid revenue reduction percentages, taking into account
35 regional and program differences in utilization of medicaid and medicare
36 services, for the following regional groups shall be equal to:

37 (i) eight hundred twenty-five thousandths (.825) of one percentage
38 point for CHHAs located within the downstate region;

39 (ii) forty-five hundredths (.45) of one percentage point for CHHAs
40 located within the upstate region;

41 (iii) one and thirty-five hundredths percentage points (1.35) for
42 LTHHCPS located within the downstate region; and

43 (iv) one and two hundred seventy-five thousandths percentage points
44 (1.275) for LTHHCPS located within the upstate region.

45 5. (a) For each regional group, if the 1996 medicaid revenue percent-
46 age is not equal to or less than the 1996 target medicaid revenue
47 percentage, the commissioner of health shall compare the 1996 medicaid
48 revenue percentage to the 1996 target medicaid revenue percentage to
49 determine the amount of the shortfall which, when divided by the 1996
50 medicaid revenue reduction percentage, shall be called the 1996
51 reduction factor. These amounts, expressed as a percentage, shall not
52 exceed one hundred percent. If the 1996 medicaid revenue percentage is
53 equal to or less than the 1996 target medicaid revenue percentage, the
54 1996 reduction factor shall be zero.

55 (b) For 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006,
56 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018

1 [~~and~~], 2019, 2020, 2021, 2022 and 2023, for each regional group, if the
2 medicaid revenue percentage for the respective year is not equal to or
3 less than the target medicaid revenue percentage for such respective
4 year, the commissioner of health shall compare such respective year's
5 medicaid revenue percentage to such respective year's target medicaid
6 revenue percentage to determine the amount of the shortfall which, when
7 divided by the respective year's medicaid revenue reduction percentage,
8 shall be called the reduction factor for such respective year. These
9 amounts, expressed as a percentage, shall not exceed one hundred
10 percent. If the medicaid revenue percentage for a particular year is
11 equal to or less than the target medicaid revenue percentage for that
12 year, the reduction factor for that year shall be zero.

13 6. (a) For each regional group, the 1996 reduction factor shall be
14 multiplied by the following amounts to determine each regional group's
15 applicable 1996 state share reduction amount:

16 (i) two million three hundred ninety thousand dollars (\$2,390,000) for
17 CHHAS located within the downstate region;

18 (ii) seven hundred fifty thousand dollars (\$750,000) for CHHAS located
19 within the upstate region;

20 (iii) one million two hundred seventy thousand dollars (\$1,270,000)
21 for LTHHCPs located within the downstate region; and

22 (iv) five hundred ninety thousand dollars (\$590,000) for LTHHCPs
23 located within the upstate region.

24 For each regional group reduction, if the 1996 reduction factor shall
25 be zero, there shall be no 1996 state share reduction amount.

26 (b) For 1997, 1998, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007,
27 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019
28 [~~and~~], 2020, 2021, 2022 and 2023, for each regional group, the reduction
29 factor for the respective year shall be multiplied by the following
30 amounts to determine each regional group's applicable state share
31 reduction amount for such respective year:

32 (i) two million three hundred ninety thousand dollars (\$2,390,000) for
33 CHHAS located within the downstate region;

34 (ii) seven hundred fifty thousand dollars (\$750,000) for CHHAS located
35 within the upstate region;

36 (iii) one million two hundred seventy thousand dollars (\$1,270,000)
37 for LTHHCPs located within the downstate region; and

38 (iv) five hundred ninety thousand dollars (\$590,000) for LTHHCPs
39 located within the upstate region.

40 For each regional group reduction, if the reduction factor for a
41 particular year shall be zero, there shall be no state share reduction
42 amount for such year.

43 (c) For each regional group, the 1999 reduction factor shall be multi-
44 plied by the following amounts to determine each regional group's appli-
45 cable 1999 state share reduction amount:

46 (i) one million seven hundred ninety-two thousand five hundred dollars
47 (\$1,792,500) for CHHAS located within the downstate region;

48 (ii) five hundred sixty-two thousand five hundred dollars (\$562,500)
49 for CHHAS located within the upstate region;

50 (iii) nine hundred fifty-two thousand five hundred dollars (\$952,500)
51 for LTHHCPs located within the downstate region; and

52 (iv) four hundred forty-two thousand five hundred dollars (\$442,500)
53 for LTHHCPs located within the upstate region.

54 For each regional group reduction, if the 1999 reduction factor shall
55 be zero, there shall be no 1999 state share reduction amount.

7. (a) For each regional group, the 1996 state share reduction amount shall be allocated by the commissioner of health among CHHAs and LTHHCPs on the basis of the extent of each CHHA's and LTHHCP's failure to achieve the 1996 target medicaid revenue percentage, calculated on a provider specific basis utilizing revenues for this purpose, expressed as a proportion of the total of each CHHA's and LTHHCP's failure to achieve the 1996 target medicaid revenue percentage within the applicable regional group. This proportion shall be multiplied by the applicable 1996 state share reduction amount calculation pursuant to paragraph (a) of subdivision 6 of this section. This amount shall be called the 1996 provider specific state share reduction amount.

(b) For 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019 ~~[and]~~, 2020, 2021, 2022 and 2023 for each regional group, the state share reduction amount for the respective year shall be allocated by the commissioner of health among CHHAs and LTHHCPs on the basis of the extent of each CHHA's and LTHHCP's failure to achieve the target medicaid revenue percentage for the applicable year, calculated on a provider specific basis utilizing revenues for this purpose, expressed as a proportion of the total of each CHHA's and LTHHCP's failure to achieve the target medicaid revenue percentage for the applicable year within the applicable regional group. This proportion shall be multiplied by the applicable year's state share reduction amount calculation pursuant to paragraph (b) or (c) of subdivision 6 of this section. This amount shall be called the provider specific state share reduction amount for the applicable year.

8. (a) The 1996 provider specific state share reduction amount shall be due to the state from each CHHA and LTHHCP and may be recouped by the state by March 31, 1997 in a lump sum amount or amounts from payments due to the CHHA and LTHHCP pursuant to title 11 of article 5 of the social services law.

(b) The provider specific state share reduction amount for 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019 ~~[and]~~, 2020, 2021, 2022 and 2023 respectively, shall be due to the state from each CHHA and LTHHCP and each year the amount due for such year may be recouped by the state by March 31 of the following year in a lump sum amount or amounts from payments due to the CHHA and LTHHCP pursuant to title 11 of article 5 of the social services law.

9. CHHAs and LTHHCPs shall submit such data and information at such times as the commissioner of health may require for purposes of this section. The commissioner of health may use data available from third-party payors.

10. On or about June 1, 1997, for each regional group the commissioner of health shall calculate for the period August 1, 1996 through March 31, 1997 a medicaid revenue percentage, a reduction factor, a state share reduction amount, and a provider specific state share reduction amount in accordance with the methodology provided in paragraph (a) of subdivision 2, paragraph (a) of subdivision 5, paragraph (a) of subdivision 6 and paragraph (a) of subdivision 7 of this section. The provider specific state share reduction amount calculated in accordance with this subdivision shall be compared to the 1996 provider specific state share reduction amount calculated in accordance with paragraph (a) of subdivision 7 of this section. Any amount in excess of the amount determined in accordance with paragraph (a) of subdivision 7 of this section shall be due to the state from each CHHA and LTHHCP and may be recouped in

1 accordance with paragraph (a) of subdivision 8 of this section. If the
2 amount is less than the amount determined in accordance with paragraph
3 (a) of subdivision 7 of this section, the difference shall be refunded
4 to the CHHA and LTHHCP by the state no later than July 15, 1997. CHHAs
5 and LTHHCPs shall submit data for the period August 1, 1996 through
6 March 31, 1997 to the commissioner of health by April 15, 1997.

7 11. If a CHHA or LTHHCP fails to submit data and information as
8 required for purposes of this section:

9 (a) such CHHA or LTHHCP shall be presumed to have no decrease in medi-
10 cated revenue percentage between the applicable base period and the
11 applicable target period for purposes of the calculations pursuant to
12 this section; and

13 (b) the commissioner of health shall reduce the current rate paid to
14 such CHHA and such LTHHCP by state governmental agencies pursuant to
15 article 36 of the public health law by one percent for a period begin-
16 ning on the first day of the calendar month following the applicable due
17 date as established by the commissioner of health and continuing until
18 the last day of the calendar month in which the required data and infor-
19 mation are submitted.

20 12. The commissioner of health shall inform in writing the director of
21 the budget and the chair of the senate finance committee and the chair
22 of the assembly ways and means committee of the results of the calcu-
23 lations pursuant to this section.

24 § 13. Paragraph (f) of subdivision 1 of section 64 of chapter 81 of
25 the laws of 1995, amending the public health law and other laws relating
26 to medical reimbursement and welfare reform, as amended by chapter 49 of
27 the laws of 2017, is amended to read as follows:

28 (f) Prior to February 1, 2001, February 1, 2002, February 1, 2003,
29 February 1, 2004, February 1, 2005, February 1, 2006, February 1, 2007,
30 February 1, 2008, February 1, 2009, February 1, 2010, February 1, 2011,
31 February 1, 2012, February 1, 2013, February 1, 2014, February 1, 2015,
32 February 1, 2016, February 1, 2017, February 1, 2018, February 1, 2019
33 ~~[and],~~ February 1, 2020, February 1, 2021, February 1, 2022 and February
34 1, 2023, the commissioner of health shall calculate the result of the
35 statewide total of residential health care facility days of care
36 provided to beneficiaries of title XVIII of the federal social security
37 act (medicare), divided by the sum of such days of care plus days of
38 care provided to residents eligible for payments pursuant to title 11 of
39 article 5 of the social services law minus the number of days provided
40 to residents receiving hospice care, expressed as a percentage, for the
41 period commencing January 1, through November 30, of the prior year
42 respectively, based on such data for such period. This value shall be
43 called the 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009,
44 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019 ~~[and],~~ 2020,
45 2021, 2022 and 2023 statewide target percentage respectively.

46 § 14. Subparagraph (ii) of paragraph (b) of subdivision 3 of section
47 64 of chapter 81 of the laws of 1995, amending the public health law and
48 other laws relating to medical reimbursement and welfare reform, as
49 amended by chapter 49 of the laws of 2017, is amended to read as
50 follows:

51 (ii) If the 1997, 1998, 2000, 2001, 2002, 2003, 2004, 2005, 2006,
52 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018,
53 2019 ~~[and],~~ 2020, 2021, 2022 and 2023 statewide target percentages are
54 not for each year at least three percentage points higher than the
55 statewide base percentage, the commissioner of health shall determine
56 the percentage by which the statewide target percentage for each year is

not at least three percentage points higher than the statewide base percentage. The percentage calculated pursuant to this paragraph shall be called the 1997, 1998, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019 ~~[and]~~, 2020, 2021, 2022 and 2023 statewide reduction percentage respectively. If the 1997, 1998, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019 ~~[and]~~, 2020, 2021, 2022 and 2023 statewide target percentage for the respective year is at least three percentage points higher than the statewide base percentage, the statewide reduction percentage for the respective year shall be zero.

§ 15. Subparagraph (iii) of paragraph (b) of subdivision 4 of section 64 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 chapter 49 of the laws of 2017, is amended to read as follows:

(iii) The 1998, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019 ~~[and]~~, 2020, 2021, 2022 and 2023 statewide reduction percentage shall be multiplied by one hundred two million dollars respectively to determine the 1998, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019 ~~[and]~~, 2020, 2021, 2022 and 2023 statewide aggregate reduction amount. If the 1998 and the 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019 ~~[and]~~, 2020, 2021, 2022 and 2023 statewide reduction percentage shall be zero respectively, there shall be no 1998, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019 ~~[and]~~ 2020, 2021, 2022 and 2023 reduction amount.

§ 16. Subdivision (i-1) of section 79 of part C of chapter 58 of the laws of 2008, amending the social services law and the public health law relating to adjustments of rates, as amended by chapter 49 of the laws of 2017, is amended to read as follows:

(i-1) section thirty-one-a of this act shall be deemed repealed July 1, ~~2020~~ 2021;

§ 17. Subdivision 1 of section 60 of part B of chapter 57 of the laws of 2015, amending the social services law and other laws relating to supplemental rebates, as amended by section 5-b of part T of chapter 57 of the laws of 2018, is amended to read as follows:

1. section one of this act shall expire and be deemed repealed March 31, ~~2023~~ 2026;

§ 18. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2020.

PART G

Section 1. The insurance law is amended by adding a new section 111 to read as follows:

§ 111. Investigation by the superintendent with respect to prescription drugs. (a) Whenever it shall appear to the superintendent, either upon complaint or otherwise, that in the advertisement, purchase or sale within this state of any prescription drug, which is contemplated to be paid by a policy approved by the department for offering within the state, has increased over the course of any twelve months by more than one hundred percent and if it is suspected that any person, partnership, corporation, company, trust or association, or any agent or

1 employee thereof, shall have employed, or employs, or is about to employ
2 any device, scheme or artifice to defraud or for obtaining money or
3 property by means of any false pretense, representation or promise, or
4 that any person, partnership, corporation, company, trust or associ-
5 ation, or any agent or employee thereof, shall have made, makes or
6 attempts to make within or from this state or shall have engaged in or
7 engages in or is about to engage in any practice or transaction or
8 course of business relating to the purchase, exchange, or sale of
9 prescription drugs which is fraudulent or in violation of law and which
10 has operated or which would operate as a fraud upon the purchaser, or
11 that any agent or employee thereof, has sold or offered for sale or is
12 attempting to sell or is offering for sale any prescription drug for
13 which the price has increased one hundred percent over the prior calen-
14 dar year, and the superintendent believes it to be in the public inter-
15 est that an investigation be made, he or she may in their sole
16 discretion either require or permit such person, partnership, corpo-
17 ration, company, trust or association, or any agent or employee thereof,
18 to file with the department a statement in writing under oath or other-
19 wise as to all the facts and circumstances concerning the price increase
20 which he or she believes it is to the public interest to investigate,
21 and for that purpose may prescribe forms upon which such statements
22 shall be made. The superintendent may also require such other data and
23 information as he or she may deem relevant and may make such special and
24 independent investigations as he or she may deem necessary in connection
25 with the matter.

26 (b) In addition to any other power granted by law, the superintendent,
27 his or her deputy or other officer designated by the superintendent is
28 empowered to subpoena witnesses, compel their attendance, examine them
29 under oath and require the production of any books or papers which he or
30 she deems relevant or material to the inquiry. Such power of subpoena
31 and examination shall not abate or terminate by reason of any action or
32 proceeding brought by the attorney general.

33 (c) No person shall be excused from attending such inquiry in
34 pursuance to the mandates of a subpoena, or from producing a paper or
35 book, or from being examined or required to answer a question on the
36 ground of failure of tender or payment of a witness fee and/or mileage,
37 unless at the time of such appearance or production, as the case may be,
38 such witness makes demand for such payment as a condition precedent to
39 the offering of testimony or production required by the subpoena and
40 unless such payment is not thereupon made. The provisions for payment of
41 witness fee and/or mileage shall not apply to any officer, director or
42 person in the employ of any person, partnership, corporation, company,
43 trust or association whose conduct or practices are being investigated.

44 (d) If a person subpoenaed to attend such inquiry fails to obey the
45 command of a subpoena without reasonable cause, or if a person in
46 attendance upon such inquiry shall without reasonable cause refuse to be
47 sworn or to be examined or to answer a question or to produce a book or
48 paper when ordered so to do by the officer conducting such inquiry, or
49 if a person, partnership, corporation, company, trust or association
50 fails to perform any act required by this section to be performed, he or
51 she shall be guilty of a misdemeanor and shall be subject to a civil
52 penalty as set forth in subsection (e) of this section.

53 (e) (1) If after an investigation authorized under this section the
54 superintendent determines that any person, partnership, corporation,
55 company, trust or association, or any agent or employee thereof, shall
56 have employed any device, scheme or artifice to defraud or for obtaining

1 money or property by means of any false pretense, representation or
2 promise, or that any person, partnership, corporation, company, trust or
3 association, or any agent or employee thereof, shall have made within or
4 from this state or shall have engaged in any practice or transaction or
5 course of business relating to the purchase, exchange, or sale of
6 prescription drugs which is fraudulent or in violation of law and which
7 has operated as a fraud upon the purchaser, the superintendent may,
8 after notice and a hearing, levy a civil penalty not to exceed the
9 greater of: (A) five thousand dollars for each offense; (B) a multiple
10 of two times the aggregate damages attributable to the offense; or (C) a
11 multiple of two times the aggregate economic gain attributable to the
12 offense.

13 (2) If any person, partnership, corporation, company, trust or associ-
14 ation, that fails to submit a written statement required by the super-
15 intendent under subsection (a) of this section or violates subsection
16 (d) of this section, the superintendent may, after notice and a hearing,
17 levy a civil penalty not to exceed to one thousand dollars per day that
18 the failure continues.

19 (f) If during an investigation authorized under this section the
20 superintendent determines that any person, partnership, corporation,
21 company, trust or association, or any agent or employee thereof is pres-
22 ently taking or is about to take any action in violation of subsection
23 (e) of this section the superintendent may in addition to all other
24 remedies as are provided by law maintain and prosecute an action against
25 such person, partnership, corporation, company, trust or association, or
26 any agent or employee thereof for the purpose of obtaining an injunction
27 restraining such person, partnership, corporation, company, trust or
28 association, or any agent or employee thereof from doing any acts in
29 violation of the provisions of this section.

30 § 2. The insurance law is amended by adding a new section 202 to read
31 as follows:

32 § 202. Drug accountability board. (a) A nine member drug accountabil-
33 ity board is hereby created in the department.

34 (b) The members of the board shall be appointed by the superintendent
35 and shall serve a three-year term. Members may be reappointed upon the
36 completion of other terms. In making appointments to the board the
37 superintendent shall give consideration to persons:

38 (1) licensed and actively engaged in the practice of medicine in the
39 state;

40 (2) licensed and actively practicing in pharmacy in the state;

41 (3) with expertise in drug utilization review who are health care
42 professionals licensed under title eight of the education law and who
43 are pharmacologists;

44 (4) that are consumers or consumer representatives of organizations
45 with a regional or statewide constituency and who have been involved in
46 activities related to health care consumer advocacy;

47 (5) who are health care economists;

48 (6) who are actuaries; and

49 (7) who are experts from the department of health.

50 (c) The superintendent shall designate a person from the department to
51 serve as chairperson of the board.

52 (d) Members of the board and all its agents shall be deemed to be an
53 "employee" for purposes of section seventeen of the public officers law.

54 (e) (1) The department shall have authority on all fiscal matters
55 relating to the board.

1 (2) The board may utilize or request assistance of any state agency or
2 authority subject to the approval of the superintendent.

3 (f) (1) Whenever the superintendent determines it would aid an inves-
4 tigation under section one hundred eleven of this chapter, the super-
5 intendent may refer a drug to the board for a report thereon to be
6 prepared.

7 (2) If a drug is referred to the board under paragraph one of this
8 subsection the board shall determine:

9 (A) the drug's impact on the premium costs for commercial insurance in
10 this state, and the drug's affordability and value to the public;

11 (B) whether increases in the price of the drug over time were signif-
12 icant and unjustified;

13 (C) whether the drug may be priced disproportionately to its therapeu-
14 tic benefits; and

15 (D) any other question the superintendent may certify to the board in
16 aid of an investigation under section one hundred eleven of this chap-
17 ter.

18 (3) In formulating its determinations, the board may consider:

19 (A) publicly available information relevant to the pricing of the
20 drug;

21 (B) information supplied by the department relevant to the pricing of
22 the drug;

23 (C) information relating to value-based pricing;

24 (D) the seriousness and prevalence of the disease or condition that is
25 treated by the drug;

26 (E) the extent of utilization of the drug;

27 (F) the effectiveness of the drug in treating the conditions for which
28 it is prescribed, or in improving a patient's health, quality of life,
29 or overall health outcomes;

30 (G) the likelihood that use of the drug will reduce the need for other
31 medical care, including hospitalization;

32 (H) the average wholesale price, wholesale acquisition cost, retail
33 price of the drug, and the cost of the drug to the Medicaid program
34 minus rebates received by the state;

35 (I) in the case of generic drugs, the number of pharmaceutical
36 manufacturers that produce the drug;

37 (J) whether there are pharmaceutical equivalents to the drug;

38 (K) information supplied by the manufacturer, if any, explaining the
39 relationship between the pricing of the drug and the cost of development
40 of the drug and/or the therapeutic benefit of the drug, or that is
41 otherwise pertinent to the manufacturer's pricing decision; any such
42 information provided shall be considered confidential and shall not be
43 disclosed by the drug utilization review board in a form that identifies
44 a specific manufacturer or prices charged for drugs by such manufactur-
45 er; and

46 (L) information from the department of health, including from the drug
47 utilization review board.

48 (4) Following its review, the board shall report its findings to the
49 superintendent. Such report shall include the determinations required
50 by paragraph two of this subsection and any other information required
51 by the superintendent.

52 (g) Notwithstanding any law to the contrary, the papers and informa-
53 tion considered by the board and any report thereof shall be confiden-
54 tial and not subject to disclosure. The superintendent, in his or her
55 sole discretion, may determine that the release of the board's report
56 would not harm an ongoing investigation and would be in the public

1 interest, and thereafter may release the report or any portion thereof
2 to the public.

3 (h) The superintendent may call a public hearing on the determinations
4 of the board, notice of such hearing shall be given to the manufacturer
5 of the drug and shall be published on the website of the department for
6 not less than fifteen days before the hearing.

7 § 3. The superintendent of financial services may promulgate any regu-
8 lations necessary to interpret the provisions of this act, including but
9 not limited to regulations relating to the operations of the drug
10 accountability board.

11 § 4. This act shall take effect immediately.

12 PART H

13 Section 1. Subdivisions 1 and 4 of section 6841 of the education law,
14 as added by chapter 414 of the laws of 2019, are amended to read as
15 follows:

16 1. A registered pharmacy technician may, under the direct personal
17 supervision of a licensed pharmacist, assist such licensed pharmacist,
18 as directed, in compounding, preparing, labeling, or dispensing of drugs
19 used to fill valid prescriptions or medication orders [~~or~~], and a regis-
20 tered pharmacy technician employed by a facility licensed in accordance
21 with article twenty-eight of the public health law, or a pharmacy owned
22 and operated by such a facility may assist a licensed pharmacist as
23 directed in compounding, preparing, and labeling in anticipation of a
24 valid prescription or medication order for a patient to be served by the
25 facility, in accordance with article one hundred thirty-seven of this
26 title where such tasks require no professional judgment. Such profes-
27 sional judgment shall only be exercised by a licensed pharmacist. A
28 registered pharmacy technician may only practice [~~in a facility licensed~~
29 ~~in accordance with article twenty-eight of the public health law, or a~~
30 ~~pharmacy owned and operated by such a facility,~~] in a registered pharma-
31 cy under the direct personal supervision of a licensed pharmacist
32 employed [~~in~~] by such a facility or pharmacy. Such facility or pharmacy
33 shall be responsible for ensuring that the registered pharmacy techni-
34 cian has received appropriate training to ensure competence before he or
35 she begins assisting a licensed pharmacist in compounding, preparing,
36 labeling, or dispensing of drugs, in accordance with this article and
37 article one hundred thirty-seven of this title. For the purposes of this
38 article, direct personal supervision means supervision of procedures
39 based on instructions given directly by a supervising licensed pharma-
40 cist who remains in the immediate area where the procedures are being
41 performed, authorizes the procedures and evaluates the procedures
42 performed by the registered pharmacy technicians and a supervising
43 licensed pharmacist shall approve all work performed by the registered
44 pharmacy technician prior to the actual dispensing of any drug.

45 4. No licensed pharmacist shall obtain the assistance of more than
46 [~~two~~] four registered pharmacy technicians in the performance of
47 [~~licensed tasks~~] compounding or preparation of sterile products within
48 their scope of practice. No licensed pharmacist shall obtain the assist-
49 ance of more than four registered pharmacy technicians or [~~four~~] six
50 unlicensed persons, in the performance of the activities that do not
51 require licensure, the total of such persons shall not exceed [~~four~~] six
52 individuals at any one time. Pharmacy interns shall be exempt from such
53 ratios, but shall be supervised in accordance with commissioner's regu-
54 lations. Individuals who are responsible for the act of placing drugs

1 which are in unit-dose packaging into medication carts as part of an
2 approved unit-dose drug distribution system for patients in institu-
3 tional settings shall be exempt from such ratio, provided that such
4 individuals are not also engaged in performing the activities set forth
5 in subdivision one or paragraph b, c, d, e, f, g, h, or i of subdivision
6 two of this section. The licensed pharmacist shall provide the degree
7 of supervision of such persons as may be appropriate to ensure compli-
8 ance with the relevant provisions of regulations of the commissioner.

9 § 2. Subdivision 2 of section 6832 of the education law, as added by
10 chapter 414 of the laws of 2019, is amended to read as follows:

11 2. [~~Except for a licensed pharmacist employed by a facility licensed~~
12 ~~in accordance with article twenty-eight of the public health law or a~~
13 ~~pharmacy owned and operated by such a facility, as defined in article~~
14 ~~one hundred thirty-seven-A of this title, no~~] No licensed pharmacist
15 shall obtain the assistance of more than four registered pharmacy tech-
16 nicians or six unlicensed persons, in the performance of the activities
17 that do not require licensure, the total of such persons shall not
18 exceed [~~four~~] six individuals at any one time. Pharmacy interns shall
19 be exempt from such ratios, but shall be supervised in accordance with
20 the commissioner's regulations. Individuals who are responsible for the
21 act of placing drugs which are in unit-dose packaging into medication
22 carts as part of an approved unit-dose drug distribution system for
23 patients in institutional settings shall be exempt from such ratio,
24 provided that such individuals are not also engaged in performing the
25 activities set forth in paragraph (b), (c), (d), (e), (f), (g), (h) or
26 (i) of subdivision one of this section. The licensed pharmacist shall
27 provide the degree of supervision of such persons as may be appropriate
28 to ensure compliance with the relevant provisions of regulations of the
29 commissioner.

30 § 3. This act shall take effect on the same date and in the same
31 manner as chapter 414 of the laws of 2019 takes effect.

32 PART I

33 Section 1. Subdivision 7 of section 6527 of the education law, as
34 amended by chapter 46 of the laws of 2015, is amended to read as
35 follows:

36 7. A licensed physician may prescribe and order a patient specific
37 order or non-patient specific regimen to a licensed pharmacist, pursuant
38 to regulations promulgated by the commissioner, and consistent with the
39 public health law, for administering immunizations to prevent influenza,
40 pneumococcal, acute herpes zoster, meningococcal, tetanus, diphtheria or
41 pertussis disease or, for patients eighteen years of age and older, any
42 other immunizations recommended by the advisory committee on immuniza-
43 tions practices of the centers for disease control and prevention, and
44 medications required for emergency treatment of anaphylaxis. Nothing in
45 this subdivision shall authorize unlicensed persons to administer immun-
46 izations, vaccines or other drugs.

47 § 2. Subdivision 7 of section 6909 of the education law, as amended by
48 chapter 46 of the laws of 2015, is amended to read as follows:

49 7. A certified nurse practitioner may prescribe and order a patient
50 specific order or non-patient specific regimen to a licensed pharmacist,
51 pursuant to regulations promulgated by the commissioner, and consistent
52 with the public health law, for administering immunizations to prevent
53 influenza, pneumococcal, acute herpes zoster, meningococcal, tetanus,
54 diphtheria or pertussis disease or, for patients eighteen years of age

1 and older, any other immunizations recommended by the advisory committee
2 on immunization practices of the centers for disease control and
3 prevention, and medications required for emergency treatment of anaphy-
4 laxis. Nothing in this subdivision shall authorize unlicensed persons to
5 administer immunizations, vaccines or other drugs.

6 § 3. Section 6801-a of the education law, as amended by chapter 238
7 of the laws of 2015, is amended to read as follows:

8 § 6801-a. Collaborative drug therapy management [~~demonstration~~
9 ~~program~~]. 1. As used in this section, the following terms shall have
10 the following meanings:

11 a. "Board" shall mean the state board of pharmacy as established by
12 section sixty-eight hundred four of this article.

13 b. "Clinical services" shall mean the collection and interpretation of
14 patient data for the purpose of initiating, modifying and monitoring
15 drug therapy with associated accountability and responsibility for
16 outcomes in a direct patient care setting.

17 c. "Collaborative drug therapy management" shall mean the performance
18 of clinical services by a pharmacist relating to the review, evaluation
19 and management of drug therapy to a patient, who is being treated by a
20 physician, physician assistant, or nurse practitioner for a specific
21 disease or associated disease states, in accordance with a written
22 agreement or protocol with a voluntarily participating physician, physi-
23 cian assistant, nurse practitioner or facility and in accordance with
24 the policies, procedures, and protocols of the facility. Such agreement
25 or protocol as entered into by the physician and a pharmacist, may
26 include~~[, and shall be limited to]~~:

27 (i) [~~adjusting or managing~~] prescribing in order to adjust or manage a
28 drug regimen of a patient, pursuant to a patient specific order or non-
29 patient specific protocol made by the patient's physician, physician
30 assistant, nurse practitioner or facility, which may include adjusting
31 drug strength, frequency of administration or route of administration~~[,~~
32 ~~Adjusting the drug regimen shall not include substituting]~~ or selecting
33 a [~~different~~] drug which differs from that initially prescribed by the
34 patient's physician [~~unless such substitution is expressly~~], physician
35 assistant or nurse practitioner as authorized in the written order or
36 protocol. The pharmacist shall be required to immediately document in
37 the patient record changes made to the patient's drug therapy and shall
38 use any reasonable means or method established by the facility or prac-
39 tice to notify the patient's other treating physicians, physician
40 assistants, nurse practitioners and other professionals as required by
41 the facility or the collaborative practice agreement, provided, however,
42 that the pharmacist shall appropriately consider clinical benefit and
43 cost to the patient and/or payer in discharging these responsibilities
44 ~~[with whom he or she does not have a written agreement or protocol~~
45 ~~regarding such changes. The patient's physician may prohibit, by written~~
46 ~~instruction, any adjustment or change in the patient's drug regimen by~~
47 ~~the pharmacist]~~;

48 (ii) evaluating and~~[, only if specifically]~~ as authorized by the
49 protocol and only to the extent necessary to discharge the responsibil-
50 ities set forth in this section, ordering disease state laboratory tests
51 related to the drug therapy management for the specific disease or
52 disease [~~state~~] states specified within the written agreement or proto-
53 col; and

54 (iii) [~~only if specifically]~~ as authorized by the written agreement or
55 protocol and only to the extent necessary to discharge the responsibil-
56 ities set forth in this section, ordering or performing routine patient

1 monitoring functions as may be necessary in the drug therapy manage-
2 ment[~~, including the collecting and reviewing of patient histories, and~~
3 ~~ordering or checking patient vital signs, including pulse, temperature,~~
4 ~~blood pressure and respiration~~].

5 d. "Facility" shall mean[~~+(i)~~] a [~~teaching hospital or~~] general
6 hospital, [~~including any~~] diagnostic center, treatment center, or hospi-
7 tal-based outpatient department as defined in section twenty-eight
8 hundred one of the public health law[~~, or (ii)~~], a residential health
9 care facility, a nursing home with an on-site pharmacy staffed by a
10 licensed pharmacist or any facility as defined in section twenty-eight
11 hundred one of the public health law or other entity that provides
12 direct patient care under the auspices of a medical director; provided,
13 however, for the purposes of this section the term "facility" shall not
14 include dental clinics, dental dispensaries, residential health care
15 facilities and rehabilitation centers.

16 For the purposes of this section, [~~a "teaching hospital" shall mean a~~
17 ~~hospital licensed pursuant to article twenty-eight of the public health~~
18 ~~law that is eligible to receive direct or indirect graduate medical~~
19 ~~education payments pursuant to article twenty-eight of the public health~~
20 ~~law.~~] a "practice" shall mean a place or situation in which physicians,
21 physician assistants and nurse practitioners either alone or in group
22 practices provide diagnostic and treatment care for patients.

23 e. "Physician, physician assistant or nurse practitioner" shall mean
24 the physician, physician assistant or nurse practitioner selected by or
25 assigned to a patient, who has primary responsibility for the treatment
26 and care of the patient for the disease and associated disease states
27 that are the subject of the collaborative drug therapy management.

28 f. "Written agreement or protocol" shall mean a written document,
29 pursuant to and consistent with any applicable state or federal require-
30 ments, that addresses a specific disease or associated disease states
31 and that describes the nature and scope of collaborative drug therapy
32 management to be undertaken by the pharmacists, in collaboration with
33 the participating physician, physician assistant, nurse practitioner or
34 facility in accordance with the provisions of this section.

35 2. a. A pharmacist who meets the experience requirements of paragraph
36 b of this subdivision and who is [~~employed by or otherwise affiliated~~
37 ~~with a facility~~] certified by the department to engage in collaborative
38 drug therapy management and who is either employed by or otherwise
39 affiliated with a facility or is participating with a practicing physi-
40 cian, physician assistant or nurse practitioner shall be permitted to
41 enter into a written agreement or protocol with a physician, physician
42 assistant, nurse practitioner or facility authorizing collaborative drug
43 therapy management, subject to the limitations set forth in this
44 section, within the scope of such employment [~~or~~], affiliation or
45 participation. Only pharmacists so certified may engage in collaborative
46 drug therapy management as defined in this section.

47 b. A participating pharmacist must[~~+~~
48 ~~(i)(A) have been awarded either a master of science in clinical phar-~~
49 ~~macy or a doctor of pharmacy degree,~~
50 ~~(B)~~] maintain a current unrestricted license[~~,~~], and
51 [~~(C) have a minimum of two years experience, of which at least one~~
52 ~~year of such experience shall include clinical experience in a health~~
53 ~~facility, which involves consultation with physicians with respect to~~
54 ~~drug therapy and may include a residency at a facility involving such~~
55 ~~consultation, or~~

56 ~~(ii)(A) have been awarded a bachelor of science in pharmacy,~~

~~(B) maintain a current unrestricted license, and~~
~~(C) within the last seven years, have a minimum of three years experi-~~
~~ence, of which at least one year of such experience shall include clin-~~
~~ical experience in a health facility, which involves consultation with~~
~~physicians with respect to drug therapy and may include a residency at a~~
~~facility involving such consultation; and~~

~~(iii) meet any additional education, experience, or other requirements~~
~~set forth by the department in consultation with the board.] shall~~
satisfy any two of the following criteria:

(i) certification in a relevant area of practice including but not
limited to ambulatory care, critical care, geriatric pharmacy, nuclear
pharmacy, nutrition support pharmacy, oncology pharmacy, pediatric phar-
macy, pharmacotherapy, or psychiatric pharmacy, from a national accred-
iting body as approved by the department;

(ii) postgraduate residency through an accredited postgraduate program
requiring at least fifty percent of the experience be in direct patient
care services with interdisciplinary terms; or

(iii) have provided clinical services to patients for at least one
year either:

(A) under a collaborative practice agreement or protocol with a physi-
cian, physician assistant, nurse practitioner or facility; or

(B) has documented experience in provision of clinical services to
patients for at least one year or one thousand hours, and deemed accept-
able to the department upon recommendation of the board of pharmacy.

c. Notwithstanding any provision of law, nothing in this section shall prohibit a licensed pharmacist from engaging in clinical services associated with collaborative drug therapy management, in order to gain experience necessary to qualify under ~~[clause (C) of subparagraph (i) or (ii) of paragraph b]~~ clause (B) of subparagraph (iii) of paragraph b of this subdivision, provided that such practice is under the supervision of a pharmacist that currently meets the referenced requirement, and that such practice is authorized under the written agreement or protocol with the physician, physician assistant, nurse practitioner or facility.

d. Notwithstanding any provision of this section, nothing herein shall authorize the pharmacist to diagnose disease. In the event that a treating physician, physician assistant or nurse practitioner may disagree with the exercise of professional judgment by a pharmacist, the judgment of the treating physician, physician assistant or nurse practitioner shall prevail.

3. ~~[The physician who is a party to a written agreement or protocol authorizing collaborative drug therapy management shall be employed by or otherwise affiliated with the same facility with which the pharmacist is also employed or affiliated.]~~

~~4. The existence of a written agreement or protocol on collaborative drug therapy management and the patient's right to choose to not participate in collaborative drug therapy management shall be disclosed to any patient who is eligible to receive collaborative drug therapy management. Collaborative drug therapy management shall not be utilized unless the patient or the patient's authorized representative consents, in writing, to such management. If the patient or the patient's authorized representative consents, it shall be noted on the patient's medical record. If the patient or the patient's authorized representative who consented to collaborative drug therapy management chooses to no longer participate in such management, at any time, it shall be noted on the patient's medical record. In addition, the existence of the written agreement or protocol and the patient's consent to such management shall~~

~~be disclosed to the patient's primary physician and any other treating physician or healthcare provider.~~

5.] A pharmacist who is certified by the department to engage in collaborative drug therapy management may enter into a written collaborative practice agreement or protocol with a physician, physician assistant, nurse practitioner or practice as an independent health care provider or as an employee of a pharmacy or other health care provider. In a facility, the physician, physician assistant or nurse practitioner and the pharmacist who are parties to a written agreement or protocol authorizing collaborative drug therapy management shall be employed by or be otherwise affiliated with the facility.

4. Participation in a written agreement or protocol authorizing collaborative drug therapy management shall be voluntary, and no patient, physician, physician assistant, nurse practitioner, pharmacist, or facility shall be required to participate.

~~[6. Nothing in this section shall be deemed to limit the scope of practice of pharmacy nor be deemed to limit the authority of pharmacists and physicians to engage in medication management prior to the effective date of this section and to the extent authorized by law.]~~

§ 4. Section 8 of chapter 563 of the laws of 2008, amending the education law and the public health law relating to immunizing agents to be administered to adults by pharmacists, as amended by section 3 of part DD of chapter 57 of the laws of 2018, is amended to read as follows:

§ 8. This act shall take effect on the ninetieth day after it shall have become a law ~~[and shall expire and be deemed repealed July 1, 2020].~~

§ 5. Section 5 of chapter 116 of the laws of 2012, amending the education law relating to authorizing a licensed pharmacist and certified nurse practitioner to administer certain immunizing agents, as amended by section 4 of part DD of chapter 57 of the laws of 2018, is amended to read as follows:

§ 5. This act shall take effect on the ninetieth day after it shall have become a law~~[, provided, however, that the provisions of sections one, two and four of this act shall expire and be deemed repealed July 1, 2020 provided, that:~~

~~(a) the amendments to subdivision 7 of section 6527 of the education law made by section one of this act shall not affect the repeal of such subdivision and shall be deemed to be repealed therewith;~~

~~(b) the amendments to subdivision 7 of section 6909 of the education law, made by section two of this act shall not affect the repeal of such subdivision and shall be deemed to be repealed therewith;~~

~~(c) the amendments to subdivision 22 of section 6802 of the education law made by section three of this act shall not affect the repeal of such subdivision and shall be deemed to be repealed therewith; and~~

~~(d) the amendments to section 6801 of the education law made by section four of this act shall not affect the expiration of such section and shall be deemed to expire therewith].~~

§ 6. Section 4 of chapter 274 of the laws of 2013, amending the education law relating to authorizing a licensed pharmacist and certified nurse practitioner to administer meningococcal disease immunizing agents, is amended to read as follows:

§ 4. This act shall take effect on the ninetieth day after it shall have become a law~~[, provided, that:~~

~~(a) the amendments to subdivision 7 of section 6527 of the education law, made by section one of this act shall not affect the expiration and~~

~~reversion of such subdivision, as provided in section 6 of chapter 116 of the laws of 2012, and shall be deemed to expire therewith, and~~

~~(b) the amendments to subdivision 7 of section 6909 of the education law, made by section two of this act shall not affect the expiration and reversion of such subdivision, as provided in section 6 of chapter 116 of the laws of 2012, and shall be deemed to be expire therewith, and~~

~~(c) the amendments to subdivision 22 of section 6802 of the education law made by section three of this act shall not affect the expiration of such subdivision and shall be deemed to expire therewith].~~

§ 7. Section 5 of chapter 21 of the laws of 2011, amending the education law relating to authorizing pharmacists to perform collaborative drug therapy management with physicians in certain settings, as amended by section 5 of part DD of chapter 57 of the laws of 2018, is amended to read as follows:

§ 5. This act shall take effect on the one hundred twentieth day after it shall have become a law~~[, provided, however, that the provisions of sections two, three, and four of this act shall expire and be deemed repealed July 1, 2020; provided, however, that the amendments to subdivision 1 of section 6801 of the education law made by section one of this act shall be subject to the expiration and reversion of such subdivision pursuant to section 8 of chapter 563 of the laws of 2008, when upon such date the provisions of section one-a of this act shall take effect; provided, further, that effective]~~. 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 effective date.

§ 8. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2020; provided, however, that section three of this act shall take effect on the one hundred eightieth day after it shall have become a law.

PART J

Section 1. Subsection (j) of section 3217-b of the insurance law, as added by chapter 297 of the laws of 2012, is amended to read as follows:

(j) (1) ~~[An]~~ No insurer shall ~~[not]~~ by contract, written policy or procedure, or by any other means, deny payment to a general hospital certified pursuant to article twenty-eight of the public health law for a claim for medically necessary inpatient services ~~[resulting from an emergency admission]~~, observation services, or emergency department services provided by a general hospital solely on the basis that the general hospital did not ~~[timely notify]~~ comply with certain administrative requirements of such insurer ~~[that the services had been provided]~~ with respect to those services.

(2) Nothing in this subsection shall preclude a general hospital and an insurer from agreeing to certain administrative requirements ~~[for]~~ relating to payment for inpatient services, observation services, or emergency department services, including but not limited to timely notification that medically necessary inpatient services ~~[resulting from an emergency admission]~~ have been provided and to reductions in payment for failure to comply with certain administrative requirements including timely ~~[notify]~~ notification; provided, however that: ~~[(i)]~~ (A) any requirement for timely notification must provide for a reasonable extension of timeframes for notification for ~~[emergency]~~ services provided on weekends or federal holidays, ~~[(ii)]~~ (B) any agreed to reduction in payment for failure to meet administrative requirements, including time-

ly ~~[notify]~~ notification shall not exceed the lesser of two thousand dollars or twelve percent of the payment amount otherwise due for the services provided, and ~~[(iii)]~~ (C) any agreed to reduction in payment for failure to meet administrative requirements including timely ~~[notify]~~ notification shall not be imposed if the patient's insurance coverage could not be determined by the hospital after reasonable efforts at the time the ~~[inpatient]~~ services were provided.

(3) Nothing in this subsection shall preclude an insurer from denying payment for a claim: (A) based on a reasonable belief of fraud or intentional misconduct, or abusive billing; (B) when required by a state or federal government program or coverage that is provided by this state or a municipality thereof to its respective employees, retirees or members; or (C) that it believes is fraudulently submitted, is a duplicate claim, or is for services for a benefit that is not covered under the insured's policy or for a patient determined to be ineligible for coverage.

(4) For purposes of this subsection, an "administrative requirement" shall not include requirements: (A) imposed on an insurer or provider pursuant to federal or state laws, regulations or guidance; or (B) established by the state or federal government applicable to insurers offering benefits under a state or federal government program.

(5) The prohibition on denials set forth in this subsection shall not apply to claims for services for which a request for preauthorization was denied by the insurer prior to delivery of the service.

§ 2. Subsection (k) of section 4325 of the insurance law, as added by chapter 297 of the laws of 2012, is amended to read as follows:

(k) (1) ~~[A]~~ No corporation organized under this article shall ~~[not]~~ by written contract, written policy or procedure, or by any other means, deny payment to a general hospital certified pursuant to article twenty-eight of the public health law for a claim for medically necessary inpatient services ~~[resulting from an emergency admission],~~ observation services, or emergency department services provided by a general hospital solely on the basis that the general hospital did not ~~[timely notify]~~ comply with certain administrative requirements of such ~~[insurer that the services had been provided]~~ corporation with respect to those services.

(2) Nothing in this subsection shall preclude a general hospital and a corporation from agreeing to certain administrative requirements ~~[for]~~ relating to payment for inpatient services, observation services, or emergency department services, including, but not limited to timely notification that medically necessary inpatient services ~~[resulting from an emergency admission]~~ have been provided and to reductions in payment for failure to comply with certain administrative requirements including timely ~~[notify]~~ notification; provided, however that: ~~[(i)]~~ (A) any requirement for timely notification must provide for a reasonable extension of timeframes for notification for [emergency] services provided on weekends or federal holidays, [(ii)] (B) any agreed to reduction in payment for failure to meet administrative requirements including timely ~~[notify]~~ notification shall not exceed the lesser of two thousand dollars or twelve percent of the payment amount otherwise due for the services provided, and ~~[(iii)]~~ (C) any agreed to reduction in payment for failure to meet administrative requirements including timely notification shall not be imposed if the patient's insurance coverage could not be determined by the hospital after reasonable efforts at the time the ~~[inpatient]~~ services were provided.

(3) Nothing in this subsection shall preclude a corporation from denying payment for a claim: (A) based on a reasonable belief of fraud or

1 intentional misconduct, or abusive billing; (B) when required by a state
2 or federal government program or coverage that is provided by this state
3 or a municipality thereof to its respective employees, retirees or
4 members; or (C) that it believes is fraudulently submitted, is a dupli-
5 cate claim or is for services for a benefit that is not covered under
6 the insured's contract or for a patient determined to be ineligible for
7 coverage.

8 (4) For purposes of this subsection, an "administrative requirement"
9 shall not include requirements: (A) imposed on a corporation or provider
10 pursuant to federal or state laws, regulations or guidance; (B) estab-
11 lished by the state or federal government applicable to corporations
12 offering benefits under a state or federal government program.

13 (5) The prohibition on denials set forth in this subsection shall not
14 apply to claims for services for which a request for preauthorization
15 was denied by the corporation prior to delivery of the service.

16 § 3. Subdivision 8 of section 4406-c of the public health law, as
17 added by chapter 297 of the laws of 2012, is amended to read as follows:

18 8. (a) [A] No health care plan shall [not] by contract, written policy
19 or procedure, or by any other means, deny payment to a general hospital
20 certified pursuant to article twenty-eight of this chapter for a claim
21 for medically necessary inpatient services [resulting from an emergency
22 admission], observation services, or emergency department services
23 provided by a general hospital solely on the basis that the general
24 hospital did not [timely notify such health care plan that the services
25 had been provided] comply with certain administrative requirements of
26 such health care plan with respect to those services.

27 (b) Nothing in this subdivision shall preclude a general hospital and
28 a health care plan from agreeing to certain administrative requirements
29 ~~[for]~~ relating to payment for inpatient services, observation services,
30 or emergency department services, including, but not limited to, timely
31 notification that medically necessary inpatient services [resulting from
32 an emergency admission] have been provided and to reductions in payment
33 for failure to comply with certain administrative requirements including
34 timely [notify] notification; provided, however that: (i) any require-
35 ment for timely notification must provide for a reasonable extension of
36 timeframes for notification for [emergency] services provided on week-
37 ends or federal holidays, (ii) any agreed to reduction in payment for
38 failure to meet administrative requirements, including timely [notify]
39 notification shall not exceed the lesser of two thousand dollars or
40 twelve percent of the payment amount otherwise due for the service
41 provided, and (iii) any agreed to reduction in payment for failure to
42 meet administrative requirements including timely notification shall not
43 be imposed if the patient's coverage could not be determined by the
44 hospital after reasonable efforts at the time the [inpatient] services
45 were provided.

46 (c) Nothing in this subdivision shall preclude a health care plan from
47 denying payment for a claim: (i) based on a reasonable belief of fraud
48 or intentional misconduct, or abusive billing; (ii) when required by a
49 state or federal government program or coverage that is provided by this
50 state or a municipality thereof to its respective employees, retirees or
51 members; (iii) that it believes is fraudulently submitted, is a dupli-
52 cate claim, or is for services for a benefit that is not covered under
53 the insured's contract or for a patient determined to be ineligible for
54 coverage.

55 (d) For purposes of this subdivision, an "administrative requirement"
56 shall not include requirements: (i) imposed on a health care plan or

1 provider pursuant to federal or state laws, regulations or guidance; or
2 (ii) established by the state or federal government applicable to health
3 care plans offering benefits under a state or federal government
4 program.

5 (e) The prohibition on denials set forth in this subdivision shall not
6 apply to claims for services for which a request for preauthorization
7 was denied by the health care plan prior to delivery of the service.

8 § 4. Subsection (b) of section 3224-a of the insurance law, as amended
9 by chapter 237 of the laws of 2009, is amended to read as follows:

10 (b) In a case where the obligation of an insurer or an organization or
11 corporation licensed or certified pursuant to article forty-three or
12 forty-seven of this chapter or article forty-four of the public health
13 law to pay a claim or make a payment for health care services rendered
14 is not reasonably clear due to a good faith dispute regarding the eligi-
15 bility of a person for coverage, the liability of another insurer or
16 corporation or organization for all or part of the claim, the amount of
17 the claim, the benefits covered under a contract or agreement, or the
18 manner in which services were accessed or provided, but not with respect
19 to cases as set forth in subsection (a) of this section, an insurer or
20 organization or corporation shall pay any undisputed portion of the
21 claim in accordance with this subsection and notify the policyholder,
22 covered person or health care provider in writing, and through the
23 internet or other electronic means for claims submitted in that manner,
24 within thirty calendar days of the receipt of the claim:

25 (1) that it is not obligated to pay the claim or make the medical
26 payment, stating the specific reasons why it is not liable; or

27 (2) to request all additional information needed to determine liabil-
28 ity to pay the claim or make the health care payment; and

29 (3) of the specific type of plan or product the policyholder or
30 covered person is enrolled in; provided that nothing in this section
31 shall authorize discrimination based on the source of payment.

32 Upon receipt of the information requested in paragraph two of this
33 subsection or an appeal of a claim or bill for health care services
34 denied pursuant to paragraph one of this subsection, an insurer or
35 organization or corporation licensed or certified pursuant to article
36 forty-three or forty-seven of this chapter or article forty-four of the
37 public health law shall comply with subsection (a) of this section;
38 provided, that if the insurer or organization or corporation licensed or
39 certified pursuant to article forty-three or forty-seven of this chapter
40 or article forty-four of the public health law determines that payment
41 or additional payment is due on the claim, such payment shall be made to
42 the policyholder or covered person or health care provider within
43 fifteen days of the determination and shall include interest on the
44 amount to be paid in accordance with subsection (c) of this section,
45 which shall be computed from the date thirty days after initial receipt
46 of the claim if transmitted electronically or forty-five days after
47 initial receipt of the claim if transmitted by paper or facsimile.

48 § 5. Subsection (i) of section 3224-a of the insurance law, as added
49 by chapter 297 of the laws of 2012, is amended to read as follows:

50 (i) Except where the parties have developed a mutually agreed upon
51 process for the reconciliation of coding disputes that includes a review
52 of submitted medical records to ascertain the correct coding for
53 payment, a general hospital certified pursuant to article twenty-eight
54 of the public health law shall, upon receipt of payment of a claim for
55 which payment has been adjusted based on a particular coding to a
56 patient including the assignment of diagnosis and procedure, have the

1 opportunity to submit the affected claim with medical records supporting
2 the hospital's initial coding of the claim within thirty days of receipt
3 of payment. Upon receipt of such medical records, an insurer or an
4 organization or corporation licensed or certified pursuant to article
5 forty-three or forty-seven of this chapter or article forty-four of the
6 public health law shall review such information to ascertain the correct
7 coding for payment based on national coding guidelines accepted by the
8 centers for Medicare and Medicaid services or the American medical asso-
9 ciation, including ICD-10 guidelines, and process the claim, including
10 the correct coding, in accordance with the timeframes set forth in
11 subsection (a) of this section. In the event the insurer, organization,
12 or corporation processes the claim consistent with its initial determi-
13 nation, such decision shall be accompanied by a statement of the insur-
14 er, organization or corporation setting forth the specific reasons why
15 the initial adjustment was appropriate. An insurer, organization, or
16 corporation that increases the payment based on the information submit-
17 ted by the general hospital, [~~but fails to do so in accordance with the~~
18 ~~timeframes set forth in subsection (a) of this section,~~] shall pay to
19 the general hospital interest on the amount of such increase at the rate
20 set by the commissioner of taxation and finance for corporate taxes
21 pursuant to paragraph one of [~~subdivision~~] subsection (e) of section one
22 thousand ninety-six of the tax law, to be computed from [~~the end of the~~
23 ~~forty-five day period after resubmission of the additional medical~~
24 ~~record information~~] the date thirty days after initial receipt of the
25 claim if transmitted electronically or forty-five days after initial
26 receipt of the claim if transmitted by paper or facsimile. Provided,
27 however, a failure to remit timely payment shall not constitute a
28 violation of this section. Neither the initial or subsequent processing
29 of the claim by the insurer, organization, or corporation shall be
30 deemed an adverse determination as defined in section four thousand nine
31 hundred of this chapter if based solely on a coding determination. Noth-
32 ing in this subsection shall apply to those instances in which the
33 insurer or organization, or corporation has a reasonable suspicion of
34 fraud or abuse.

35 § 6. Section 3224-a of the insurance law is amended by adding a new
36 subsection (k) to read as follows:

37 (k) The superintendent, in conjunction with the commissioner of
38 health, shall convene a health care administrative simplification work-
39 group. The workgroup shall consist of stakeholders, including but not
40 limited to, insurers, hospitals, physicians and consumers or their
41 representatives, to study and evaluate mechanisms to reduce health care
42 administrative costs and complexities through standardization, simplifi-
43 cation and technology. Areas to be examined by the workgroup shall
44 include claims submission and payment, claims attachments, preauthori-
45 zation practices, provider credentialing and insurance eligibility
46 verification. The workgroup shall report on its findings and recommenda-
47 tions to the superintendent, the commissioner of health, the speaker of
48 the assembly and the temporary president of the senate within one year
49 of the effective date of this subsection.

50 § 7. The insurance law is amended by adding a new section 345 to read
51 as follows:

52 § 345. Health care claims reports. An insurer authorized to write
53 accident and health insurance in the state, a corporation organized
54 pursuant to article forty-three of this chapter, or a health maintenance
55 organization certified pursuant to article forty-four of the public
56 health law shall report to the superintendent quarterly and annually on

1 health care claims payment performance with respect to comprehensive
2 health insurance coverage. The reports shall be submitted in the manner
3 and form prescribed by the superintendent after consultation with repre-
4 sentatives of insurers and health care providers but at minimum shall
5 include the number and dollar value of health care claims by major line
6 of business and categorized as follows: health care claims received,
7 health care claims paid, health care claims pended and health care
8 claims denied during the respective quarter or year. The data shall be
9 provided in the aggregate and by major category of health care provider.
10 The reports shall be due to the superintendent no later than forty-five
11 days after the end of the respective quarter or year and shall be made
12 publicly available including on the department's website. The super-
13 intendent, in conjunction with the commissioner of health, may promul-
14 gate regulations requiring additional reporting requirements on insur-
15 ers, corporations, or health maintenance organizations or health care
16 providers to assess the effectiveness of the payment policies set forth
17 in this section, which may be informed by the administrative simplifi-
18 cation workgroup authorized by subsection (k) of section three thousand
19 two hundred twenty-four-a of this chapter.

20 § 8. Paragraph (a) of subdivision 2 of section 4903 of the public
21 health law, as amended by chapter 371 of the laws of 2015, is amended to
22 read as follows:

23 (a) A utilization review agent shall make a utilization review deter-
24 mination involving health care services which require pre-authorization
25 and provide notice of a determination to the enrollee or enrollee's
26 designee and the enrollee's health care provider by telephone and in
27 writing within three business days of receipt of the necessary informa-
28 tion, or for inpatient rehabilitation services provided by a hospital or
29 skilled nursing facility, within one business day of receipt of the
30 necessary information. To the extent practicable, such written notifi-
31 cation to the enrollee's health care provider shall be transmitted elec-
32 tronically, in a manner and in a form agreed upon by the parties. The
33 notification shall identify; (i) whether the services are considered
34 in-network or out-of-network; (ii) and whether the enrollee will be held
35 harmless for the services and not be responsible for any payment, other
36 than any applicable co-payment or co-insurance; (iii) as applicable, the
37 dollar amount the health care plan will pay if the service is out-of-
38 network; and (iv) as applicable, information explaining how an enrollee
39 may determine the anticipated out-of-pocket cost for out-of-network
40 health care services in a geographical area or zip code based upon the
41 difference between what the health care plan will reimburse for out-of-
42 network health care services and the usual and customary cost for out-
43 of-network health care services.

44 § 9. Paragraph 1 of subsection (b) of section 4903 of the insurance
45 law, as amended by chapter 371 of the laws of 2015, is amended to read
46 as follows:

47 (1) A utilization review agent shall make a utilization review deter-
48 mination involving health care services which require pre-authorization
49 and provide notice of a determination to the insured or insured's desig-
50 nee and the insured's health care provider by telephone and in writing
51 within three business days of receipt of the necessary information, or
52 for inpatient rehabilitation services provided by a hospital or skilled
53 nursing facility, within one business day of receipt of the necessary
54 information. To the extent practicable, such written notification to
55 the enrollee's health care provider shall be transmitted electronically,
56 in a manner and in a form agreed upon by the parties. The notification

1 shall identify: (i) whether the services are considered in-network or
2 out-of-network; (ii) whether the insured will be held harmless for the
3 services and not be responsible for any payment, other than any applica-
4 ble co-payment, co-insurance or deductible; (iii) as applicable, the
5 dollar amount the health care plan will pay if the service is out-of-
6 network; and (iv) as applicable, information explaining how an insured
7 may determine the anticipated out-of-pocket cost for out-of-network
8 health care services in a geographical area or zip code based upon the
9 difference between what the health care plan will reimburse for out-of-
10 network health care services and the usual and customary cost for out-
11 of-network health care services.

12 § 10. Subdivision 3 of section 4904 of the public health law, as
13 amended by chapter 586 of the laws of 1998 and paragraph (b) as further
14 amended by section 104 of part A of chapter 62 of the laws of 2011, is
15 amended to read as follows:

16 3. A utilization review agent shall establish a standard appeal proc-
17 ess which includes procedures for appeals to be filed in writing or by
18 telephone. A utilization review agent must establish a period of no less
19 than forty-five days after receipt of notification by the enrollee of
20 the initial utilization review determination and receipt of all neces-
21 sary information to file the appeal from said determination. The utili-
22 zation review agent must provide written acknowledgment of the filing of
23 the appeal to the appealing party within fifteen days of such filing and
24 shall make a determination with regard to the appeal within [~~sixty~~]
25 thirty days of the receipt of necessary information to conduct the
26 appeal and, upon overturning the adverse determination, shall comply
27 with subsection (a) of section three thousand two hundred twenty-four-a
28 of the insurance law as applicable. The utilization review agent shall
29 notify the enrollee, the enrollee's designee and, where appropriate, the
30 enrollee's health care provider, in writing, of the appeal determination
31 within two business days of the rendering of such determination. The
32 notice of the appeal determination shall include:

33 (a) the reasons for the determination; provided, however, that where
34 the adverse determination is upheld on appeal, the notice shall include
35 the clinical rationale for such determination; and

36 (b) a notice of the enrollee's right to an external appeal together
37 with a description, jointly promulgated by the commissioner and the
38 superintendent of financial services as required pursuant to subdivision
39 five of section forty-nine hundred fourteen of this article, of the
40 external appeal process established pursuant to title two of this arti-
41 cle and the time frames for such external appeals.

42 § 11. Subsection (c) of section 4904 of the insurance law, as amended
43 by chapter 586 of the laws of 1998, is amended to read as follows:

44 (c) A utilization review agent shall establish a standard appeal proc-
45 ess which includes procedures for appeals to be filed in writing or by
46 telephone. A utilization review agent must establish a period of no less
47 than forty-five days after receipt of notification by the insured of the
48 initial utilization review determination and receipt of all necessary
49 information to file the appeal from said determination. The utilization
50 review agent must provide written acknowledgment of the filing of the
51 appeal to the appealing party within fifteen days of such filing and
52 shall make a determination with regard to the appeal within [~~sixty~~]
53 thirty days of the receipt of necessary information to conduct the
54 appeal and, upon overturning the adverse decision, shall comply with
55 subsection (a) of section three thousand two hundred twenty-four-a of
56 this chapter as applicable. The utilization review agent shall notify

1 the insured, the insured's designee and, where appropriate, the
2 insured's health care provider, in writing of the appeal determination
3 within two business days of the rendering of such determination.

4 The notice of the appeal determination shall include:

5 (1) the reasons for the determination; provided, however, that where
6 the adverse determination is upheld on appeal, the notice shall include
7 the clinical rationale for such determination; and

8 (2) a notice of the insured's right to an external appeal together
9 with a description, jointly promulgated by the superintendent and the
10 commissioner of health as required pursuant to subsection (e) of section
11 four thousand nine hundred fourteen of this article, of the external
12 appeal process established pursuant to title two of this article and the
13 time frames for such external appeals.

14 § 12. Subsection (a) of section 4803 of the insurance law is amended
15 by adding a new paragraph 3 to read as follows:

16 (3) A newly-licensed physician, a physician who has recently relocated
17 to this state from another state and has not previously practiced in
18 this state, or a physician who has changed his or her corporate
19 relationship such that it results in the issuance of a new tax identi-
20 fication number under which such physician's services are billed for, who
21 is employed by a general hospital or diagnostic and treatment center
22 licensed pursuant to article twenty-eight of the public health law, or a
23 facility licensed under article sixteen, article thirty-one or article
24 thirty-two of the mental hygiene law, and whose other employed physi-
25 cians participate in the in-network portion of an insurer's network,
26 shall be deemed "provisionally credentialed" and may participate in the
27 in-network portion of an insurer's network upon: (A) the insurer's
28 receipt of the hospital and physician's completed sections of the insur-
29 er's credentialing application; and (B) the insurer being notified in
30 writing that the health care professional has been granted hospital
31 privileges pursuant to the requirements of section twenty-eight hundred
32 five-k of the public health law. However, a provisionally credentialed
33 physician shall not be designated as an insured's primary care physician
34 until such time as the physician has been fully credentialed by the
35 insurer. An insurer shall not be required to make any payments to the
36 licensed general hospital, the licensed diagnostic and treatment center
37 or a facility licensed under article sixteen, article thirty-one or
38 article thirty-two of the mental hygiene law for the service provided by
39 a provisionally credentialed physician, until and unless the physician
40 is fully credentialed by the insurer, provided, however, that upon being
41 fully credentialed, the licensed general hospital, the licensed diagnos-
42 tic and treatment center or a facility licensed under article sixteen,
43 article thirty-one or article thirty-two of the mental hygiene law shall
44 be paid for all services that the credentialed physician provided to the
45 insurer's insureds from the date the physician fully met the require-
46 ments to be provisionally credentialed pursuant to this paragraph.
47 Should the application ultimately be denied by the insurer, the insurer
48 shall not be liable for any payment to the licensed general hospital,
49 the licensed diagnostic and treatment center or a facility licensed
50 under article sixteen, article thirty-one or article thirty-two of the
51 mental hygiene law for the services provided by the provisionally
52 credentialed health care professional that exceeds any out-of-network
53 benefits payable under the insured's contract with the insurer; and the
54 licensed general hospital, the licensed diagnostic and treatment center
55 or a facility licensed under article sixteen, article thirty-one or
56 article thirty-two of the mental hygiene law shall not pursue reimburse-

1 ment from the insured, except to collect the copayment or coinsurance or
2 deductible amount that otherwise would have been payable had the insured
3 received services from a health care professional participating in the
4 in-network portion of an insurer's network.

5 § 13. Subdivision 1 of section 4406-d of the public health law is
6 amended by adding a new paragraph (c) to read as follows:

7 (c) A newly-licensed physician, a physician who has recently relocated
8 to this state from another state and has not previously practiced in
9 this state, or a physician who has changed his or her corporate
10 relationship such that it results in the issuance of a new tax identifi-
11 cation number under which such physician's services are billed for, who
12 is employed by a general hospital or diagnostic and treatment center
13 licensed pursuant to article twenty-eight of this chapter, or a facility
14 licensed under article sixteen, article thirty-one or article thirty-two
15 of the mental hygiene law, and whose other employed physicians partic-
16 ipate in the in-network portion of a health care plan's network, shall
17 be deemed "provisionally credentialed" and may participate in the
18 in-network portion of a health care plan's network upon: (i) the health
19 care plan's receipt of the hospital and physician's completed sections
20 of the insurer's credentialing application; and (ii) the health care
21 plan being notified in writing that the health care professional has
22 been granted hospital privileges pursuant to the requirements of section
23 twenty-eight hundred five-k of this chapter. However, a provisionally
24 credentialed physician shall not be designated as an enrollee's primary
25 care physician until such time as the physician has been fully creden-
26 tialed by the health care plan. A health care plan shall not be required
27 to make any payments to the licensed general hospital, the licensed
28 diagnostic and treatment center or a facility licensed under article
29 sixteen, article thirty-one or article thirty-two of the mental hygiene
30 law for the service provided by a provisionally credentialed physician,
31 until and unless the physician is fully credentialed by the health care
32 plan, provided, however, that upon being fully credentialed, the
33 licensed general hospital, the licensed diagnostic and treatment center
34 or a facility licensed under article sixteen, article thirty-one or
35 article thirty-two of the mental hygiene law shall be paid for all
36 services that the credentialed physician provided to the health care
37 plan's insureds from the date the physician fully met the requirements
38 to be provisionally credentialed pursuant to this paragraph. Should the
39 application ultimately be denied by the health care plan, the health
40 care plan shall not be liable for any payment to the licensed general
41 hospital, the licensed diagnostic and treatment center or a facility
42 licensed under article sixteen, article thirty-one or article thirty-two
43 of the mental hygiene law for the services provided by the provisionally
44 credentialed health care professional that exceed any out-of-network
45 benefits payable under the insured's contract with the health care plan;
46 and the licensed general hospital, the licensed diagnostic and treatment
47 center or a facility licensed under article sixteen, article thirty-one
48 or article thirty-two of the mental hygiene law shall not pursue
49 reimbursement from the insured, except to collect the copayment or coin-
50 surance or deductible amount that otherwise would have been payable had
51 the insured received services from a health care professional partic-
52 ipating in the in-network portion of a health care plan's network.

53 § 14. Paragraphs 1 and 2 of subsection (a) of section 605 of the
54 financial services law, as amended by chapter 377 of the laws of 2019,
55 are amended to read as follows:

(1) When a health care plan receives a bill for emergency services from a non-participating physician or hospital, including a bill for inpatient services which follow an emergency room visit, the health care plan shall pay an amount that it determines is reasonable for the emergency services, including inpatient services which follow an emergency room visit, rendered by the non-participating physician or hospital, in accordance with section three thousand two hundred twenty-four-a of the insurance law, except for the insured's co-payment, coinsurance or deductible, if any, and shall ensure that the insured shall incur no greater out-of-pocket costs for the emergency services, including inpatient services which follow an emergency room visit, than the insured would have incurred with a participating physician or hospital [~~pursuant to subsection (c) of section three thousand two hundred forty-one of the insurance law~~]. If an insured assigns benefits to a non-participating physician or hospital in relation to emergency services, including inpatient services which follow an emergency room visit, provided by such non-participating physician or hospital, the non-participating physician or hospital may bill the health care plan for the [~~emergency~~] services rendered. Upon receipt of the bill, the health care plan shall pay the non-participating physician or hospital the amount prescribed by this section and any subsequent amount determined to be owed to the hospital in relation to the emergency services provided, including inpatient services which follow an emergency room visit.

(2) A non-participating physician or hospital or a health care plan may submit a dispute regarding a fee or payment for emergency services, including inpatient services which follow an emergency room visit, for review to an independent dispute resolution entity.

§ 15. Paragraph 1 of subsection (b) of section 605 of the financial services law, as amended by chapter 377 of the laws of 2019, is amended to read as follows:

(1) A patient that is not an insured or the patient's physician may submit a dispute regarding a fee for emergency services, including inpatient services which follow an emergency room visit, for review to an independent dispute resolution entity upon approval of the superintendent.

§ 16. Subsection (d) of section 605 of the financial services law is REPEALED and subsection (e) is relettered subsection (d).

§ 17. Section 606 of the financial services law, as added by section 26 of part H of chapter 60 of the laws of 2014, is amended to read as follows:

§ 606. Hold harmless and assignment of benefits [~~for surprise bills~~] for insureds. (a) When an insured assigns benefits for a surprise bill in writing to a non-participating physician that knows the insured is insured under a health care plan, the non-participating physician shall not bill the insured except for any applicable copayment, coinsurance or deductible that would be owed if the insured utilized a participating physician.

(b) When an insured assigns benefits for emergency services, including inpatient services which follow an emergency room visit, to a non-participating physician or hospital that knows the insured is insured under a health care plan, the non-participating physician or hospital shall not bill the insured except for any applicable copayment, coinsurance or deductible that would be owed if the insured utilized a participating physician or hospital.

§ 18. The civil practice law and rules is amended by adding a new section 213-d to read as follows:

§ 213-d. Actions to be commenced within three years; medical debt. An action on a medical debt by a hospital licensed under article twenty-eight of the public health law or a health care professional authorized under title eight of the education law shall be commenced within three years of treatment.

§ 19. This act shall take effect immediately; provided, however, that sections one through eleven of this act shall apply to services performed on or after January 1, 2021; and provided further, however, that sections twelve and thirteen of this act shall apply to credentialing applications received on or after July 1, 2020.

PART K

Section 1. Paragraphs (n), (p) and (q) of subdivision 1 of section 2995-a of the public health law, as added by chapter 542 of the laws of 2000, are amended and three new paragraphs (r), (s) and (t) are added to read as follows:

(n) (i) the location of the licensee's primary practice setting identified as such; ~~[and]~~

(ii) ~~[the names of any licensed physicians with whom the licensee shares a group practice, as defined in subdivision five of section two hundred thirty-eight of this chapter]~~ hours of operation of the licensee's primary practice setting;

(iii) availability of assistive technology at the licensee's primary practice setting; and

(iv) whether the licensee is accepting new patients;

(p) whether the licensee participates in the medicaid or medicare program or any other state or federally financed health insurance program; ~~[and]~~

(q) health care plans with which the licensee has contracts, employment, or other affiliation~~[-]~~ provided that the reporting and accuracy 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 the health care plans;

(r) the physician's website and social media accounts;

(s) the names of any licensed physicians with whom the licensee shares a group practice, as defined in subdivision five of section two hundred thirty-eight of this chapter; and

(t) workforce research and planning information as determined by the commissioner.

§ 2. Section 2995-a of the public health law is amended by adding a new subdivision 1-b to read as follows:

1-b. (a) For the purposes of this section, a physician licensed and registered to practice in this state may authorize a designee to register, transmit, enter or update information on his or her behalf, provided that:

(i) the designee so authorized is employed by the physician or the same professional practice or is under contract with such practice;

(ii) the physician takes reasonable steps to ensure that such designee is sufficiently competent in the profile requirements;

(iii) the physician remains responsible for ensuring the accuracy of the information provided and for any failure to provide accurate information; and

(iv) the physician shall notify the department upon terminating the authorization of any designee, in a manner determined by the department.

(b) The commissioner shall grant access to the profile in a reasonably prompt manner to designees authorized by physicians and establish a mechanism to prevent designees terminated pursuant to subparagraph (iv) of paragraph (a) of this subdivision from accessing the profile in a reasonably prompt manner following notification of termination.

§ 3. 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 pursuant to section sixty-five hundred twenty-four]~~ of the education law.

Except for optional information provided and information required under subparagraph (iv) of paragraph (n) and paragraphs (q) and (t) of subdivision one of this section, physicians shall notify the department of any change in the profile information within thirty days of such change.

§ 4. 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 (k), (l), (m), (r) and (s) ~~[(n) and (q)]~~ of subdivision one of this section. Information provided pursuant to paragraph (t) of subdivision one of this section shall be omitted from a physician's profile and shall be exempt from disclosure under article six of the public officers law. 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 (k), (l), (m), (r) and (s) ~~[(n) and (q)]~~ of subdivision one of this section.

§ 5. This act shall take effect on the one hundred eightieth day after it shall have become a law.

PART L

Section 1. Subdivision 1 of section 6502 of the education law, as amended by chapter 599 of the laws of 1996, is amended and two new subdivisions 1-a and 1-b are added to read as follows:

1. ~~[A] Except pursuant to subdivision one-a of this section, a license shall be valid during the life of the holder unless revoked, annulled or suspended by the board of regents [or in the case of physicians, physicians practicing under a limited permit, physician's assistants, specialist's assistants and medical residents, the licensee is stricken from the roster of such licensees by the board of regents on the order of the state board for professional medical conduct in the department of health. A licensee must register with the department and meet the requirements prescribed in section 3-503 of the general obligations law to practice in this state].~~

1-a. In the case of physicians, physicians practicing under a limited permit, physician assistants, specialist assistants and medical residents, a license shall be valid during the life of the holder unless:

1 (i) the licensee is stricken from the roster of such licensees by the
2 board of regents on the order of the state board for professional
3 medical conduct in the department of health; or

4 (ii) the licensee has failed to register with the department for two
5 consecutive registration periods, in which case the licensee shall be
6 immediately stricken from the roster of such licensees by the board of
7 regents.

8 1-b. A licensee must register with the department and meet the
9 requirements prescribed in section 3-503 of the general obligations law
10 to practice in this state.

11 § 2. Section 6524 of the education law is amended by adding a new
12 subdivision 6-a to read as follows:

13 (6-a) Fingerprints and criminal history record check: consent to
14 submission of fingerprints for purposes of conducting a criminal history
15 record check. The commissioner shall submit to the division of criminal
16 justice services two sets of fingerprints of applicants for licensure
17 pursuant to this article, and the division of criminal justice services
18 processing fee imposed pursuant to subdivision eight-a of section eight
19 hundred thirty-seven of the executive law and any fee imposed by the
20 federal bureau of investigation. The division of criminal justice
21 services and the federal bureau of investigation shall forward such
22 criminal history record to the commissioner in a timely manner. For the
23 purposes of this section, the term "criminal history record" shall mean
24 a record of all convictions of crimes and any pending criminal charges
25 maintained on an individual by the division of criminal justice services
26 and the federal bureau of investigation. All such criminal history
27 records sent to the commissioner pursuant to this subdivision shall be
28 confidential pursuant to the applicable federal and state laws, rules
29 and regulations, and shall not be published or in any way disclosed to
30 persons other than the commissioner, unless otherwise authorized by law;

31 § 3. Paragraph (c) of subdivision 9 and subdivisions 20, 28, and 31 of
32 section 6530 of the education law, as added by chapter 606 of the laws
33 of 1991, are amended and a new subdivision 51 is added to read as
34 follows:

35 (c) Having been found guilty in an adjudicatory proceeding of violat-
36 ing a state or federal statute or regulation, pursuant to a final deci-
37 sion or determination, and when no appeal is pending, or after resol-
38 ution of the proceeding or a complaint alleging a violation of a state
39 or federal statute or regulation by stipulation or agreement, and when
40 the violation would constitute professional misconduct pursuant to this
41 section;

42 20. Conduct [~~in the practice of medicine~~] which evidences moral unfit-
43 ness to practice medicine;

44 28. Failing to respond within [~~thirty~~] ten days to written communi-
45 cations from the department of health and to make available any relevant
46 records with respect to an inquiry or complaint about the licensee's
47 professional misconduct. The period of [~~thirty~~] ten days shall commence
48 on the date when such communication was delivered personally to the
49 licensee. If the communication is sent from the department of health by
50 registered or certified mail, with return receipt requested, to the
51 address appearing in the last registration, the period of [~~thirty~~] ten
52 days shall commence on the date of delivery to the licensee, as indi-
53 cated by the return receipt;

54 31. Willfully harassing, abusing, or intimidating a patient [~~either~~]
55 or a patient's caregiver or surrogate physically or verbally;

1 51. Except for good cause shown, failing to notify the department of
2 health within twenty-four hours of having been charged with a crime in
3 any jurisdiction or of any event meeting the definitions of professional
4 misconduct set forth in subdivision nine of this section.

5 § 4. Section 6532 of the education law, as added by chapter 606 of the
6 laws of 1991, is amended to read as follows:

7 § 6532. Enforcement, administration and interpretation of this arti-
8 cle. The board ~~[e§]~~ for professional medical conduct and the department
9 of health shall enforce, administer and interpret this article. Before
10 issuing a declaratory ruling pursuant to section two hundred four of the
11 state administrative procedure act with respect to this article, the
12 department of health shall fully consult with the department of educa-
13 tion. ~~[Neither the commissioner of education, the board of regents nor~~
14 ~~the]~~ The commissioner of health may promulgate any rules or regulations
15 concerning this article.

16 § 5. Subdivision 4 of section 206 of the public health law, as amended
17 by chapter 602 of the laws of 2007, is amended to read as follows:

18 4. The commissioner may:

19 (a) issue subpoenas, compel the attendance of witnesses and compel
20 them to testify in any matter or proceeding before him, and may also
21 require a witness to attend and give testimony in a county where he
22 resides or has a place of business without the payment of any fees;

23 (b) require, in writing, the production of any and all relevant docu-
24 ments in the possession or control of an individual or entity subject to
25 an investigation or inquiry under this chapter. Unless a shorter period
26 is specified in such writing, as determined for good cause by the
27 commissioner, the required documents shall be produced no later than ten
28 days after the delivery of the writing. Failure by the subject individ-
29 ual or entity to produce to the department the required documents within
30 the ten day or otherwise specified period shall be a violation or fail-
31 ure within the meaning of paragraph (d) of this subdivision. Each addi-
32 tional day of non-production shall be a separate violation or failure;

33 (c) annul or modify an order, regulation, by-law or ordinance of a
34 local board of health concerning a matter which in his judgment affects
35 the public health beyond the territory over which such local board of
36 health has jurisdiction;

37 ~~[(e)]~~ (d) assess any penalty prescribed for a violation of or a fail-
38 ure to comply with any term or provision of this chapter or of any
39 lawful notice, order or regulation pursuant thereto, not exceeding two
40 thousand dollars for every such violation or failure, which penalty may
41 be assessed after a hearing or an opportunity to be heard;

42 ~~[(d)]~~ (e) assess civil penalties against a public water system which
43 provides water to the public for human consumption through pipes or
44 other constructed conveyances, as further defined in the state sanitary
45 code or, in the case of mass gatherings, the person who holds or
46 promotes the mass gathering as defined in subdivision five of section
47 two hundred twenty-five of this article not to exceed twenty-five thou-
48 sand dollars per day, for each violation of or failure to comply with
49 any term or provision of the state sanitary code as it relates to public
50 water systems that serve a population of five thousand or more persons
51 or any mass gatherings, which penalty may be assessed after a hearing or
52 an opportunity to be heard; and

53 (f) seek to obtain a warrant based on probable cause that a licensee
54 has committed professional misconduct or a crime from a judicial officer
55 authorized to issue a warrant. Such warrant shall authorize the commis-
56 sioner and any person authorized by him to have the authority to inspect

1 all grounds, erections, vehicles, structures, apartments, buildings,
2 places and the contents therein and to remove any books, records,
3 papers, documents, computers, electronic devices and other physical
4 objects.

5 § 6. Subdivision 1 of section 230 of the public health law, as amended
6 by chapter 537 of the laws of 1998, is amended to read as follows:

7 1. A state board for professional medical conduct is hereby created in
8 the department in matters of professional misconduct as defined in
9 sections sixty-five hundred thirty and sixty-five hundred thirty-one of
10 the education law. Its physician members shall be appointed by the
11 commissioner at least eighty-five percent of whom shall be from among
12 nominations submitted by the medical society of the state of New York,
13 the New York state osteopathic society, the New York academy of medi-
14 cine, county medical societies, statewide specialty societies recognized
15 by the council of medical specialty societies, and the hospital associ-
16 ation of New York state. Its lay members shall be appointed by the
17 commissioner with the approval of the governor. The board of regents
18 shall also appoint twenty percent of the members of the board. Not less
19 than sixty-seven percent of the members appointed by the board of
20 regents shall be physicians. Not less than eighty-five percent of the
21 physician members appointed by the board of regents shall be from among
22 nominations submitted by the medical society of the state of New York,
23 the New York state osteopathic society, the New York academy of medi-
24 cine, county medical societies, statewide medical societies recognized
25 by the council of medical specialty societies, and the hospital associ-
26 ation of New York state. Any failure to meet the percentage thresholds
27 stated in this subdivision shall not be grounds for invalidating any
28 action by or on authority of the board for professional medical conduct
29 or a committee or a member thereof. The board for professional medical
30 conduct shall consist of not fewer than eighteen physicians licensed in
31 the state for at least five years, two of whom shall be doctors of
32 osteopathy, not fewer than two of whom shall be physicians who dedicate
33 a significant portion of their practice to the use of non-conventional
34 medical treatments who may be nominated by New York state medical asso-
35 ciations dedicated to the advancement of such treatments, at least one
36 of whom shall have expertise in palliative care, and not fewer than
37 seven lay members. An executive secretary shall be appointed by the
38 chairperson and shall be a licensed physician. Such executive secretary
39 shall not be a member of the board, shall hold office at the pleasure
40 of, and shall have the powers and duties assigned and the annual salary
41 fixed by~~[, the chairperson. The chairperson shall also assign such~~
42 ~~secretaries or other persons to the board as are necessary]~~ the commis-
43 sioner.

44 § 7. Clause (C) of subparagraph (iii) of paragraph (a) of subdivision
45 10 of section 230 of the public health law, as amended by chapter 477 of
46 the laws of 2008, is amended to read as follows:

47 (C) If the director determines that the matter shall be submitted to
48 an investigation committee, an investigation committee shall be convened
49 ~~[within ninety days of any interview of the licensee]~~. The director
50 shall present the investigation committee with relevant documentation
51 including, but not limited to: (1) a copy of the original complaint; (2)
52 the report of the interviewer and the stenographic record if one was
53 taken; (3) the report of any medical or scientific expert; (4) copies of
54 reports of any patient record reviews; and (5) the licensee's
55 submissions.

§ 8. Subparagraph (v) of paragraph (a) of subdivision 10 of section 230 of the public health law, as amended by chapter 477 of the laws of 2008, is amended to read as follows:

(v) The files of the office of professional medical conduct relating to the investigation of possible instances of professional misconduct shall be confidential and not subject to disclosure at the request of any person, except as provided by law in a pending disciplinary action or proceeding. The provisions of this paragraph shall not prevent the office from sharing information concerning investigations within the department and, pursuant to subpoena, with other duly authorized public agencies responsible for professional regulation or criminal prosecution. Nothing in this subparagraph shall affect the duties of notification set forth in subdivision nine-a of this section or prevent the publication of charges or of the findings, conclusions, determinations, or order of a hearing committee pursuant to paragraphs (d) or (g) of this subdivision. In addition, the commissioner may, in his or her sole discretion, disclose ~~the~~ any information ~~[when, in his or her professional judgment, disclosure of such information would avert or minimize a public health threat]~~ relating to the investigation of possible instances of professional misconduct. Any such disclosure shall not affect the confidentiality of other information in the files of the office of professional medical conduct related to the investigation.

§ 9. Subparagraphs (i) and (ii) of paragraph (d) of subdivision 10 of section 230 of the public health law, as amended by chapter 477 of the laws of 2008, are amended to read as follows:

(i) A copy of the charges and the notice of the hearing shall be served on the licensee either: (A) personally [by the board] at least thirty days before the hearing[-]; (B) [If personal service cannot be made after due diligence and such fact is certified under oath, a copy of the charges and the notice of hearing shall be served] by registered or certified mail to the licensee's ~~[last known]~~ current residential or practice address ~~[by the board]~~ mailed at least fifteen days before the hearing; (C) by registered or certified mail to the licensee's most recent mailing address pursuant to section sixty-five hundred two of the education law or the licensee's most recent mailing address on file with the department of education pursuant to the notification requirement set forth in subdivision five of such section, mailed at least forty-five days before the hearing; or (D) by first class mail to an attorney, licensed to practice in the state, who has appeared on behalf of the licensee and who has been provided with written authorization of the licensee to accept service, mailed at least thirty days before the hearing.

(ii) The charges shall be made public, consistent with subparagraph (iv) of paragraph (a) of this subdivision, ~~[no earlier than five business days]~~ immediately after they are served, and the charges shall be accompanied by a statement advising the licensee that such publication will occur; ~~[provided, however, that]~~ charges may be made public immediately upon issuance of the commissioner's order in the case of summary action taken pursuant to subdivision twelve of this section and no prior notification of such publication need be made to the licensee.

§ 10. Subparagraph (ii) of paragraph (m) of subdivision 10 of section 230 of the public health law, as amended by chapter 606 of the laws of 1991, is amended to read as follows:

(ii) Administrative warning and consultation. If the director of the office of professional medical conduct, after obtaining the concurrence of a majority of a committee on professional conduct, and after consul-

1 tation with the executive secretary, determines that there is substan-
2 tial evidence of professional misconduct of a minor or technical nature
3 or of substandard medical practice which does not constitute profes-
4 sional misconduct, the director may issue an administrative warning
5 and/or provide for consultation with a panel of one or more experts,
6 chosen by the director. Panels of one or more experts may include, but
7 shall not be limited to, a peer review committee of a county medical
8 society or a specialty board. Administrative warnings and consultations
9 shall be [~~confidential and~~] made public, but shall not constitute an
10 adjudication of guilt or be used as evidence that the licensee is guilty
11 of the alleged misconduct. However, in the event of a further allegation
12 of similar misconduct by the same licensee, the matter may be reopened
13 and further proceedings instituted as provided in this section.

14 § 11. Paragraph (p) of subdivision 10 of section 230 of the public
15 health law, as amended by chapter 599 of the laws of 1996, is amended to
16 read as follows:

17 (p) Convictions of crimes or administrative violations. Except for
18 good cause shown, a licensee shall notify the department within twenty-
19 four hours of having been charged with a crime in any jurisdiction or of
20 any event meeting the definitions of professional misconduct set forth
21 in subdivision nine of section sixty-five hundred thirty of the educa-
22 tion law. In cases of professional misconduct based solely upon a
23 violation of subdivision nine of section sixty-five hundred thirty of
24 the education law, the director may direct that charges be prepared and
25 served and may refer the matter to a committee on professional conduct
26 for its review and report of findings, conclusions as to guilt, and
27 determination. In such cases, the notice of hearing shall state that the
28 licensee shall file a written answer to each of the charges and allega-
29 tions in the statement of charges no later than ten days prior to the
30 hearing, and that any charge or allegation not so answered shall be
31 deemed admitted, that the licensee may wish to seek the advice of coun-
32 sel prior to filing such answer that the licensee may file a brief and
33 affidavits with the committee on professional conduct, that the licensee
34 may appear personally before the committee on professional conduct, may
35 be represented by counsel and may present evidence or sworn testimony in
36 his or her behalf, and the notice may contain such other information as
37 may be considered appropriate by the director. The department may also
38 present evidence or sworn testimony and file a brief at the hearing. A
39 stenographic record of the hearing shall be made. Such evidence or sworn
40 testimony offered to the committee on professional conduct shall be
41 strictly limited to evidence and testimony relating to the nature and
42 severity of the penalty to be imposed upon the licensee. Where the
43 charges are based on the conviction of state law crimes in other juris-
44 dictions, evidence may be offered to the committee which would show that
45 the conviction would not be a crime in New York state. The committee on
46 professional conduct may reasonably limit the number of witnesses whose
47 testimony will be received and the length of time any witness will be
48 permitted to testify. The determination of the committee shall be served
49 upon the licensee and the department in accordance with the provisions
50 of paragraph (h) of this subdivision. A determination pursuant to this
51 subdivision may be reviewed by the administrative review board for
52 professional medical conduct.

53 § 12. Subdivision 12 of section 230 of the public health law, as
54 amended by chapter 627 of the laws of 1996, paragraph (a) as amended by
55 chapter 477 of the laws of 2008 and paragraph (b) as amended by section

1 3 of part CC of chapter 57 of the laws of 2018, is amended to read as
2 follows:

3 12. Summary action. (a) Whenever the commissioner, (i) after being
4 presented with information indicating that a licensee is causing, engag-
5 ing in or maintaining a condition or activity which has resulted in the
6 transmission or suspected transmission, or is likely to lead to the
7 transmission, of communicable disease as defined in the state sanitary
8 code or HIV/AIDS, by the state and/or a local health department and if
9 in the commissioner's opinion it would be prejudicial to the interests
10 of the people to delay action until an opportunity for a hearing can be
11 provided in accordance with the prehearing and hearing provisions of
12 this section; ~~[ex]~~ (ii) after requiring that a licensee produce docu-
13 ments in accordance with subdivision four of section two hundred six of
14 this chapter, and such licensee has failed to produce the required docu-
15 ments within ten days, or within such shorter period as may have been
16 specified in the commissioner's written demand for documents; or (iii)
17 after an investigation and a recommendation by a committee on profes-
18 sional conduct of the state board for professional medical conduct,
19 based upon a determination that a licensee is causing, engaging in or
20 maintaining a condition or activity which in the commissioner's opinion
21 ~~[constitutes an imminent danger]~~ presents a risk to the health of the
22 people, and that it therefore appears to be prejudicial to the interests
23 of the people to delay action until an opportunity for a hearing can be
24 provided in accordance with the prehearing and hearing provisions of
25 this section; the commissioner may order the licensee, by written
26 notice, to discontinue such dangerous condition or activity or take
27 certain action immediately and for a period of ~~[ninety]~~ one hundred
28 twenty days from the date of service of the order. Within ~~[ten]~~ thirty
29 days from the date of service of the said order, the state board for
30 professional medical conduct shall commence and regularly schedule such
31 hearing proceedings as required by this section, provided, however, that
32 the hearing shall be completed within ~~[ninety]~~ one hundred twenty days
33 of the date of service of the order. To the extent that the issue of
34 ~~[imminent danger]~~ risk to the health of the people can be proven without
35 the attorney representing the office of professional medical conduct
36 putting in its entire case, the committee of the board shall first
37 determine whether by a preponderance of the evidence the licensee is
38 causing, engaging in or maintaining a condition or activity which
39 ~~[constitutes an imminent danger]~~ presents a risk to the health of the
40 people. The attorney representing the office of professional medical
41 conduct shall have the burden of going forward and proving by a prepon-
42 derance of the evidence that the licensee's condition, activity or prac-
43 tice ~~[constitutes an imminent danger]~~ presents a risk to the health of
44 the people. The licensee shall have an opportunity to be heard and to
45 present proof. When both the office and the licensee have completed
46 their cases with respect to the question of ~~[imminent danger]~~ risk to
47 the health of the people, the committee shall promptly make a recommen-
48 dation to the commissioner on the issue of ~~[imminent danger]~~ risk to the
49 health of the people and determine whether the summary order should be
50 left in effect, modified or vacated, and continue the hearing on all the
51 remaining charges, if any, in accordance with paragraph (f) of subdivi-
52 sion ten of this section. Within ten days of the committee's recommenda-
53 tion, the commissioner shall determine whether or not to adopt the
54 committee's recommendations, in whole or in part, and shall leave in
55 effect, modify or vacate his summary order. The state board for profes-
56 sional medical conduct shall make every reasonable effort to avoid any

1 delay in completing and determining such proceedings. If, at the conclu-
2 sion of the hearing, (i) the hearing committee of the board finds the
3 licensee guilty of one or more of the charges which are the basis for
4 the summary order, (ii) the hearing committee determines that the summa-
5 ry order continue, and (iii) the ninety day term of the order has not
6 expired, the summary order shall remain in full force and effect until a
7 final decision has been rendered by the committee or, if review is
8 sought, by the administrative review board. A summary order shall be
9 public upon issuance.

10 (b) When a licensee has pleaded or been found guilty or convicted of
11 committing an act constituting a felony under New York state law or
12 federal law, or the law of another jurisdiction which, if committed
13 within this state, would have constituted a felony under New York state
14 law, or when a licensee has been charged with committing an act consti-
15 tuting a felony under New York state or federal law or the law of anoth-
16 er jurisdiction, where the licensee's alleged conduct, which, if commit-
17 ted within this state, would have constituted a felony under New York
18 state law, and [~~in the commissioner's opinion the licensee's alleged~~
19 ~~conduct constitutes an imminent danger~~] where the licensee's alleged
20 conduct may present a risk to the health of the people, or when the duly
21 authorized professional disciplinary agency of another jurisdiction has
22 made a finding substantially equivalent to a finding that the practice
23 of medicine by the licensee in that jurisdiction [~~constitutes an immi-~~
24 ~~nent danger~~] presents a risk to the health of its people, or when a
25 licensee has been disciplined by a duly authorized professional disci-
26 plinary agency of another jurisdiction for acts which if committed in
27 this state would have constituted the basis for summary action by the
28 commissioner pursuant to paragraph (a) of this subdivision, the commis-
29 sioner, after a recommendation by a committee of professional conduct of
30 the state board for professional medical conduct, may order the licen-
31 see, by written notice, to discontinue or refrain from practicing medi-
32 cine in whole or in part or to take certain actions authorized pursuant
33 to this title immediately. The order of the commissioner shall consti-
34 tute summary action against the licensee and become public upon issu-
35 ance. The summary suspension shall remain in effect until the final
36 conclusion of a hearing which shall commence within ninety days of the
37 date of service of the commissioner's order, end within [~~ninety~~] one
38 hundred eighty days thereafter and otherwise be held in accordance with
39 paragraph (a) of this subdivision, provided, however, that when the
40 commissioner's order is based upon a finding substantially equivalent to
41 a finding that the practice of medicine by the licensee in another
42 jurisdiction [~~constitutes an imminent danger~~] presents a risk to the
43 health of its people, the hearing shall commence within thirty days
44 after the disciplinary proceedings in that jurisdiction are finally
45 concluded. If, at any time, the felony charge is dismissed, withdrawn or
46 reduced to a non-felony charge, the commissioner's summary order shall
47 terminate.

48 § 13. Paragraph (a) of subdivision 1 of section 2803-e of the public
49 health law, as amended by chapter 294 of the laws of 1985, is amended to
50 read as follows:

51 (a) Hospitals and other facilities approved pursuant to this article
52 shall make a report or cause a report to be made within thirty days of
53 the occurrence of any of the following: the suspension, restriction,
54 termination or curtailment of the training, employment, association or
55 professional privileges or the denial of the certification of completion
56 of training of an individual licensed pursuant to the provisions of

1 title eight of the education law or of a medical resident with such
2 facility for reasons related in any way to alleged mental or physical
3 impairment, incompetence, malpractice or misconduct or impairment of
4 patient safety or welfare; the voluntary or involuntary resignation or
5 withdrawal of association or of privileges with such facility to avoid
6 the imposition of disciplinary measures; notification by the hospital or
7 facility, to any entity providing personnel to perform professional
8 services to such hospital or facility, that the entity shall not assign
9 a particular individual to provide such services to the hospital or
10 facility, for reasons related in any way to alleged mental or physical
11 impairment, incompetence, malpractice or misconduct or impairment of
12 patient safety or welfare; or the receipt of information which indicates
13 that any professional licensee or medical resident has been convicted of
14 a crime; the denial of staff privileges to a physician if the reasons
15 stated for such denial are related to alleged mental or physical impair-
16 ment, incompetence, malpractice, misconduct or impairment of patient
17 safety or welfare.

18 § 14. This act shall take effect immediately and shall be deemed to
19 have been in full force and effect on and after April 1, 2020.

20 PART M

21 Section 1. Paragraphs 56 and 57 of subdivision (b) of schedule I of
22 section 3306 of the public health law, as added by section 4 of part BB
23 of chapter 57 of the laws of 2018, are amended to read as follows:

24 (56) [~~3,4-dichloro-N-((1-dimethylamino)-cyclohexylmethyl)benzamide~~]
25 3,4-dichloro-N-((1-dimethylamino)cyclohexylmethyl)benzamide. Some trade
26 or other names: AH-7921.

27 (57) [~~N-(1-phenethylpiperidin-4-yl)-N-phenylacetamide (Acetyl Fenta-~~
28 ~~nyl)] N-(1-phenethylpiperidin-4-yl)-N-phenylacetamide. Some trade or~~
29 other names: Acetyl Fentanyl.

30 § 2. Subdivision (b) of schedule I of section 3306 of the public
31 health law is amended by adding twenty-four new paragraphs 58, 59, 60,
32 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78,
33 79, 80 and 81 to read as follows:

34 (58) N-(1-phenethylpiperidin-4-yl)-N-phenylbutyramide. Other name:
35 Butyryl Fentanyl.

36 (59) N-{1-[2-hydroxy-2-(thiophen-2-yl)ethyl]piperidin-4-yl}-N-phenylp-
37 ropionamide. Other name: Beta-Hydroxythiofentanyl.

38 (60) N-(1-phenethylpiperidin-4-yl)-N-phenylfuran-2-carboxamide. Other
39 name: Furanyl Fentanyl.

40 (61) 3,4-Dichloro-N-{2-(dimethylamino) cyclohexyl}-N-methylbenzamide.
41 Other name: U-47700.

42 (62) N-(1-phenethylpiperidin-4-yl)-N-phenylacrylamide. Other names:
43 Acryl Fentanyl or Acryloylfentanyl.

44 (63) N-(4-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide.
45 Other names: 4-fluoroisobutyryl fentanyl, para-fluoroisobutyryl fenta-
46 nyl.

47 (64) N-(2-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)propionamide.
48 Other names: ortho-fluorofentanyl or 2-fluorofentanyl.

49 (65) N-(1-phenethylpiperidin-4-yl)-N-phenyltetrahydrofuran-2-carbox-
50 amide. Other name: tetrahydrofuranyl fentanyl.

51 (66) 2-methoxy-N-(1-phenethylpiperidin-4-yl)-N-phenylacetamide. Other
52 name: methoxyacetyl fentanyl.

53 (67) N-(1-phenethylpiperidin-4-yl)-N-phenylcyclopropanecarboxamide.
54 Other name: cyclopropyl fentanyl.

(68) N-(1-phenethylpiperidin-4-yl)-N-phenylpentanamide. Other name: Valeryl fentanyl.

(69) N-(4-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)butyramide. Other name: para-fluorobutyrylfentanyl.

(70) N-(4-methoxyphenyl)-N-(1-phenethylpiperidin-4-yl)butyramide. Other name: para-methoxybutyryl fentanyl.

(71) N-(4-chlorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide. Other name: para-chloroisobutyryl fentanyl.

(72) N-(1-phenethylpiperidin-4-yl)-N-phenylisobutyramide. Other name: isobutyryl fentanyl.

(73) N-(1-phenethylpiperidin-4-yl)-N-phenylcyclopentanecarboxamide. Other name: cyclopentyl fentanyl.

(74) N-(2-fluorophenyl)-2-methoxy-N-(1-phenethylpiperidin-4-yl)acetamide. Other name: Ocfentanil.

(75) 1-cyclohexyl-4-(1,2-diphenylethyl)piperazine. Other name: MT-45.

(76) N-(1-(2-fluorophenethyl)piperidin-4-yl)-N-(2-fluorophenyl)propionamide. Some trade or other names: 2'-fluoro ortho-fluorofentanyl.

(77) N-(2-methylphenyl)-N-(1-phenethylpiperidin-4-yl)acetamide. Some trade or other names: ortho-methyl acetylfentanyl.

(78) N-(1-phenethylpiperidin-4-yl)-N,3-diphenylpropanamide. Some trade or other names: beta'-phenyl fentanyl; hydrocinnamoyl fentanyl.

(79) N-(1-phenethylpiperidin-4-yl)-N-phenylthiophene-2-carboxamide. Some trade or other names: thiofuranyl fentanyl.

(80) (E)-N-(1-phenethylpiperidin-4-yl)-N-phenylbut-2-enamide. Some trade or other names: crotonyl fentanyl.

(81) Fentanyl-related substances, their isomers, esters, ethers, salts and salts of isomers, esters and ethers. Fentanyl-related substance means any substance not otherwise listed in this section, that is structurally related to fentanyl by one or more of the following modifications:

(i) Replacement of the phenyl portion of the phenethyl group by any monocycle, whether or not further substituted in or on the monocycle;

(ii) Substitution in or on the phenethyl group with alkyl, alkenyl, alkoxyl, hydroxyl, halo, haloalkyl, amino or nitro groups;

(iii) Substitution in or on the piperidine ring with alkyl, alkenyl, alkoxyl, ester, ether, hydroxyl, halo, haloalkyl, amino or nitro groups;

(iv) Replacement of the aniline ring with any aromatic monocycle whether or not further substituted in or on the aromatic monocycle; and/or

(v) Replacement of the N-propionyl group by another acyl group.

§ 3. Subdivision (c) of schedule II of section 3306 of the public health law is amended by adding two new paragraphs 29 and 30 to read as follows:

(29) Thiafentanil.

(30) Norfentanyl.

§ 4. Section 3308 of the public health law is amended by adding a new subdivision 7 to read as follows:

7. The commissioner may, by regulation, classify as a schedule I controlled substance in section three thousand three hundred six of this article any substance listed in Schedule I of the federal schedules of controlled substances in 21 USC § 812 or 21 CFR § 1308.11.

§ 5. 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

1 or part thereof directly involved in the controversy in which such judg-
2 ment shall have been rendered. It is hereby declared to be the intent of
3 the legislature that this act would have been enacted even if such
4 invalid provisions had not been included herein.

5 § 6. This act shall take effect on the ninetieth day after it shall
6 have become a law.

7 PART N

8 Section 1. The public health law is amended by adding a new section
9 2803-z to read as follows:

10 § 2803-z. 1. Every general hospital and nursing home shall establish
11 and implement an antibiotic stewardship program that meets or exceeds
12 federal Medicare and Medicaid conditions of participation for antimicro-
13 bial stewardship programs in health care facilities. Additionally, such
14 program shall incorporate an ongoing process to measure the impact of
15 the program, including review, at least annually, of antimicrobial
16 utilization data with development of response plans for high or increas-
17 ing utilization.

18 2. Every general hospital and nursing home shall establish and imple-
19 ment training regarding antimicrobial resistance and infection
20 prevention and control, or ensure that such training has taken place, in
21 addition to or within existing infection control training programs, for
22 all individuals licensed or certified pursuant to title eight of the
23 education law who provide direct patient care.

24 3. The commissioner shall make such rules and regulations as may be
25 necessary and proper to carry out the provisions of this section.

26 § 2. This act shall take effect on the one hundred eightieth day after
27 it shall have become a law. Effective immediately, the addition, amend-
28 ment and/or repeal of any rule or regulation necessary for the implemen-
29 tation of this act on its effective date are authorized to be made and
30 completed on or before such effective date.

31 PART O

32 Section 1. Subdivisions 1, 4-b, and 7 of section 2805-i of the public
33 health law, subdivision 1 as amended by section 1 of part HH of chapter
34 57 of the laws of 2018, paragraph (c) of subdivision 1 as amended by
35 chapter 681 of the laws of 2019, subdivisions 4-b and 7 as added by
36 chapter 1 of the laws of 2000, subparagraph 1 of paragraph (b) and para-
37 graph (c) of subdivision 4-b as amended by chapter 292 of the laws of
38 2008, and subdivision 7 as renumbered by chapter 407 of the laws of
39 2018, are amended to read as follows:

40 1. ~~Every~~ When an alleged victim of a sexual offense seeks services
41 from a hospital with an emergency department, such hospital ~~providing~~
42 ~~treatment to alleged victims of a sexual offense~~ shall be responsible
43 for:

44 (a) maintaining sexual offense evidence and the chain of custody as
45 provided in subdivision two of this section;

46 (b) contacting a rape crisis or victim assistance organization, if
47 any, providing victim assistance to the geographic area served by that
48 hospital to establish the coordination of non-medical services to sexual
49 offense victims who request such coordination and services;

50 (c) offering and making available appropriate HIV post-exposure treat-
51 ment therapies; including a full regimen of HIV post-exposure prophylax-
52 is, in cases where it has been determined, in accordance with guidelines

1 issued by the commissioner, that a significant exposure to HIV has
2 occurred. With the consent of the victim of a sexual assault, the hospi-
3 tal emergency room department shall provide or arrange for an appoint-
4 ment for medical follow-up related to HIV post-exposure prophylaxis and
5 other care as appropriate, and inform the victim that payment assistance
6 for such care may be available from the office of victim services pursu-
7 ant to the provisions of article twenty-two of the executive law; ~~and~~

8 (d) ensuring sexual assault survivors are not billed for sexual
9 assault forensic exams and are notified orally and in writing of the
10 option to decline to provide private health insurance information and
11 have the office of victim services reimburse the hospital for the exam
12 pursuant to subdivision thirteen of section six hundred thirty-one of
13 the executive law~~[-]~~;

14 (e) ensuring that the victim, absent exigent circumstances, is met by
15 a sexual assault forensic examiner within sixty minutes of arriving at
16 the hospital and that the victim, upon consent, is promptly examined by
17 such sexual assault forensic examiner in a private room designated for
18 such examinations;

19 (1) the term examination means the sexual assault medical forensic
20 examination, which may include, upon consent of the victim, gathering
21 information from the victim for the medical forensic history; a medical
22 examination; coordinating treatment of injuries, documentation of
23 biological and physical findings, and collection of evidence from the
24 victim using the sexual offense evidence collection kit; documentation
25 of findings; information, treatment, and referrals for sexually trans-
26 mitted infections, pregnancy, suicidal ideation, alcohol and substance
27 abuse, and other nonacute medical concerns; and assessment for addi-
28 tional treatment and services.

29 (2) the sexual assault forensic examiner shall be a nurse practition-
30 er, physician assistant, registered nurse or physician specially trained
31 and certified in forensic examination of sexual offense victims and the
32 preservation of forensic evidence in such cases, pursuant to regulations
33 promulgated by the commissioner. A sexual assault forensic examiner
34 shall be available on a twenty-four hour a day basis every day of the
35 year.

36 (3) during the examination, an obstetrician/gynecologist or other
37 appropriate medical doctor shall be readily available to the forensic
38 examiner if there is a need for more specialized medical evaluation or
39 treatment.

40 (4) promptly after the examination is completed, the victim shall be
41 permitted to shower, be provided with a change of clothing, and receive
42 follow-up information, counseling, medical treatment and referrals for
43 same;

44 (f) designating a qualified staff person to exercise administrative
45 and clinical oversight of the treatment of sexual assault patients who
46 seek care in the hospital's emergency department, and develop policies
47 and procedures to guarantee sufficient staffing to meet the requirements
48 of this section;

49 (g) ensuring that all emergency department personnel receive training
50 regarding standards of care for assessment and treatment of victims of
51 sexual assault. Such training shall be provided by October first, two
52 thousand twenty and at least annually thereafter;

53 (h) beginning March first, two thousand twenty-one, and annually ther-
54 eafter, hospitals with an emergency department shall provide an attesta-
55 tion to the department, which shall:

1 (1) detail the number of duly trained and certified sexual assault
2 forensic examiners available to the hospital, pursuant to paragraph (e)
3 of this subdivision;

4 (2) list the name and contact information of the staff person who has
5 been designated by the hospital to oversee the treatment of sexual
6 assault patients, pursuant to paragraph (f) of this subdivision; and

7 (3) affirm that the hospital has completed trainings regarding stand-
8 ards of care for assessment and treatment of victims of sexual assault,
9 pursuant to paragraph (g) of this subdivision; and

10 (i) a hospital without an emergency department shall establish a
11 protocol for the transfer of sexual assault victims to a hospital with
12 an emergency department. The protocol must address all patient needs,
13 including, but not limited to:

14 (1) requirements to obtain consent from the sexual assault victim for
15 the transfer;

16 (2) measures to ensure minimal delay in care;

17 (3) procedures to prevent loss of evidence; and

18 (4) protocols for providing care if the sexual assault victim declines
19 a transfer to a hospital with an emergency department. Such a protocol
20 may include having a sexual assault forensic examiner come to the hospi-
21 tal.

22 ~~[4-b. (a) The commissioner shall, with the consent of the directors of~~
23 ~~interested hospitals in the state and in consultation with the commis-~~
24 ~~sioner of the division of criminal justice services, designate hospitals~~
25 ~~in the state as the sites of a twenty four hour sexual assault forensic~~
26 ~~examiner program. The hospital sites shall be designated in urban,~~
27 ~~suburban and rural areas to give as many state residents as possible~~
28 ~~ready access to the sexual assault forensic examiner program. The~~
29 ~~commissioner, in consultation with the commissioner of the division of~~
30 ~~criminal justice services, shall consider the following criteria when~~
31 ~~designating these sexual assault forensic examiner program sites:~~

32 ~~(1) the location of the hospital;~~

33 ~~(2) the hospital's capacity to provide on-site comprehensive medical~~
34 ~~services to victims of sexual offenses;~~

35 ~~(3) the capacity of the hospital site to coordinate services for~~
36 ~~victims of sexual offenses including medical treatment, rape crisis~~
37 ~~counseling, psychological support, law enforcement assistance and foren-~~
38 ~~sic evidence collection;~~

39 ~~(4) the hospital's capacity to provide access to the sexual assault~~
40 ~~forensic examiner site for disabled victims;~~

41 ~~(5) the hospital's existing services for victims of sexual offenses;~~

42 ~~(6) the capacity of the hospital site to collect uniform data and~~
43 ~~insure confidentiality of such data; and~~

44 ~~(7) the hospital's compliance with state and federally mandated stand-~~
45 ~~ards of medical care.~~

46 ~~(b) Each sexual assault forensic examiner program site designated~~
47 ~~pursuant to this subdivision shall comply with the requirements of~~
48 ~~subdivisions one, two and three of this section, and shall also provide~~
49 ~~treatment to the victim as follows:~~

50 ~~(1) The victim shall, absent exigent circumstances, be met by a sexual~~
51 ~~assault forensic examiner within sixty minutes of arriving at the hospi-~~
52 ~~tal, who shall be a nurse practitioner, physician assistant, registered~~
53 ~~nurse or physician specially trained in forensic examination of sexual~~
54 ~~offense victims and the preservation of forensic evidence in such cases~~
55 ~~and certified as qualified to provide such services pursuant to regu-~~
56 ~~lations promulgated by the commissioner. Such program shall assure that~~

~~such a specially trained forensic examiner is on call and available on a twenty-four hour a day basis every day of the year.~~

~~(2) An examination of the victim shall be performed promptly by such forensic examiner in a private room designated for such examinations. An obstetrician/gynecologist or other appropriate medical doctor shall be readily available to the forensic examiner if there is a need for more specialized medical evaluation or treatment.~~

~~(3) Promptly after the examination is completed, the victim shall be permitted to shower, be provided with a change of clothing, and receive follow-up information, counseling, medical treatment and referrals for same.~~

~~(c) Nothing in this subdivision shall affect the existence or continued existence of any program in this state through which a trained nurse practitioner, physician assistant, registered nurse or physician is providing appropriate forensic examinations and related services to survivors of sexual assault.]~~

7. On or before November thirtieth, two thousand ~~[two]~~ twenty-three, the commissioner shall make a report to the governor, the temporary president of the senate and the speaker of the assembly concerning the use and effectiveness of sexual assault forensic ~~[examiner program established under subdivision four b of this section]~~ examiners in providing treatment to alleged victims of a sexual offense, as set forth in subdivision one of this section. Such report shall include an evaluation of ~~[the efficacy of such program in obtaining useful forensic evidence in sexual offense cases and assuring]~~ hospitals' ability to provide quality treatment to ~~[sex]~~ sexual offense victims. ~~[Such report shall also recommend whether this program should be expanded and shall estimate the financial cost, if any, of such expansion.]~~

§ 2. This act shall take effect October 1, 2020; provided, however, that if chapter 681 of the laws of 2019 shall not have taken effect on or before such date then the amendments to paragraph (c) of subdivision one of section 2805-i of the public health law made by section one of this act shall take effect on the same date and in the same manner as such chapter. 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 to be made and completed on or before such effective date.

PART P

Section 1. Subdivisions 1 and 4 of section 1119 of the public health law, as amended by chapter 61 of the laws of 1989, are amended to read as follows:

1. At the time of submitting a plan for approval as required by this article, a filing fee computed at the rate of ~~[twelve dollars and fifty cents]~~ fifty dollars per lot shall be paid to the department or to the city, county or part-county health district wherein such plans are filed.

4. Notwithstanding any other provision of this title the commissioner ~~[of health]~~ is empowered to make administrative arrangements with the commissioner of environmental conservation for joint or cooperative administration of this title and title fifteen of article seventeen of the environmental conservation law, such that only one plan must be filed and only one fee totaling ~~[twenty-five]~~ one hundred dollars per lot must be paid.

§ 2. Subdivision 4 of section 1393 of the public health law, as amended by chapter 439 of the laws of 2009, is amended to read as follows:

4. The fee for a permit shall be ~~[two]~~ eight hundred dollars, except that no fee shall be charged in the case of a children's overnight, summer day or traveling summer day camp operated by a person, firm, corporation or association for charitable, philanthropic or religious purposes.

§ 3. Subdivision 2 of section 3551 of the public health law, as added by chapter 378 of the laws of 1990, is amended to read as follows:

2. The department shall license each applicant who submits an application on a form prescribed by the commissioner and meets the requirements of this article and any rules or regulations promulgated pursuant to this article, upon payment of a registration fee of ~~[thirty]~~ one hundred twenty dollars.

§ 4. Subdivision 1 of section 3554 of the public health law, as added by chapter 378 of the laws of 1990, is amended to read as follows:

1. The commissioner shall inspect each tanning facility licensed under this article and each ultraviolet radiation device used, offered, or made available for use in such facility, not less than biennially. The commissioner may establish a fee for such inspection, which shall not exceed ~~[fifty]~~ two hundred dollars per ultraviolet radiation device; provided, however, that no facility shall be required to pay any such fee on more than one occasion in any biennial registration period. The commissioner may appoint and designate, from time to time, persons to make the inspections authorized by this article.

§ 5. Paragraph (a) of subdivision 2 of section 905 of the labor law, as added by chapter 166 of the laws of 1991, is amended to read as follows:

(a) The commissioner of health shall assess a fee of no more than ~~[twenty]~~ fifty dollars for each asbestos safety program completion certificate requested by the training sponsor for each full asbestos safety program and a fee of no more than ~~[twelve]~~ thirty dollars for each asbestos safety program completion certificate requested by the training sponsor for each refresher training asbestos safety program, provided, however, that in no event shall the cost of such certificates be assessed by the sponsor against the participants.

§ 6. This act shall take effect immediately.

PART Q

Section 1. The public health law is amended by adding three new sections 1399-mm-1, 1399-mm-2, and 1399-mm-3 to read as follows:

§ 1399-mm-1. Sale of flavored products prohibited. 1. For the purposes of this section, the following terms shall have the following meanings:

(a) "Flavored" shall mean any electronic cigarette, liquid nicotine, or other vapor product intended or reasonably expected to be used with or for the consumption of nicotine, with a distinguishable taste or aroma, other than the taste or aroma of tobacco, imparted either prior to or during consumption of such product or a component part thereof, including but not limited to tastes or aromas relating to any fruit, chocolate, vanilla, honey, candy, cocoa, dessert, alcoholic beverage, mint, wintergreen, menthol, herb or spice, or any concept flavor that imparts a taste or aroma that is distinguishable from tobacco flavor but may not relate to any particular known flavor. An electronic cigarette, liquid nicotine, or other vapor product intended or reasonably expected

1 to be used with or for the consumption of nicotine, shall be presumed to
2 be flavored if a product's retailer, manufacturer, or a manufacturer's
3 agent or employee has made a statement or claim directed to consumers or
4 the public, whether expressed or implied, that such product or device
5 has a distinguishable taste or aroma other than the taste or aroma of
6 tobacco.

7 (b) "Liquid nicotine" shall have the same meaning as set forth in
8 section thirteen hundred ninety-nine-cc of this article.

9 2. No person shall sell or offer for sale at retail in the state any
10 flavored electronic cigarette, flavored liquid nicotine, or other
11 flavored vapor product intended or reasonably expected to be used with
12 or for the consumption of nicotine.

13 3. Any person who violates the provisions of this section shall be
14 subject to a fine of not more than one hundred dollars for each individ-
15 ual package of flavored electronic cigarette, flavored liquid nicotine,
16 or other flavored vapor product intended or reasonably expected to be
17 used with or for the consumption of nicotine sold or offered for sale,
18 provided, however, that with respect to a manufacturer, it shall be an
19 affirmative defense to a finding of violation pursuant to this section
20 that such sale or offer of sale, as applicable, occurred without the
21 knowledge, consent, authorization, or involvement, direct or indirect,
22 of such manufacturer. Violations of this section shall be enforced
23 pursuant to section thirteen hundred ninety-nine-ff of this article,
24 except that any person may submit a complaint to an enforcement officer
25 that a violation of this section has occurred.

26 § 1399-mm-2. Sale in pharmacies. No tobacco product, herbal cigarette,
27 electronic cigarette, or other vapor product intended or reasonably
28 expected to be used with or for the consumption of nicotine, shall be
29 sold in a pharmacy or in a retail establishment that contains a pharmacy
30 operated as a department as defined by paragraph (f) of subdivision two
31 of section sixty-eight hundred eight of the education law.

32 § 1399-mm-3. Carrier oils. 1. For the purposes of this section "carri-
33 er oils" shall mean any ingredient of a vapor product intended to
34 control the consistency or other physical characteristics of such vapor
35 product, to control the consistency or other physical characteristics of
36 vapor, or to facilitate the production of vapor when such vapor product
37 is used in an electronic cigarette. "Carrier oils" shall not include any
38 product approved by the United States food and drug administration as a
39 drug or medical device or manufactured and dispensed pursuant to title
40 five-A of article thirty-three of this chapter.

41 2. The commissioner is authorized to promulgate rules and regulations
42 governing the sale and distribution of carrier oils. Such regulations
43 may, to the extent deemed by the commissioner as necessary for the
44 protection of public health, prohibit or restrict the selling, offering
45 for sale, possessing with intent to sell, or distributing of carrier
46 oils.

47 3. The provisions of this section shall not apply where preempted by
48 federal law. Furthermore, the provisions of this section shall be
49 severable, and if any phrase, clause, sentence, or provision is declared
50 to be invalid, or is preempted by federal law or regulation, the validi-
51 ty of the remainder of this section shall not be affected thereby. If
52 any provision of this section is declared to be inapplicable to any
53 specific category, type, or kind of carrier oil, the provisions of this
54 section shall nonetheless continue to apply with respect to all other
55 carrier oils.

§ 2. Section 1399-n of the public health law is amended by adding a new subdivision 3-a to read as follows:

3-a. "Indoor area" means any area with a full or partial roof covering; provided, however, that with respect to facilities licensed pursuant to article thirteen of the racing, pari-mutuel wagering and breeding law only, "indoor area" shall mean an area with a roof or ceiling in place, including a fixed or movable roof or ceiling, where the total actual area of the wall surfaces exceeds seventy-five percent of the total notional wall area, and which allow the free flow of air without the assistance of mechanical ventilation, as defined by the commissioner. The commissioner may determine and enforce a lower percentage of total actual area to notional wall area, as deemed necessary to protect the public health and the intent of this article; provided, however, that the maximum percentage determined is no lower than fifty percent of the total notional wall area. The commissioner shall promulgate such rules and regulations as are necessary to define notional wall area, mechanical ventilation, and related building specifications needed to make a determination of whether or not a structure falls within the definition of indoor area.

§ 3. Section 6808 of the education law is amended by adding a new subdivision 9 to read as follows:

9. No tobacco product, herbal cigarette, electronic cigarette, or other vapor product intended or reasonably expected to be used with or for the consumption of nicotine, as such terms are defined by section thirteen hundred ninety-nine-aa of the public health law, shall be sold or offered for sale at a registered pharmacy or an establishment where a pharmacy department is located.

§ 4. Section 1399-aa of the public health law is amended by adding five new subdivisions 14, 15, 16, 17, and 18 to read as follows:

14. "Price reduction instrument" means any coupon, voucher, rebate, card, paper, note, form, statement, ticket, image, or other issue, whether in paper, digital, or any other form, used for commercial purposes to receive an article, product, service, or accommodation without charge or at a discounted price.

15. "Tobacco menu" means a booklet, pamphlet, or other listing of tobacco products, herbal cigarettes, electronic liquids, or electronic cigarettes offered for sale by a retail dealer which includes the price of such products. A tobacco menu may contain pictures of and advertisements for tobacco products, herbal cigarettes, electronic liquids, or electronic cigarettes.

16. "Menu cover page" means the front cover of a tobacco menu or, if there is no front cover, the first page of such tobacco menu.

17. "Vapor products" 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. "Vapor product" shall not include any product approved by the United States food and drug administration as a drug or medical device, or manufactured and dispensed pursuant to title five-A of article thirty-three of this chapter.

18. "Vapor products dealer" means a person licensed by the commissioner of tax and finance to sell vapor products in this state.

§ 5. The section heading and subdivisions 1, 2, 3 and 4 of section 1399-ll of the public health law, the section heading and subdivisions 2, 3, and 4 as added by chapter 262 of the laws of 2000, and subdivision 1 as amended by chapter 342 of the laws of 2013, are amended to read as follows:

1 Unlawful shipment or transport of cigarettes and electronic
2 cigarettes. 1. It shall be unlawful for any person engaged in the busi-
3 ness of selling cigarettes, electronic cigarettes, liquid nicotine,
4 and/or other vapor products intended or reasonably expected to be used
5 with or for the consumption of nicotine, to ship or cause to be shipped
6 any cigarettes, electronic cigarettes, liquid nicotine, and/or other
7 vapor products intended or reasonably expected to be used with or for
8 the consumption of nicotine, to any person in this state who is not: (a)
9 a person licensed as a cigarette tax agent or wholesale dealer under
10 article twenty of the tax law or registered retail dealer under section
11 four hundred eighty-a of the tax law; (b) an export warehouse proprietor
12 pursuant to chapter 52 of the internal revenue code or an operator of a
13 customs bonded warehouse pursuant to section 1311 or 1555 of title 19 of
14 the United States Code; ~~or~~ (c) a vapor products dealer registered with
15 the commissioner of taxation and finance pursuant to article
16 twenty-eight-C of the tax law; or (d) a person who is an officer,
17 employee or agent of the United States government, this state or a
18 department, agency, instrumentality or political subdivision of the
19 United States or this state and presents himself or herself as such,
20 when such person is acting in accordance with his or her official
21 duties. For purposes of this subdivision, a person is a licensed or
22 registered agent or dealer described in paragraph (a) of this subdivi-
23 sion if his or her name appears on a list of licensed or registered
24 agents or dealers published by the department of taxation and finance,
25 or if such person is licensed or registered as an agent or dealer under
26 article twenty of the tax law.

27 2. It shall be unlawful for any common or contract carrier to knowing-
28 ly transport cigarettes, electronic cigarettes, liquid nicotine, and/or
29 other vapor products intended or reasonably expected to be used with or
30 for the consumption of nicotine to any person in this state reasonably
31 believed by such carrier to be other than a person described in para-
32 graph (a), (b) ~~or~~, (c), or (d) of subdivision one of this section. For
33 purposes of the preceding sentence, if cigarettes, electronic ciga-
34 rettes, liquid nicotine, and/or other vapor products intended or reason-
35 ably expected to be used with or for the consumption of nicotine are
36 transported to a home or residence, it shall be presumed that the common
37 or contract carrier knew that such person was not a person described in
38 paragraph (a), (b) ~~or~~, (c), or (d) of subdivision one of this section.
39 It shall be unlawful for any other person to knowingly transport ciga-
40 rettes, electronic cigarettes, liquid nicotine, and/or other vapor
41 products intended or reasonably expected to be used with or for the
42 consumption of nicotine to any person in this state, other than to a
43 person described in paragraph (a), (b) ~~or~~, (c), or (d) of subdivision
44 one of this section. Nothing in this subdivision shall be construed to
45 prohibit a person other than a common or contract carrier from trans-
46 porting not more than eight hundred cigarettes at any one time to any
47 person in this state.

48 3. When a person engaged in the business of selling cigarettes, elec-
49 tronic cigarettes, liquid nicotine, and/or other vapor products intended
50 or reasonably expected to be used with or for the consumption of nico-
51 tine ships or causes to be shipped any cigarettes, electronic ciga-
52 rettes, liquid nicotine, and/or other vapor products intended or reason-
53 ably expected to be used with or for the consumption of nicotine to any
54 person in this state, other than in the cigarette manufacturer's
55 original container or wrapping, the container or wrapping must be plain-

ly and visibly marked with the ~~[word]~~ words "cigarettes", "electronic cigarettes", or "liquid nicotine", as applicable.

4. Whenever a police officer designated in section 1.20 of the criminal procedure law or a peace officer designated in subdivision four of section 2.10 of such law, acting pursuant to his or her special duties, shall discover any cigarettes, electronic cigarettes, liquid nicotine, and/or other vapor products intended or reasonably expected to be used with or for the consumption of nicotine which have been or which are being shipped or transported in violation of this section, such person is hereby empowered and authorized to seize and take possession of such cigarettes, electronic cigarettes, liquid nicotine, and/or other vapor products intended or reasonably expected to be used with or for the consumption of nicotine, and such cigarettes, electronic cigarettes, liquid nicotine, and/or other vapor products intended or reasonably expected to be used with or for the consumption of nicotine shall be subject to a forfeiture action pursuant to the procedures provided for in article thirteen-A of the civil practice law and rules, as if such article specifically provided for forfeiture of cigarettes, electronic cigarettes, liquid nicotine, and/or other vapor products intended or reasonably expected to be used with or for the consumption of nicotine seized pursuant to this section as a pre-conviction forfeiture crime.

§ 6. Section 1399-bb of the public health law, as amended by chapter 508 of the laws of 2000, the section heading as amended by chapter 4 of the laws of 2018, subdivision 2 as amended by chapter 13 of the laws of 2003, and paragraphs (b), (c), and (f) of subdivision 2 and subdivisions 4 and 5 as amended by chapter 100 of the laws of 2019, is amended to read as follows:

§ 1399-bb. Distribution of tobacco products, electronic liquids, electronic cigarettes or herbal cigarettes without charge. 1. No person engaged in the business of selling or otherwise distributing tobacco products, electronic liquids, electronic cigarettes, other vapor products intended or reasonably expected to be used with or for the consumption of nicotine, or herbal cigarettes 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, electronic liquids, electronic cigarettes, other vapor products intended or reasonably expected to be used with or for the consumption of nicotine, or herbal cigarettes to any individual, provided that the distribution of a package containing tobacco products, electronic liquids, electronic cigarettes, other vapor products intended or reasonably expected to be used with or for the consumption of nicotine, or herbal cigarettes in violation of this subdivision shall constitute a single violation without regard to the number of items in the package; or

(b) distribute ~~[coupons]~~ price reduction instruments which are redeemable for tobacco products, electronic liquids, electronic cigarettes, other vapor products intended or reasonably expected to be used with or for the consumption of nicotine, or herbal cigarettes 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 electronic liquids, electronic cigarettes, other vapor products intended or reasonably expected to be used with or for the consumption of nicotine, or herbal cigarettes or obtained at locations which sell tobacco products, electronic liquids, electronic cigarettes, other vapor products intended or reasonably expected to be used with or for the consumption of nicotine, or herbal

1 cigarettes provided that such distribution is confined to a designated
2 area or to coupons sent through the mail.

3 1-a. No person engaged in the business of selling or otherwise
4 distributing tobacco products, herbal cigarettes, electronic liquids,
5 electronic cigarettes, or other vapor products intended or reasonably
6 expected to be used with or for the consumption of nicotine for commer-
7 cial purposes, or any agent or employee of such person, shall knowingly,
8 in furtherance of such business:

9 (a) honor or accept a price reduction instrument in any transaction
10 related to the sale of tobacco products, herbal cigarettes, electronic
11 liquids, electronic cigarettes, or other vapor products intended or
12 reasonably expected to be used with or for the consumption of nicotine
13 to a consumer;

14 (b) sell or offer for sale any tobacco products, herbal cigarettes,
15 electronic liquids, electronic cigarettes, or other vapor products
16 intended or reasonably expected to be used with or for the consumption
17 of nicotine to a consumer through any multi-package discount or other-
18 wise provide to a consumer any tobacco products, herbal cigarettes,
19 electronic liquids, electronic cigarettes, or other vapor products
20 intended or reasonably expected to be used with or for the consumption
21 of nicotine for less than the listed price in exchange for the purchase
22 of any other tobacco products, herbal cigarettes, electronic liquids,
23 electronic cigarettes, or other vapor products intended or reasonably
24 expected to be used with or for the consumption of nicotine by such
25 consumer;

26 (c) sell, offer for sale, or otherwise provide any product other than
27 a tobacco product, herbal cigarette, electronic liquid, electronic ciga-
28 rette, or other vapor product intended or reasonably expected to be used
29 with or for the consumption of nicotine to a consumer for less than the
30 listed price in exchange for the purchase of a tobacco product, herbal
31 cigarette, electronic liquid, electronic cigarette, or other vapor prod-
32 uct intended or reasonably expected to be used with or for the consump-
33 tion of nicotine by such consumer; or

34 (d) sell, offer for sale, or otherwise provide a tobacco product,
35 herbal cigarette, electronic liquid, electronic cigarette, or other
36 vapor product intended or reasonably expected to be used with or for the
37 consumption of nicotine to a consumer for less than the listed price.

38 2. The prohibitions contained in subdivision one of this section shall
39 not apply to the following locations:

40 (a) private social functions when seating arrangements are under the
41 control of the sponsor of the function and not the owner, operator,
42 manager or person in charge of such indoor area;

43 (b) conventions and trade shows; provided that the distribution is
44 confined to designated areas generally accessible only to persons over
45 the age of twenty-one;

46 (c) events sponsored by tobacco, electronic liquid, electronic ciga-
47 rette, other vapor product intended or reasonably expected to be used
48 with or for the consumption of nicotine, or herbal cigarette manufactur-
49 ers provided that the distribution is confined to designated areas
50 generally accessible only to persons over the age of twenty-one;

51 (d) bars as defined in subdivision one of section thirteen hundred
52 ninety-nine-n of this chapter;

53 (e) tobacco businesses as defined in subdivision eight of section
54 thirteen hundred ninety-nine-aa of this article;

55 (f) factories as defined in subdivision nine of section thirteen
56 hundred ninety-nine-aa of this article and construction sites; provided

1 that the distribution is confined to designated areas generally accessi-
2 ble only to persons over the age of twenty-one.

3 3. No person shall distribute tobacco products, electronic liquids,
4 electronic cigarettes, other vapor products intended or reasonably
5 expected to be used with or for the consumption of nicotine, or herbal
6 cigarettes at the locations set forth in paragraphs (b), (c) and (f) of
7 subdivision two of this section unless such person gives five days writ-
8 ten notice to the enforcement officer.

9 4. No person engaged in the business of selling or otherwise distrib-
10 uting electronic liquids, electronic cigarettes, or other vapor products
11 intended or reasonably expected to be used with or for the consumption
12 of nicotine for commercial purposes, or any agent or employee of such
13 person, shall knowingly, in furtherance of such business, distribute
14 without charge any electronic cigarettes to any individual under twen-
15 ty-one years of age.

16 5. The distribution of tobacco products, electronic cigarettes, elec-
17 tronic liquids, other vapor products intended or reasonably expected to
18 be used with or for the consumption of nicotine, or herbal cigarettes
19 pursuant to subdivision two of this section or the distribution without
20 charge of electronic cigarettes, electronic liquids, or other vapor
21 products intended or reasonably expected to be used with or for the
22 consumption of nicotine, shall be made only to an individual who demon-
23 strates, through (a) a driver's license or [~~other photographic~~] non-dri-
24 ver identification card issued by [~~a government entity or educational~~
25 ~~institution~~] the commissioner of motor vehicles, the federal government,
26 any United States territory, commonwealth, or possession, the District
27 of Columbia, a state government within the United States, or a provin-
28 cial government of the dominion of Canada, (b) a valid passport issued
29 by the United States government or the government of any other country,
30 or (c) an identification card issued by the armed forces of the United
31 States, indicating that the individual is at least twenty-one years of
32 age. Such identification need not be required of any individual who
33 reasonably appears to be at least twenty-five years of age; provided,
34 however, that such appearance shall not constitute a defense in any
35 proceeding alleging the sale of a tobacco product, electronic cigarette,
36 electronic liquid, other vapor product intended or reasonably expected
37 to be used with or for the consumption of nicotine, or herbal cigarette
38 or the distribution without charge of electronic cigarettes, electronic
39 liquids, or other vapor products intended or reasonably expected to be
40 used with or for the consumption of nicotine to an individual.

41 § 7. Subdivision 7 of section 1399-cc of the public health law, as
42 amended by chapter 100 of the laws of 2019, is amended to read as
43 follows:

44 7. (a) No person operating a place of business wherein tobacco
45 products, herbal cigarettes, liquid nicotine, shisha or electronic ciga-
46 rettes are sold or offered for sale shall sell, permit to be sold, offer
47 for sale or display for sale any tobacco product, herbal cigarettes,
48 liquid nicotine, shisha or electronic cigarettes in any manner, unless
49 such products and cigarettes are stored for sale [~~(a)~~] (i) behind a
50 counter in an area accessible only to the personnel of such business, or
51 [~~(b)~~] (ii) in a locked container; provided, however, such restriction
52 shall not apply to tobacco businesses, as defined in subdivision eight
53 of section thirteen hundred ninety-nine-aa of this article, and to plac-
54 es to which admission is restricted to persons twenty-one years of age
55 or older.

1 (b) In addition to the requirements set forth in paragraph (a) of this
2 subdivision, no retailer of tobacco and/or vapor products shall permit
3 the display of any tobacco product, herbal cigarette, electronic liquid,
4 electronic cigarette, or other vapor product intended or reasonably
5 expected to be used with or for the consumption of nicotine in a manner
6 that permits a consumer to view any such item prior to purchase, except:

7 (i) at the direct request of a customer at least twenty-one years of
8 age, where such retailer allows such customer to handle such item, pack-
9 aged or otherwise, for the purpose of inspecting such item prior to
10 purchase; or

11 (ii) where such items are temporarily visible during the restocking,
12 sale, or carriage into or out of the premises of such items.

13 (c) No tobacco and/or vapor products retailer shall display or permit
14 the display of any tobacco product, herbal cigarette, electronic liquid,
15 electronic cigarette, or other vapor product intended or reasonably
16 expected to be used with or for the consumption of nicotine for any
17 longer than necessary to complete the purposes identified in subpara-
18 graphs (i) and (ii) of paragraph (b) of this subdivision.

19 (d) No tobacco and/or vapor products retailer shall store any tobacco
20 menu in a location where it is visible to customers or accessible to
21 customers without the assistance of such retailer. A tobacco menu shall
22 also contain a menu cover page that shall prevent the inadvertent view-
23 ing of promotional material or other material contained within such
24 tobacco menu.

25 (e) No tobacco and/or vapor products retailer shall provide any tobac-
26 co menu or tobacco product, herbal cigarette, electronic liquid, elec-
27 tronic cigarette, or other vapor product intended or reasonably expected
28 to be used with or for the consumption of nicotine to any individual who
29 has not demonstrated, through identification which meets the require-
30 ments of subdivision three of this section, that such individual is at
31 least twenty-one years of age. Such identification need not be required
32 of any individual who reasonably appears to be over the age of twenty-
33 five, provided, however, that such appearance shall not constitute a
34 defense in any proceeding alleging the sale of such item to an individ-
35 ual under twenty-one years of age. It shall be an affirmative defense to
36 a violation of this subdivision that the tobacco and/or vapor products
37 retailer successfully performed a transaction scan of an individual's
38 identification and that a tobacco menu, tobacco product, herbal ciga-
39 rette, electronic liquid, electronic cigarette, or other vapor product
40 intended or reasonably expected to be used with or for the consumption
41 of nicotine was provided to such individual in reasonable reliance upon
42 such identification and transaction scan.

43 (f) After a customer has completed viewing a tobacco menu, the retail-
44 er of tobacco and/or vapor products shall immediately return such tobac-
45 co menu to its storage location.

46 (g) Unless required otherwise by rule or regulation of the department,
47 the menu cover page of a tobacco menu shall be blank or contain only the
48 words "Tobacco Menu" and shall not contain any advertising or other
49 promotional material.

50 § 8. The general business law is amended by adding a new section 396-
51 bbb to read as follows:

52 § 396-bbb. Restrictions on electronic cigarette and electronic liquid
53 advertisements. 1. No manufacturer, distributor, and/or retailer of
54 electronic cigarettes, electronic liquids, or other vapor products
55 intended or reasonably expected to be used with or for the consumption
56 of nicotine shall advertise or disseminate, or cause to be advertised or

1 disseminated, any advertising for electronic cigarettes, electronic
2 liquids, or other vapor products intended or reasonably expected to be
3 used with or for the consumption of nicotine other than in publications,
4 whether for periodic or limited distribution, that such manufacturer,
5 distributor, and/or retailer demonstrates is an adult publication.

6 2. Advertising of electronic cigarettes, electronic liquids, or other
7 vapor products intended or reasonably expected to be used with or for
8 the consumption of nicotine by a manufacturer, distributor, and/or
9 retailer in an audio or video format, including but not limited to
10 advertising on websites and social media platforms, shall be limited as
11 follows:

12 (a) audio formats shall be limited to words only, with no music or
13 sound effects; and

14 (b) video formats shall be limited to static black text only on a
15 white background, and any audio with such videos shall be limited to
16 words only, with no music or sound effects.

17 3. No manufacturer, distributor, and/or retailer of electronic ciga-
18 rettes, electronic liquids, or other vapor products intended or reason-
19 ably expected to be used with or for the consumption of nicotine shall
20 advertise or cause to be advertised, disseminate or cause to be dissem-
21 inated, false or misleading statements. Such false or misleading state-
22 ments include but shall not be limited to statements indicating or
23 suggesting to a reasonable person: (a) that an electronic cigarette, an
24 electronic liquid, or other vapor product intended or reasonably
25 expected to be used with or for the consumption of nicotine is a smoking
26 cessation product, unless such electronic cigarette, electronic liquid,
27 or other vapor product intended or reasonably expected to be used with
28 or for the consumption of nicotine is approved by the United States food
29 and drug administration as such; or (b) that an electronic cigarette, an
30 electronic liquid, or other vapor product intended or reasonably
31 expected to be used with or for the consumption of nicotine is safe,
32 unless such electronic cigarette, electronic liquid, or other vapor
33 product intended or reasonably expected to be used with or for the
34 consumption of nicotine has received marketing approval from the United
35 States food and drug administration.

36 4. For the purposes of this section "adult publication" shall mean a
37 newspaper, magazine, periodical, website, social media platform, or
38 other publication:

39 (a) whose readers younger than twenty-one years of age constitute
40 fifteen percent or less of the total readership or viewership, as meas-
41 ured by competent and reliable survey evidence; and

42 (b) that is read or viewed by fewer than two million persons younger
43 than twenty-one years of age as measured by competent and reliable
44 survey evidence.

45 § 9. The public health law is amended by adding a new article 17 to
46 read as follows:

47 ARTICLE 17

48 INGREDIENT DISCLOSURES FOR

49 VAPOR PRODUCTS AND E-CIGARETTES

50 Section 1700. Definitions.

51 1701. Disclosure.

52 1702. Penalties.

53 § 1700. Definitions. As used in this article, the following terms
54 shall have the following meanings:

55 1. "Vapor products" shall have the same meaning as defined by section
56 thirteen hundred ninety-nine-aa of this chapter.

1 2. "Electronic cigarette" or "e-cigarette" shall have the same meaning
2 as defined by section thirteen hundred ninety-nine-aa of this chapter.

3 3. "Ingredient" shall mean all of the following:

4 (a) any intentional additive present in any quantity in a vapor prod-
5 uct;

6 (b) a byproduct or contaminant, present in a vapor product in any
7 quantity equal to or greater than one-half of one percent of the content
8 of such product by weight, or other amount determined by the commission-
9 er;

10 (c) a byproduct present in a vapor product in any quantity less than
11 one-half of one percent of the content of such product by weight,
12 provided such element or compound has been published as a chemical of
13 concern on one or more lists identified by the commissioner; and

14 (d) a contaminant present in a vapor product in a quantity determined
15 by the commissioner and less than one-half of one percent of the content
16 of such product by weight, provided such element or compound has been
17 published as a chemical of concern on one or more lists identified by
18 the commissioner.

19 4. "Intentionally added ingredient" shall mean any element or compound
20 that a manufacturer has intentionally added to a vapor product at any
21 point in such product's supply chain, or at any point in the supply
22 chain of any raw material or ingredient used to manufacture such prod-
23 uct.

24 5. "Byproduct" shall mean any element or compound in the finished
25 vapor product, or in the vapor produced during consumption of a vapor
26 product, which: (a) was created or formed during the manufacturing
27 process as an intentional or unintentional consequence of such manufac-
28 turing process at any point in such product's supply chain, or at any
29 point in the supply chain of any raw material or ingredient used to
30 manufacture such product; or (b) is created or formed as an intentional
31 or unintentional consequence of the use of an e-cigarette or consumption
32 of a vapor product. "Byproduct" shall include, but is not limited to,
33 an unreacted raw material, a breakdown product of an intentionally added
34 ingredient, a breakdown product of any component part of an e-cigarette,
35 or a derivative of the manufacturing process.

36 6. "Contaminant" shall mean any element or compound made present in a
37 vapor product as an unintentional consequence of manufacturing. Contam-
38 inants include, but are not limited to, elements or compounds present in
39 the environment which were introduced into a product, a raw material, or
40 a product ingredient as a result of the use of an environmental medium,
41 such as naturally occurring water, or other materials used in the manu-
42 facturing process at any point in a product's supply chain, or at any
43 point in the supply chain of any raw material or ingredient used to
44 manufacture such product.

45 7. "Manufacturer" shall mean any person, firm, association, partner-
46 ship, limited liability company, or corporation which produces,
47 prepares, formulates, or compounds a vapor product or e-cigarette, or
48 whose brand name is affixed to such product. In the case of a vapor
49 product or e-cigarette imported into the United States, "manufacturer"
50 shall mean the importer or first domestic distributor of such product if
51 the entity that manufactures such product or whose brand name is affixed
52 to such product does not have a presence in the United States.

53 § 1701. Disclosure. 1. Manufacturers of vapor products or e-cigarettes
54 distributed, sold, or offered for sale in this state, whether at retail
55 or wholesale, shall furnish to the commissioner for public record and
56 post on such manufacturer's website, in a manner prescribed by the

1 commissioner that is readily accessible to the public and machine read-
2 able, information regarding such products pursuant to rules or regu-
3 lations which shall be promulgated by the commissioner.

4 (a) For each vapor product, the information posted pursuant to this
5 subdivision shall include, but shall not be limited to:

6 (i) a list naming each ingredient of such vapor product in descending
7 order of predominance by weight in such product, except that ingredients
8 present at a weight below one percent may be listed following other
9 ingredients without respect to the order of predominance by weight;

10 (ii) the nature and extent of investigations and research performed by
11 or for the manufacturer concerning the effects on human health of such
12 product or its ingredients;

13 (iii) where applicable, a statement disclosing that an ingredient of
14 such product is published as a chemical of concern on one or more lists
15 identified by the commissioner; and

16 (iv) for each ingredient published as a chemical of concern on one or
17 more lists identified by the commissioner, an evaluation of the avail-
18 ability of potential alternatives and potential hazards posed by such
19 alternatives.

20 (b) For each e-cigarette capable of being re-filled by a final consum-
21 er, the information posted pursuant to this subdivision shall include,
22 but shall not be limited to:

23 (i) a list naming each byproduct that may be introduced into vapor
24 produced during the normal use of such e-cigarette;

25 (ii) the nature and extent of investigations and research performed by
26 or for the manufacturer concerning the effects on human health of such
27 product or such ingredients;

28 (iii) where applicable, a statement disclosing that an ingredient is
29 published as a chemical of concern on one or more lists identified by
30 the commissioner; and

31 (iv) for each ingredient published as a chemical of concern on one or
32 more lists identified by the commissioner, an evaluation of the avail-
33 ability of potential alternatives and potential hazards posed by such
34 alternatives.

35 2. Manufacturers shall furnish the information required to be posted
36 pursuant to subdivision one of this section on or before January first,
37 two thousand twenty-one, and every two years thereafter. In addition,
38 such manufacturers shall furnish such information prior to the sale of
39 any new vapor product or e-cigarette, when the formulation of a current-
40 ly disclosed product is changed such that the predominance of the ingre-
41 redients in such product is changed, when any list of chemicals of concern
42 identified by the commissioner pursuant to this article is changed to
43 include an ingredient present in a vapor product or e-cigarette subject
44 to this article, or at such other times as may be required by the
45 commissioner.

46 3. The information required to be posted pursuant to subdivision one
47 of this section shall be made available to the public by the commission-
48 er and manufacturers, in accordance with this section, with the excep-
49 tion of those portions which a manufacturer determines, subject to the
50 approval of the commissioner, are related to a proprietary process the
51 disclosure of which would compromise such manufacturer's competitive
52 position. The commissioner shall not approve any exceptions under this
53 subdivision with respect to any ingredient published as a chemical of
54 concern on one or more lists identified by the commissioner.

55 § 1702. Penalties. Notwithstanding any other provision of this chap-
56 ter, any manufacturer who violates any of the provisions of, or who

1 fails to perform any duty imposed by, this article or any rule or regu-
2 lation promulgated thereunder, shall be liable, in the case of a first
3 violation, for a civil penalty not to exceed five thousand dollars. In
4 the case of a second or any subsequent violation, the liability shall be
5 for a civil penalty not to exceed ten thousand dollars for each such
6 violation.

7 § 10. Subdivision 2 and paragraphs (e) and (f) of subdivision 3 of
8 section 1399-ee of the public health law, as amended by chapter 162 of
9 the laws of 2002, are amended to read as follows:

10 2. If the enforcement officer determines after a hearing that a
11 violation of this article has occurred, he or she shall impose a civil
12 penalty of a minimum of [~~three hundred~~] one thousand dollars, but not to
13 exceed [~~one~~] two thousand dollars for a first violation, and a minimum
14 of one thousand five hundred dollars, but not to exceed [~~one~~] three
15 thousand [~~five hundred~~] dollars for each subsequent violation, unless a
16 different penalty is otherwise provided in this article. The enforcement
17 officer shall advise the retail dealer that upon the accumulation of
18 three or more points pursuant to this section the department of taxation
19 and finance shall suspend the dealer's registration. If the enforcement
20 officer determines after a hearing that a retail dealer was selling
21 tobacco products while their registration was suspended or permanently
22 revoked pursuant to subdivision three or four of this section, he or she
23 shall impose a civil penalty of twenty-five hundred dollars.

24 (e) Suspension. If the department determines that a retail dealer has
25 accumulated three points or more, the department shall direct the
26 commissioner of taxation and finance to suspend such dealer's registra-
27 tion for [~~six months~~] one year. The three points serving as the basis
28 for a suspension shall be erased upon the completion of the [~~six month~~]
29 one year penalty.

30 (f) Surcharge. A two hundred fifty dollar surcharge to be assessed for
31 every violation will be made available to enforcement officers and shall
32 be used solely for compliance checks to be conducted to determine
33 compliance with this section.

34 § 11. Paragraph 1 of subdivision h of section 1607 of the tax law, as
35 amended by chapter 162 of the laws of 2002, is amended to read as
36 follows:

37 1. A license shall be suspended for a period of [~~six months~~] one year
38 upon notification to the division by the commissioner of health of a
39 lottery sales agent's accumulation of three or more points pursuant to
40 subdivision three of section thirteen hundred ninety-nine-ee of the
41 public health law.

42 § 12. Section 1399-x of the public health law is REPEALED.

43 § 13. This act shall take effect July 1, 2020; provided, however, that
44 section one of this act shall take effect on the thirtieth day after it
45 shall have become a law. Effective immediately, the addition, amendment
46 and/or repeal of any rule or regulation necessary for the implementation
47 of this act on its effective date are authorized to be made and
48 completed on or before such effective date.

49 PART R

50 Section 1. The director of the division of the budget may direct the
51 commissioner of health to distribute enhanced federal medical assistance
52 percentage payments, as described in subsections (y) and (z) of section
53 1905 of the federal social security act, to social services districts
54 only in such amounts as is necessary to ensure that such districts, in

1 the aggregate, do not pay a greater percentage of the non-federal share
2 of expenditures under the state's plan for medical assistance, main-
3 tained pursuant to section 363-a of the social services law, as compared
4 to the percentage paid by such districts during the calendar year of
5 2009.

6 § 2. 1. Each year beginning calendar year 2020, each social services
7 district ("district") shall certify to the department of health, in a
8 manner to be determined by the department of health in consultation with
9 the director of the division of the budget, whether such district has
10 adopted a budget with respect to such district's fiscal year that begins
11 on January first of the then current calendar year that does not exceed
12 the tax levy limit established pursuant to section 3-c of the general
13 municipal law or, for the City of New York, shall certify that the most
14 recently adopted budget for such city does not exceed the tax levy limit
15 that would have applied to such budget had the provisions of section 3-c
16 of the general municipal law applied to such city; provided, however,
17 that for the purposes of this subdivision, such tax levy limit shall be
18 determined by substituting equivalent local expenditures for the exclu-
19 sions provided by subparagraphs (ii), (iii) and (iv) of paragraph (g) of
20 subdivision 2 of such section.

21 2. (a) Districts other than the City of New York shall make the annual
22 certification required by subdivision one of this section by April 20,
23 2020, and for years beginning 2021 and thereafter, by January fifteenth
24 of such year.

25 (b) The City of New York shall make the annual certification required
26 by subdivision one of this section by July fifteenth of each year.

27 3. For each district that does not certify that such district has
28 limited the increase in real property taxes by the real property tax cap
29 by the date specified in subdivision two of this section, the department
30 of health shall calculate the savings in medical assistance expenditures
31 that such district realized, or would have realized, for the district's
32 prior fiscal year as a result of application of section 1 of part C of
33 chapter 58 of the laws of 2005, as amended by section 1 of part F of
34 chapter 56 of the laws of 2012 and any subsequent amendments thereto
35 ("medicaid local share cap"). Notwithstanding section 1 of part C of
36 chapter 58 of the laws of 2005, as amended, such district's actual
37 savings during the district's then current fiscal year shall be limited
38 to the savings calculated in the manner prescribed in this subdivision
39 for each year that the district does not limit the increase in real
40 property taxes by the real property tax cap pursuant to subdivision two
41 of this section ("limited local share savings"). The district shall be
42 liable for and remit to the state the difference between the district's
43 limited local share savings and the savings that the district would have
44 realized as a result of application of the medicaid local share cap,
45 pursuant to a schedule determined by the commissioner of health in
46 consultation with the director of the division of the budget; provided,
47 however, that the commissioner of health may, in consultation with the
48 director of the division of the budget, reduce such liability to the
49 extent necessary to achieve compliance with section 1905 of the federal
50 social security act or any other legal requirements imposed on the
51 subject matter hereof. Such remittances shall be separate from, and
52 shall not affect or be affected by, any voluntary local share contrib-
53 utions made by any district, including the City of New York.

54 4. The director of the division of the budget may grant a waiver to
55 any district that does not provide the certification required pursuant
56 to subdivision two of this section upon a showing by such district of

1 financial hardship in a form and manner prescribed by the division of
2 the budget. In evaluating an application for a financial hardship waiv-
3 er, the director of the division of the budget shall consider changes in
4 state or federal aid payments and other extraordinary costs, including
5 the occurrence of a disaster as defined in paragraph a of subdivision
6 two of section twenty of the executive law, repair and maintenance of
7 infrastructure, annual growth of tax receipts, including personal
8 income, business, and other taxes, prepayment of debt service and other
9 expenses or such other factors that such director may determine.

10 § 3. Section 363-c of the social services law is amended by adding two
11 new subdivisions 4 and 5 to read as follows:

12 4. Notwithstanding any laws or regulations to the contrary, all social
13 services districts, providers and other recipients of medical assistance
14 program funds shall make available to the commissioner or the director
15 of the division of budget in a prompt fashion all fiscal and statistical
16 records and reports, other contemporaneous records demonstrating their
17 right to receive payment, and all underlying books, records, documenta-
18 tion and reports, which may be requested by the commissioner or the
19 director of the division of the budget as may be determined necessary to
20 manage and oversee the Medicaid program.

21 5. For the state fiscal year beginning April first, two thousand twen-
22 ty-one and every state fiscal year thereafter, notwithstanding the
23 provisions of section three hundred sixty-eight-a of this title, and
24 notwithstanding section one of part C of chapter fifty-eight of the laws
25 of two thousand five, as amended by section one of part F of chapter
26 fifty-six of the laws of two thousand twelve, and any subsequent amend-
27 ments thereto, if the amount the department of health reimbursed any
28 social services district during the prior state fiscal year for expendi-
29 tures made by or on behalf of such social services districts for medical
30 assistance for needy persons exceeds one hundred three percent of the
31 amount reimbursed during the preceding state fiscal year, the social
32 services district shall be liable for and remit to the state one hundred
33 percent of such excess amount, after first deducting therefrom any
34 federal funds properly received or to be received on account thereof,
35 pursuant to a schedule determined by the commissioner of health in
36 consultation with the director of the division of budget. Provided,
37 however, that this subdivision shall not apply only to the extent that
38 it conflicts with or would achieve less savings to the state than the
39 application of subdivision one of this section.

40 § 4. This act shall take effect immediately and shall be deemed to
41 have been in full force and effect on and after April 1, 2020.

42 PART S

43 Section 1. Subdivision 7 of section 2802 of the public health law is
44 amended by adding a new paragraph (b-1) to read as follows:

45 (b-1) At such time as the commissioner's written contingent approval
46 is granted, or written approval in instances where no contingencies were
47 applied to such approval, each applicant shall pay an additional
48 surcharge equal to three percent of the total capital value of the
49 application.

50 § 2. Paragraph (d) of subdivision 7 of section 2802 of the public
51 health law, as amended by section 87 of part C of chapter 58 of the laws
52 of 2009, is amended to read as follows:

53 (d) (i) The fees and charges ~~[paid by an applicant pursuant to]~~
54 imposed by this subdivision ~~[for any application for construction of a~~

~~hospital approved in accordance with this section shall be deemed allowable capital costs in the determination of reimbursement rates established pursuant to this article. The cost of such fees and charges shall not be subject to reimbursement ceiling or other penalties used by the commissioner for the purpose of establishing reimbursement rates pursuant to this article.]~~ shall not apply to any application for which all development, design, and construction costs are being solely funded by state grants of any kind, except that such fees and charges may be imposed in such circumstances under criteria that may be adopted in regulation by the commissioner, with the approval of the director of the budget.

(ii) The commissioner, with the approval of the director of the budget, is authorized to exempt certain applications that meet criteria established by the commissioner in regulation from the surcharge imposed by paragraph (b-1) of this subdivision.

(e) Notwithstanding any other provision of law to the contrary, the fees and charges paid by an applicant pursuant to this subdivision shall not be eligible for reimbursement by the state, including the state Medicaid program.

(f) All fees pursuant to this section shall be payable to the department ~~[of health]~~ for deposit into the special revenue funds - other, miscellaneous special revenue fund - 339, certificate of need account.

§ 3. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2020.

PART T

Section 1. 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 4 of part F of chapter 57 of the laws of 2019, 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, ~~[2020]~~ 2021; 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, ~~[2020]~~ 2021, 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, ~~[2020]~~ 2021 policy periods; in the event and to the extent physicians and

1 surgeons were insured by another insurer during such periods, all or a
2 pro rata share of the surcharge, as the case may be, shall be remitted
3 to such other insurer in accordance with rules and regulations to be
4 promulgated by the superintendent. Surcharges collected from physicians
5 and surgeons who were not insured during such policy periods shall be
6 apportioned among all insurers in proportion to the premium written by
7 each insurer during such policy periods; if a physician or surgeon was
8 insured by an insurer subject to rates established by the superintendent
9 during such policy periods, and at any time thereafter a hospital,
10 health maintenance organization, employer or institution is responsible
11 for responding in damages for liability arising out of such physician's
12 or surgeon's practice of medicine, such responsible entity shall also
13 remit to such prior insurer the equivalent amount that would then be
14 collected as a surcharge if the physician or surgeon had continued to
15 remain insured by such prior insurer. In the event any insurer that
16 provided coverage during such policy periods is in liquidation, the
17 property/casualty insurance security fund shall receive the portion of
18 surcharges to which the insurer in liquidation would have been entitled.
19 The surcharges authorized herein shall be deemed to be income earned for
20 the purposes of section 2303 of the insurance law. The superintendent,
21 in establishing adequate rates and in determining any projected defi-
22 ciency pursuant to the requirements of this section and the insurance
23 law, shall give substantial weight, determined in his discretion and
24 judgment, to the prospective anticipated effect of any regulations
25 promulgated and laws enacted and the public benefit of stabilizing
26 malpractice rates and minimizing rate level fluctuation during the peri-
27 od of time necessary for the development of more reliable statistical
28 experience as to the efficacy of such laws and regulations affecting
29 medical, dental or podiatric malpractice enacted or promulgated in 1985,
30 1986, by this act and at any other time. Notwithstanding any provision
31 of the insurance law, rates already established and to be established by
32 the superintendent pursuant to this section are deemed adequate if such
33 rates would be adequate when taken together with the maximum authorized
34 annual surcharges to be imposed for a reasonable period of time whether
35 or not any such annual surcharge has been actually imposed as of the
36 establishment of such rates.

37 § 2. Section 20 of part H of chapter 57 of the laws of 2017, amending
38 the New York Health Care Reform Act of 1996 and other laws relating to
39 extending certain provisions thereto, as amended by section 6 of part F
40 of chapter 57 of the laws of 2019, is amended to read as follows:

41 § 20. Notwithstanding any law, rule or regulation to the contrary,
42 only physicians or dentists who were eligible, and for whom the super-
43 intendent of financial services and the commissioner of health, or their
44 designee, purchased, with funds available in the hospital excess liabil-
45 ity pool, a full or partial policy for excess coverage or equivalent
46 excess coverage for the coverage period ending the thirtieth of June,
47 two thousand [~~nineteen~~,] twenty, shall be eligible to apply for such
48 coverage for the coverage period beginning the first of July, two thou-
49 sand [~~nineteen~~,] twenty; provided, however, if the total number of
50 physicians or dentists for whom such excess coverage or equivalent
51 excess coverage was purchased for the policy year ending the thirtieth
52 of June, two thousand [~~nineteen~~] twenty exceeds the total number of
53 physicians or dentists certified as eligible for the coverage period
54 beginning the first of July, two thousand [~~nineteen~~,] twenty, then the
55 general hospitals may certify additional eligible physicians or dentists
56 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 [~~nineteen~~] twenty, 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 [~~nineteen~~] twenty 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 [~~nineteen~~] twenty.

§ 3. This act shall take effect April 1, 2020, provided, however, if this act shall become a law after such date it shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2020.

PART U

Section 1. The insurance law is amended by adding a new article 29 to read as follows:

ARTICLE 29

PHARMACY BENEFIT MANAGERS

Section 2901. Definitions.

2902. Acting without a registration.

2903. Registration requirements for pharmacy benefit managers.

2904. Reporting requirements for pharmacy benefit managers.

2905. Acting without a license.

2906. Licensing of a pharmacy benefit manager.

2907. Revocation or suspension of a registration or license of a pharmacy benefit manager.

2908. Penalties for violations.

2909. Stay or suspension of superintendent's determination.

2910. Revoked registrations or licenses.

2911. Change of address.

2912. Duties.

2913. Applicability of other laws.

2914. Assessments.

§ 2901. Definitions. For purposes of this article:

(a) "Health plan" means an insurance company that is an authorized insurer under this chapter, a company organized pursuant to article forty-three of this chapter, a municipal cooperative health benefit plan established pursuant to article forty-seven of this chapter, an entity certified pursuant to article forty-four of the public health law including those providing services pursuant to title eleven of article five of the social services law, an institution of higher education certified pursuant to section one thousand one hundred twenty-four of this chapter, the state insurance fund, and the New York state health insurance plan established under article eleven of the civil service law.

(b) "Pharmacy benefit management services" means the management or administration of prescription drug benefits pursuant to a contract with a health plan, directly or through another entity, and regardless of whether the pharmacy benefit manager and the health plan are related, or associated by ownership, common ownership, organization or otherwise; including the procurement of prescription drugs to be dispensed to patients, or the administration or management of prescription drug benefits, including but not limited to, any of the following:

1 (1) mail service pharmacy;
2 (2) claims processing, retail network management, or payment of claims
3 to pharmacies for dispensing prescription drugs;
4 (3) clinical or other formulary or preferred drug list development or
5 management;
6 (4) negotiation or administration of rebates, discounts, payment
7 differentials, or other incentives, for the inclusion of particular
8 prescription drugs in a particular category or to promote the purchase
9 of particular prescription drugs;
10 (5) patient compliance, therapeutic intervention, or generic substi-
11 tution programs;
12 (6) disease management;
13 (7) drug utilization review or prior authorization;
14 (8) adjudication of appeals or grievances related to prescription drug
15 coverage;
16 (9) contracting with network pharmacies; and
17 (10) controlling the cost of covered prescription drugs.
18 (c) "Pharmacy benefit manager" means any entity, including a wholly
19 owned or partially owned or controlled subsidiary of a pharmacy benefits
20 manager, that contracts to provide pharmacy benefit management services
21 on behalf of a health plan.
22 (d) "Controlling person" means any person or other entity who or which
23 directly or indirectly has the power to direct or cause to be directed
24 the management, control or activities of a pharmacy benefit manager.
25 (e) "Covered individual" means a member, participant, enrollee,
26 contract holder or policy holder or beneficiary of a health plan.
27 § 2902. Acting without a registration. (a) No person, firm, associ-
28 ation, corporation or other entity may act as a pharmacy benefit manager
29 on or after June first, two thousand twenty and prior to January first,
30 two thousand twenty-two, without having a valid registration as a phar-
31 macy benefit manager filed with the superintendent in accordance with
32 this article and any regulations promulgated thereunder.
33 (b) Any person, firm, association, corporation or other entity that
34 violates this section shall, in addition to any other penalty provided
35 by law, be liable for restitution to any health plan, pharmacy, or
36 covered individual harmed by the violation and shall also be subject to
37 a penalty not exceeding the greater of: (1) one thousand dollars for the
38 first violation and two thousand five hundred dollars for each subse-
39 quent violation; or (2) the aggregate economic gross receipts attribut-
40 able to all violations.
41 § 2903. Registration requirements for pharmacy benefit managers. (a)
42 Every pharmacy benefit manager that performs pharmacy benefit management
43 services on or after June first, two thousand twenty and prior to Janu-
44 ary first, two thousand twenty-two shall register with the superinten-
45 dent in a manner acceptable to the superintendent and shall pay a fee of
46 one thousand dollars for each year or fraction of a year in which the
47 registration shall be valid. The superintendent shall require that the
48 pharmacy benefit manager disclose its officer or officers and director
49 or directors who are responsible for the business entity's compliance
50 with the financial services and insurance laws, rules and regulations of
51 this state. The registration shall detail the locations from which it
52 provides services, and a listing of any entities with which it has
53 contracts in New York state. The superintendent can reject a registra-
54 tion application filed by a pharmacy benefit manager that fails to
55 comply with the minimum registration standards.

1 (b) For each business entity, the officer or officers and director or
2 directors named in the application shall be designated responsible for
3 the business entity's compliance with the financial services and insur-
4 ance laws, rules and regulations of this state.

5 (c) Every registration will expire on December thirty-first, two thou-
6 sand twenty-one regardless of when registration was first made.

7 (d) Every pharmacy benefit manager that performs pharmacy benefit
8 management services at any time prior to June first, two thousand twen-
9 ty, shall make the registration and fee payment required by subsection
10 (a) of this section on or before June first, two thousand twenty. Any
11 other pharmacy benefit manager shall make the registration and fee
12 payment required by subsection (a) of this section prior to performing
13 pharmacy benefit management services.

14 (e) Registrants under this section shall be subject to examination by
15 the superintendent as often as the superintendent may deem it necessary.
16 The superintendent may promulgate regulations establishing methods and
17 procedures for facilitating and verifying compliance with the require-
18 ments of this article and such other regulations as necessary to enforce
19 the provisions of this article.

20 § 2904. Reporting requirements for pharmacy benefit managers. (a)(1)
21 On or before July first of each year, beginning in two thousand twenty-
22 one, every pharmacy benefit manager shall report to the superintendent,
23 in a statement subscribed and affirmed as true under penalties of perju-
24 ry, the information requested by the superintendent including, without
25 limitation:

26 (i) any pricing discounts, rebates of any kind, inflationary payments,
27 credits, clawbacks, fees, grants, chargebacks, reimbursements, other
28 financial or other reimbursements, incentives, inducements, refunds or
29 other benefits received by the pharmacy benefit manager; and

30 (ii) the terms and conditions of any contract or arrangement, includ-
31 ing other financial or other reimbursements incentives, inducements or
32 refunds between the pharmacy benefit manager and any other party relat-
33 ing to pharmacy benefit management services provided to a health plan
34 including but not limited to, dispensing fees paid to pharmacies.

35 (2) The superintendent may require the filing of quarterly or other
36 statements, which shall be in such form and shall contain such matters
37 as the superintendent shall prescribe.

38 (3) The superintendent may address to any pharmacy benefit manager or
39 its officers any inquiry in relation to its provision of pharmacy bene-
40 fit management services or any matter connected therewith. Every pharma-
41 cy benefit manager or person so addressed shall reply in writing to such
42 inquiry promptly and truthfully, and such reply shall be, if required by
43 the superintendent, subscribed by such individual, or by such officer or
44 officers of the pharmacy benefit manager, as the superintendent shall
45 designate, and affirmed by them as true under the penalties of perjury.

46 (b) In the event any pharmacy benefit manager or person does not
47 submit a report required by paragraphs one or two of subsection (a) of
48 this section or does not provide a good faith response to an inquiry
49 from the superintendent pursuant to paragraph three of subsection (a) of
50 this section within a time period specified by the superintendent of not
51 less than fifteen business days, the superintendent is authorized to
52 levy a civil penalty, after notice and hearing, against such pharmacy
53 benefit manager or person not to exceed one thousand dollars per day for
54 each day beyond the date the report is due or the date specified by the
55 superintendent for response to the inquiry.

1 (c) All documents, materials, or other information disclosed by a
2 pharmacy benefit manager under this section which is in the control or
3 possession of the superintendent shall be deemed confidential, shall not
4 be disclosed, either pursuant to freedom of information requests or
5 subpoena, and further shall not be subject to discovery or admissible in
6 evidence in any private civil action.

7 § 2905. Acting without a license. (a) No person, firm, association,
8 corporation or other entity may act as a pharmacy benefit manager on or
9 after January first, two thousand twenty-two without having authority to
10 do so by virtue of a license issued in force pursuant to the provisions
11 of this article.

12 (b) Any person, firm, association, corporation or other entity that
13 violates this section shall, in addition to any other penalty provided
14 by law, be subject to a penalty not exceeding the greater of (1) one
15 thousand dollars for the first violation and two thousand five hundred
16 dollars for each subsequent violation or (2) the aggregate economic
17 gross receipts attributable to all violations.

18 § 2906. Licensing of a pharmacy benefit manager. (a) The superinten-
19 dent may issue a pharmacy benefit manager's license to any person, firm,
20 association or corporation who or that has complied with the require-
21 ments of this article, including regulations promulgated by the super-
22 intendent. The superintendent, in consultation with the commissioner of
23 health, may establish, by regulation, minimum standards for the issuance
24 of a license to a pharmacy benefit manager.

25 (b) The minimum standards established under this section shall take
26 the form of a code of conduct which may address, without limitation:

27 (1) prohibitions on conflicts of interest between pharmacy benefit
28 managers and health plans;

29 (2) prohibitions on deceptive practices in connection with the
30 performance of pharmacy benefit management services;

31 (3) prohibitions on anti-competitive practices in connection with the
32 performance of pharmacy benefit management services;

33 (4) prohibitions on pricing models including spread pricing;

34 (5) prohibitions on unfair claims practices in connection with the
35 performance of pharmacy benefit management services;

36 (6) codification of standards and practices in the creation of pharma-
37 cy networks and contracting with network pharmacies and other providers;
38 and

39 (7) best practices for protection of consumers.

40 (c) The superintendent may require any or all of the members, offi-
41 cers, directors, or designated employees of the applicant to be named in
42 the application for a license under this article. For each business
43 entity, the officer or officers and director or directors named in the
44 application shall be designated responsible for the business entity's
45 compliance with the insurance laws, rules and regulations of this state.

46 (d)(1) Before a pharmacy benefit manager's license shall be issued or
47 renewed, the prospective licensee shall properly file in the office of
48 the superintendent a written application therefor in such form or forms
49 and supplements thereto as the superintendent prescribes, and pay a fee
50 of two thousand dollars for each year or fraction of a year in which a
51 license shall be valid.

52 (2) Every pharmacy benefit manager's license shall expire thirty-six
53 months after the date of issue. Every license issued pursuant to this
54 section may be renewed for the ensuing period of thirty-six months upon
55 the filing of an application in conformity with this subsection.

1 (e) If an application for a renewal license shall have been filed with
2 the superintendent at least two months before its expiration, then the
3 license sought to be renewed shall continue in full force and effect
4 either until the issuance by the superintendent of the renewal license
5 applied for or until five days after the superintendent shall have
6 refused to issue such renewal license and given notice of such refusal
7 to the applicant.

8 (f) The superintendent may refuse to issue a pharmacy benefit manag-
9 er's license if, in the superintendent's judgment, the applicant or any
10 member, principal, officer or director of the applicant, is not trust-
11 worthy and competent to act as or in connection with a pharmacy benefit
12 manager, or that any of the foregoing has given cause for revocation or
13 suspension of such license, or has failed to comply with any prerequi-
14 site for the issuance of such license. As a part of such determination,
15 the superintendent is authorized to fingerprint applicants or any
16 member, principal, officer or director of the applicant for licensure.
17 Such fingerprints shall be submitted to the division of criminal justice
18 services for a state criminal history record check, as defined in subdi-
19 vision one of section three thousand thirty-five of the education law,
20 and may be submitted to the federal bureau of investigation for a
21 national criminal history record check.

22 (g) Licensees and applicants for a license under this section shall be
23 subject to examination by the superintendent as often as the superinten-
24 dent may deem it expedient. The superintendent may promulgate regu-
25 lations establishing methods and procedures for facilitating and verify-
26 ing compliance with the requirements of this section and such other
27 regulations as necessary.

28 (h) The superintendent may issue a replacement for a currently
29 in-force license that has been lost or destroyed. Before the replacement
30 license shall be issued, there shall be on file in the office of the
31 superintendent a written application for the replacement license,
32 affirming under penalty of perjury that the original license has been
33 lost or destroyed, together with a fee of two hundred dollars.

34 (i) No pharmacy benefit manager shall engage in any practice or action
35 that a health plan is prohibited from engaging in pursuant to this chap-
36 ter.

37 § 2907. Revocation or suspension of a registration or license of a
38 pharmacy benefit manager. (a) The superintendent may refuse to renew,
39 may revoke, or may suspend for a period the superintendent determines
40 the registration or license of any pharmacy benefit manager if, the
41 superintendent determines that the registrant or licensee or any member,
42 principal, officer, director, or controlling person of the registrant or
43 licensee, has:

44 (1) violated any insurance laws, section two hundred eighty-a or two
45 hundred eighty-c of the public health law or violated any regulation,
46 subpoena or order of the superintendent or of another state's insurance
47 commissioner, or has violated any law in the course of its dealings in
48 such capacity after such license has been issued or renewed pursuant to
49 section two thousand nine hundred six of this article;

50 (2) provided materially incorrect, materially misleading, materially
51 incomplete or materially untrue information in the registration or
52 license application;

53 (3) obtained or attempted to obtain a registration or license through
54 misrepresentation or fraud;

55 (4)(i) used fraudulent, coercive or dishonest practices;

56 (ii) demonstrated incompetence;

1 (iii) demonstrated untrustworthiness; or
2 (iv) demonstrated financial irresponsibility in the conduct of busi-
3 ness in this state or elsewhere;

4 (5) improperly withheld, misappropriated or converted any monies or
5 properties received in the course of business in this state or else-
6 where;

7 (6) intentionally misrepresented the terms of an actual or proposed
8 insurance contract;

9 (7) admitted or been found to have committed any insurance unfair
10 trade practice or fraud;

11 (8) had a pharmacy benefit manager registration or license, or its
12 equivalent, denied, suspended or revoked in any other state, province,
13 district or territory;

14 (9) failed to pay state income tax or comply with any administrative
15 or court order directing payment of state income tax;

16 (10) failed to pay any assessment required by this article; or

17 (11) ceased to meet the requirements for registration or licensure
18 under this article.

19 (b) Before revoking or suspending the registration or license of any
20 pharmacy benefit manager pursuant to the provisions of this article, the
21 superintendent shall give notice to the registrant or licensee and shall
22 hold, or cause to be held, a hearing not less than ten days after the
23 giving of such notice.

24 (c) If a registration or license pursuant to the provisions of this
25 article is revoked or suspended by the superintendent, then the super-
26 intendent shall forthwith give notice to the registrant or licensee.

27 (d) The revocation or suspension of any registration or license pursu-
28 ant to the provisions of this article shall terminate forthwith such
29 registration or license and the authority conferred thereby upon all
30 licensees. For good cause shown, the superintendent may delay the effec-
31 tive date of a revocation or suspension to permit the registrant or
32 licensee to satisfy some or all of its contractual obligations to
33 perform pharmacy benefit management services in the state.

34 (e)(1) No individual, corporation, firm or association whose registra-
35 tion or license as a pharmacy benefit manager has been revoked pursuant
36 to subsection (a) of this section, and no firm or association of which
37 such individual is a member, and no corporation of which such individual
38 is an officer or director, and no controlling person of the registrant
39 or licensee shall be entitled to obtain any registration or license
40 under the provisions of this article for a minimum period of one year
41 after such revocation, or, if such revocation be judicially reviewed,
42 for a minimum period of one year after the final determination thereof
43 affirming the action of the superintendent in revoking such license.

44 (2) If any such registration or license held by a firm, association or
45 corporation be revoked, no member of such firm or association and no
46 officer or director of such corporation or any controlling person of the
47 registrant or licensee shall be entitled to obtain any registration or
48 license, under this article for the same period of time, unless the
49 superintendent determines, after notice and hearing, that such member,
50 officer or director was not personally at fault in the matter on account
51 of which such registration or license was revoked.

52 (f) If any corporation, firm, association or person aggrieved shall
53 file with the superintendent a verified complaint setting forth facts
54 tending to show sufficient ground for the revocation or suspension of
55 any pharmacy benefit manager's registration or license, then if the
56 superintendent finds the complaint credible, the superintendent shall,

1 after notice and a hearing, determine whether such registration or
2 license shall be suspended or revoked.

3 (g) The superintendent shall retain the authority to enforce the
4 provisions of and impose any penalty or remedy authorized by this chap-
5 ter against any person or entity who is under investigation for or
6 charged with a violation of this chapter, even if the person's or enti-
7 ty's registration or license has been surrendered, or has expired or has
8 lapsed by operation of law.

9 (h) A registrant or licensee subject to this article shall report to
10 the superintendent any administrative action taken against the regis-
11 trant or licensee or any of the members, officers, directors, or desig-
12 nated employees of the applicant named in the registration or licensing
13 application in another jurisdiction or by another governmental agency in
14 this state within thirty days of the final disposition of the matter.
15 This report shall include a copy of the order, consent to order or other
16 relevant legal documents.

17 (i) Within thirty days of the initial pretrial hearing date, a regis-
18 trant or licensee subject to this article shall report to the super-
19 intendent any criminal prosecution of the registrant or licensee or any
20 of the members, officers, directors, or designated employees of the
21 applicant named in the registration or licensing application taken in
22 any jurisdiction. The report shall include a copy of the initial
23 complaint filed, the order resulting from the hearing and any other
24 relevant legal documents.

25 § 2908. Penalties for violations. (a) In addition to any other power
26 conferred by law, the superintendent may in any one proceeding by order,
27 require a registrant or licensee who has violated any provision of this
28 article or whose license would otherwise be subject to revocation or
29 suspension to pay to the people of this state a penalty in a sum not
30 exceeding the greater of: (1) one thousand dollars for each offense and
31 two thousand five hundred dollars for each subsequent violation; or (2)
32 the aggregate gross receipts attributable to all offenses.

33 (b) Upon the failure of such a registrant or licensee to pay the
34 penalty ordered pursuant to subsection (a) of this section within twenty
35 days after the mailing of the order, postage prepaid, registered, and
36 addressed to the last known place of business of the licensee, unless
37 the order is stayed by an order of a court of competent jurisdiction,
38 the superintendent may revoke the registration or license of the regis-
39 trant or licensee or may suspend the same for such period as the super-
40 intendent determines.

41 § 2909. Stay or suspension of superintendent's determination. The
42 commencement of a proceeding under article seventy-eight of the civil
43 practice law and rules, to review the action of the superintendent in
44 suspending or revoking or refusing to renew any certificate under this
45 article, shall stay such action of the superintendent for a period of
46 thirty days. Such stay shall not be extended for a longer period unless
47 the court shall determine, after a preliminary hearing of which the
48 superintendent is notified forty-eight hours in advance, that a stay of
49 the superintendent's action pending the final determination or further
50 order of the court will not injure the interests of the people of the
51 state.

52 § 2910. Revoked registrations or licenses. (a)(1) No person, firm,
53 association, corporation or other entity subject to the provisions of
54 this article whose registration or license under this article has been
55 revoked, or whose registration or license to engage in the business of
56 pharmacy benefit management in any capacity has been revoked by any

1 other state or territory of the United States shall become employed or
2 appointed by a pharmacy benefit manager as an officer, director, manag-
3 er, controlling person or for other services, without the prior written
4 approval of the superintendent, unless such services are for maintenance
5 or are clerical or ministerial in nature.

6 (2) No person, firm, association, corporation or other entity subject
7 to the provisions of this article shall knowingly employ or appoint any
8 person or entity whose registration or license issued under this article
9 has been revoked, or whose registration or license to engage in the
10 business of pharmacy benefit management in any capacity has been revoked
11 by any other state or territory of the United States, as an officer,
12 director, manager, controlling person or for other services, without the
13 prior written approval of the superintendent, unless such services are
14 for maintenance or are clerical or ministerial in nature.

15 (3) No corporation or partnership subject to the provisions of this
16 article shall knowingly permit any person whose registration or license
17 issued under this article has been revoked, or whose registration or
18 license to engage in the business of pharmacy benefit management in any
19 capacity has been revoked by any other state, or territory of the United
20 States, to be a shareholder or have an interest in such corporation or
21 partnership, nor shall any such person become a shareholder or partner
22 in such corporation or partnership, without the prior written approval
23 of the superintendent.

24 (b) The superintendent may approve the employment, appointment or
25 participation of any such person whose registration or license has been
26 revoked:

27 (1) if the superintendent determines that the duties and responsibil-
28 ities of such person are subject to appropriate supervision and that
29 such duties and responsibilities will not have an adverse effect upon
30 the public, other registrants or licensees, or the registrant or licen-
31 see proposing employment or appointment of such person; or

32 (2) if such person has filed an application for reregistration or
33 relicensing pursuant to this article and the application for reregistra-
34 tion or relicensing has not been approved or denied within one hundred
35 twenty days following the filing thereof, unless the superintendent
36 determines within the said time that employment or appointment of such
37 person by a registrant or licensee in the conduct of a pharmacy benefit
38 management business would not be in the public interest.

39 (c) The provisions of this section shall not apply to the ownership of
40 shares of any corporation registered or licensed pursuant to this arti-
41 cle if the shares of such corporation are publicly held and traded in
42 the over-the-counter market or upon any national or regional securities
43 exchange.

44 § 2911. Change of address. A registrant or licensee under this article
45 shall inform the superintendent by a means acceptable to the superinten-
46 dent of a change of address within thirty days of the change.

47 § 2912. Duties. (a) A pharmacy benefit manager shall be required to
48 adhere to the code of conduct, as the superintendent may establish by
49 regulation pursuant to section twenty-nine hundred six of this article.

50 (b) No contract with a health plan shall limit access to financial or
51 utilization information of the pharmacy benefit manager in relation to
52 pharmacy benefit management services provided to the health plan.

53 (c) A pharmacy benefit manager shall disclose in writing to a health
54 plan with whom a contract for pharmacy benefit management services has
55 been executed any activity, policy, practice, contract or arrangement of
56 the pharmacy benefit manager that directly or indirectly presents a

1 conflict of interest with the pharmacy benefit manager's contractual
2 relationship with, or duties and obligations to, the health plan.

3 (d) A pharmacy benefit manager shall assist a health plan in answering
4 any inquiry made under section three hundred eight of this chapter.

5 (e) No pharmacy benefit manager shall violate any provision of the
6 public health law applicable to pharmacy benefit managers.

7 (f) (1) Any information required to be disclosed by a pharmacy benefit
8 manager to a health plan under this section that is designated by the
9 pharmacy benefit manager as proprietary or trade secret information
10 shall be kept confidential by the health plan, except as required to be
11 disclosed by law or court order, including disclosure necessary to pros-
12 ecute or defend any legitimate legal claim or cause of action.

13 (2) Designation as proprietary or trade secret information under this
14 subsection shall have no effect on the obligations of any pharmacy bene-
15 fit manager or health plan to provide that information to the depart-
16 ment.

17 § 2913. Applicability of other laws. Nothing in this article shall be
18 construed to exempt a pharmacy benefit manager from complying with the
19 provisions of articles twenty-one and forty-nine of this chapter and
20 articles forty-four and forty-nine and sections two hundred eighty-a and
21 two hundred eighty-c of the public health law, section three hundred
22 sixty-four-j of the social services law, or any other provision of this
23 chapter or the financial services law.

24 § 2914. Assessments. Notwithstanding section two hundred six of the
25 financial services law, pharmacy benefit managers that file a registra-
26 tion with the department or are licensed by the department shall be
27 assessed by the superintendent for the operating expenses of the depart-
28 ment that are attributable to regulating such pharmacy benefit managers
29 in such proportions as the superintendent shall deem just and reason-
30 able.

31 § 2. Subsection (b) of section 2402 of the insurance law, as amended
32 by section 71 of part A of chapter 62 of the laws of 2011, is amended to
33 read as follows:

34 (b) "Defined violation" means the commission by a person of an act
35 prohibited by: subsection (a) of section one thousand one hundred two,
36 section one thousand two hundred fourteen, one thousand two hundred
37 seventeen, one thousand two hundred twenty, one thousand three hundred
38 thirteen, subparagraph (B) of paragraph two of subsection (i) of section
39 one thousand three hundred twenty-two, subparagraph (B) of paragraph two
40 of subsection (i) of section one thousand three hundred twenty-four, two
41 thousand one hundred two, two thousand one hundred seventeen, two thou-
42 sand one hundred twenty-two, two thousand one hundred twenty-three,
43 subsection (p) of section two thousand three hundred thirteen, section
44 two thousand three hundred twenty-four, two thousand five hundred two,
45 two thousand five hundred three, two thousand five hundred four, two
46 thousand six hundred one, two thousand six hundred two, two thousand six
47 hundred three, two thousand six hundred four, two thousand six hundred
48 six, two thousand seven hundred three, two thousand nine hundred two,
49 two thousand nine hundred five, three thousand one hundred nine, three
50 thousand two hundred twenty-four-a, three thousand four hundred twenty-
51 nine, three thousand four hundred thirty-three, paragraph seven of
52 subsection (e) of section three thousand four hundred twenty-six, four
53 thousand two hundred twenty-four, four thousand two hundred twenty-five,
54 four thousand two hundred twenty-six, seven thousand eight hundred nine,
55 seven thousand eight hundred ten, seven thousand eight hundred eleven,
56 seven thousand eight hundred thirteen, seven thousand eight hundred

1 fourteen and seven thousand eight hundred fifteen of this chapter; or
2 section 135.60, 135.65, 175.05, 175.45, or 190.20, or article one
3 hundred five of the penal law.

4 § 3. Severability. If any provision of this act, or any application of
5 any provision of this act, is held to be invalid, or ruled by any feder-
6 al agency to violate or be inconsistent with any applicable federal law
7 or regulation, that shall not affect the validity or effectiveness of
8 any other provision of this act, or of any other application of any
9 provision of this act.

10 § 4. This act shall take effect immediately.

11 PART V

12 Section 1. Section 9.51 of the mental hygiene law, as added by chapter
13 947 of the laws of 1981, subdivision (b) as amended by chapter 465 of
14 the laws of 1992, subdivision (c) as amended by chapter 230 of the laws
15 of 2004, the opening paragraph of subdivision (d) as amended by chapter
16 273 of the laws of 1986, subdivision (f) as amended by chapter 401 of
17 the laws of 2006, and the closing paragraph of subdivision (g) as
18 amended by section 66 of part A of chapter 3 of the laws of 2005, is
19 amended to read as follows:

20 § 9.51 Residential treatment facilities for children and youth; admis-
21 sions.

22 (a) A psychiatric residential treatment facility is devoted to the
23 provision of inpatient psychiatric care for persons under the age of
24 twenty-one. The director of a residential treatment facility for chil-
25 dren and youth may receive as a patient a person in need of care and
26 treatment in such a facility who has been [~~certified as needing~~] deter-
27 mined appropriate for such care [~~by the pre-admission certification~~
28 ~~committee serving the facility~~] and treatment in accordance with stand-
29 ards and priorities for admission established by [~~such committee, as~~
30 ~~provided by this section. Subject to the provisions of this section, the~~
31 ~~provisions of this article shall apply to admission and retention of~~
32 ~~patients to residential treatment facilities for children and youth~~] the
33 office in regulations.

34 (b) Persons admitted as in-patients to hospitals operated by the
35 office of mental health upon the application of the [~~director of the~~
36 ~~division for youth~~] commissioner of the office of children and family
37 services pursuant to section five hundred nine of the executive law or
38 353.4 of the family court act who are not subject to a restrictive
39 placement pursuant to section 353.5 of the family court act, may, if
40 appropriate, and subject to the provisions of subdivision (d) of this
41 section, be transferred to a residential treatment facility for children
42 and youth. The [~~director of the division for youth~~] commissioner of the
43 office of children and family services shall be notified of any such
44 transfer. When appropriate, the director of the residential treatment
45 facility may arrange the return of a patient so transferred to the
46 hospital or the transfer of a patient to another hospital or, in accord-
47 ance with subdivision four of section five hundred nine of the executive
48 law[~~, to the division for youth~~] to the commissioner of the office of
49 children and family services.

50 (c) The commissioner shall [~~designate pre-admission certification~~
51 ~~committees for defined geographic areas to evaluate each person proposed~~
52 ~~for admission or transfer to a residential treatment facility for chil-~~
53 ~~dren and youth. When designating persons to serve on pre-admission~~
54 ~~certification committees, the commissioners shall assure that the inter-~~

~~ests of the people residing in the area to be served by each committee are represented. Such committees shall include a person designated by the office of mental health, a person designated by the state commissioner of social services and a person designated by the state commissioner of education. The commissioner of mental health shall consult with the conference of local mental hygiene directors and the commissioner of social services shall consult with county commissioners of social services in the area to be served by a committee prior to designating persons to serve on a committee. The commissioners may designate persons who are not state employees to serve on pre-admission certification committees. Membership of pre-admission certification committees shall be limited to persons licensed in accordance with the education law to practice medicine, nursing, psychology, or licensed clinical social work. In the event the persons originally designated to a committee by the commissioners do not include a physician, the commissioner shall designate a physician to serve as an additional member of the committee. Each pre-admission certification committee shall designate five persons representing local governments, voluntary agencies, parents and other interested persons who shall serve as an advisory board to the committee]~~ consult with the executive director of the council on children and families regarding the establishment of an advisory board. The advisory board shall include, as deemed appropriate by the commissioner and the executive director of the council on children and families, representatives of the members of the council on children and families as specified in section four hundred eighty-three of the social services law, local agency representatives under the jurisdiction of a member agency of the council on children and families. Such board shall have the right to visit residential treatment facilities for children and youth [~~served by the committee~~] and shall have the right to review clinical records [~~obtained by the pre-admission certification committee~~] and shall be bound by the confidentiality requirements of section 33.13 of this chapter.

(d) [~~All applications~~] Applications for admission or transfer of an individual to a residential treatment facility for children and youth [~~shall be referred to a pre-admission certification committee for~~] must document that there has been an evaluation of the needs of the individual and [~~certification~~] a determination of the individual's need for treatment in a residential treatment facility for children and youth[~~Applications shall include an assessment of the individual's psychiatric, medical and social needs prepared in accordance with a uniform assessment method specified by the regulations of the commissioner. The committee may at its discretion refer an applicant to a hospital or other facility operated or licensed by the office for an additional assessment. In the event of such an additional assessment of the individual's needs, the facility conducting the assessment shall attempt to receive all third party insurance or federal reimbursement available as payment for the assessment. The state shall pay the balance of the fees which may be charged by the provider in accordance with applicable provisions of law. In addition, if necessary, in accordance with section four thousand five of the education law, the pre-admission certification committee shall obtain an evaluation of the educational needs of the child by the committee on special education of the school district of residence. The pre-admission certification committee shall review all requests for evaluation and certification within thirty days of receipt of a complete application and any additional assessments it may require and, using a uniform assessment method specified by regulation of the~~]

~~commissioner, evaluate the psychiatric, medical and social needs of the proposed admittee and certify: (i) the individual's need for services in a residential treatment facility for children and youth and (ii) the immediacy of that need, given the availability of such services in the area and the needs of other children evaluated by the committee and certified as eligible for admission to a residential treatment facility for children and youth who have not yet been admitted to such a facility. A pre-admission certification committee shall not certify an individual for admission unless it finds that]~~ and the appropriateness of such treatment. In the case of individuals who are applicants or recipients of medical assistance pursuant to title eleven of article five of the social services law, such determination shall also include certification of need for residential treatment facility services in accordance with this section. Where certification is required, an individual will be certified for admission if:

(1) Available ambulatory care resources and other residential placements do not meet the treatment needs of the individual;

(2) Proper treatment of the individual's psychiatric condition requires in-patient care and treatment under the direction of a physician; and

(3) Care and treatment in a residential treatment facility for children and youth can reasonably be expected to improve the individual's condition or prevent further regression so that services will no longer be needed, provided that a poor prognosis shall not in itself constitute grounds for a denial of certification if treatment can be expected to effect a change in prognosis. ~~[All decisions of the committee to recommend admission or priority of admission shall be based on the unanimous vote of those present. The decision of the committee shall be reported to the applicant. In the event a committee evaluates a child who is the subject of a proceeding currently pending in the family court, the committee shall report its decision to the family court.]~~ Prior to admission and as frequently as the office or its designee deems necessary, the office or its designee may evaluate the medical necessity and quality of services for each Medicaid member. If the office or its designee determines that residential treatment services are no longer appropriate, the determination of the office or its designee shall be reported to the facility and the person, or the person's legally authorized representative. Such determination shall not be effective retroactively.

No residential treatment facility for children and youth shall admit a person who has not been determined appropriate and where appropriate, certified ~~[as suitable]~~ for such admission ~~[by the appropriate pre-admission certification committee]~~. Residential treatment facilities shall admit ~~[children in accordance with priorities for admission of children most immediately in need of such services established by the pre-admission certification committee serving the facility in accordance with standards established by the commissioner]~~ individuals who have been designated as priority admissions by the office or commissioner's designee.

(e) Notwithstanding any inconsistent provision of law, no government agency shall make payments pursuant to title nineteen of the federal social security act or articles five and six of the social services law to a residential treatment facility for children and youth for service to a person whose need for care and treatment in such a facility was not certified pursuant to this section.

1 (f) No person shall be admitted to a residential treatment facility
2 for children and youth who has a mental illness which presents a likeli-
3 hood of serious harm to others; "likelihood of serious harm" shall mean
4 a substantial risk of physical harm to other persons as manifested by
5 recent homicidal or other violent behavior by which others are placed in
6 reasonable fear of serious physical harm.

7 (g) Notwithstanding any other provision of law, [~~pre-admission certifi-~~
8 ~~cation committees~~] the office or commissioner's designee shall be enti-
9 tled to review clinical records maintained by any person or entity which
10 pertain to an individual on whose behalf an application is made for
11 admission to a residential treatment facility for children and youth.
12 Any clinical records received by [~~a pre-admission certification commit-~~
13 ~~tee and all assessments submitted to the committee~~] the office or
14 commissioner's designee shall be kept confidential in accordance with
15 the provisions of section 33.13 of [~~the mental hygiene law, provided,~~
16 ~~however, that the commissioner may have access to and receive copies of~~
17 ~~such records for the purpose of evaluating the operation and effective-~~
18 ~~ness of the committee~~] this chapter.

19 Confidentiality of clinical records of treatment of a person in a
20 residential treatment facility for children and youth shall be main-
21 tained as required in section 33.13 of this chapter. That portion of the
22 clinical record maintained by a residential treatment facility for chil-
23 dren and youth operated by an authorized agency specifically related to
24 medical care and treatment shall not be considered part of the record
25 required to be maintained by such authorized agency pursuant to section
26 three hundred seventy-two of the social services law and shall not be
27 discoverable in a proceeding under section three hundred fifty-eight-a
28 of the social services law or article ten-A of the family court act
29 except upon order of the family court; provided, however, that all other
30 information required by a local social services district or the office
31 of children and family services for purposes of sections three hundred
32 fifty-eight-a, four hundred nine-e and four hundred nine-f of the social
33 services law and article ten-A of the family court act shall be
34 furnished on request, and the confidentiality of such information shall
35 be safeguarded as provided in section four hundred sixty-e of the social
36 services law.

37 § 2. Subdivisions (b) and (c) of section 31.26 of the mental hygiene
38 law, as added by chapter 947 of the laws of 1981, are amended to read as
39 follows:

40 (b) The commissioner shall have the power to adopt rules and regu-
41 lations governing the establishment and operation of residential treat-
42 ment facilities for children and youth. Such rules and regulations shall
43 at least require, as a condition of issuance or retention of an operat-
44 ing certificate for a residential treatment facility for children and
45 youth, that admission of children into such facilities be in accordance
46 with priorities for admission of children most immediately in need of
47 such services [~~established by the pre-admission certification committee~~
48 ~~serving the facility,~~] in accordance with [~~section 9.51 of this chapter~~]
49 standards established by the commissioner.

50 (c) The commissioner [~~and the commissioner of social services shall~~],
51 in consultation with the commissioner of education [~~and the director of~~
52 ~~the division for youth~~], the commissioner of social services and the
53 commissioner of the office of children and family services, shall adopt
54 rules and regulations governing the [~~operation of the pre-admission~~
55 ~~certification committees~~] standards for admissions of individuals to

1 residential treatment facilities required in section 9.51 of this chap-
2 ter.

3 § 3. Subdivision (g) of section 9.27 of the mental hygiene law, as
4 added by chapter 947 of the laws of 1981, is amended to read as follows:

5 (g) Applications for involuntary admission of patients to residential
6 treatment facilities for children and youth or transfer of involuntarily
7 admitted patients to such facilities ~~[shall]~~ may be reviewed by the
8 ~~[pre-admission certification committee]~~ office or commissioner's desig-
9 nee serving such facility in accordance with section 9.51 of this arti-
10 cle.

11 § 4. This act shall take effect July 1, 2020 and shall apply to all
12 applications received on or after such effective date.

13 PART W

14 Section 1. Subdivision 9 of section 730.10 of the criminal procedure
15 law, as added by section 1 of part Q of chapter 56 of the laws of 2012,
16 is amended to read as follows:

17 9. "Appropriate institution" means: (a) a hospital operated by the
18 office of mental health or a developmental center operated by the office
19 for people with developmental disabilities; ~~[or]~~ (b) a hospital licensed
20 by the department of health which operates a psychiatric unit licensed
21 by the office of mental health, as determined by the commissioner
22 provided, however, that any such hospital that is not operated by the
23 state shall qualify as an "appropriate institution" only pursuant to the
24 terms of an agreement between the commissioner and the hospital; or (c)
25 a mental health unit operating within a local correctional facility
26 except those located within a city with a population of one million or
27 more; provided however, that any such mental health unit operating with-
28 in a local correctional facility shall qualify as an "appropriate insti-
29 tution" only pursuant to the terms of an agreement between the commis-
30 sioner of mental health, director of community mental health services
31 and the sheriff for the respective locality. Nothing in this article
32 shall be construed as requiring a hospital or local correctional facili-
33 ty to consent to providing care and treatment to an incapacitated person
34 at such hospital or local correctional facility.

35 § 2. This act shall take effect immediately.

36 PART X

37 Section 1. Pursuant to section 7.18 of the mental hygiene law, the
38 office of mental health will establish a separate appointing authority
39 of secure treatment and rehabilitation center within the office of
40 mental health for the care and treatment of dangerous sex offenders
41 requiring confinement as described in article 10 of the mental hygiene
42 law. All office of mental health employees who are substantially engaged
43 in the care and treatment of article 10 sex offenders will be trans-
44 ferred to the secure treatment and rehabilitation center pursuant to
45 subdivision 2 of section 70 of the civil service law. Employees will
46 remain in their current geographic location, and civil service title and
47 status.

48 § 2. This act shall take effect immediately.

49 PART Y

1 Section 1. Sections 19 and 21 of chapter 723 of the laws of 1989
2 amending the mental hygiene law and other laws relating to comprehensive
3 psychiatric emergency programs, as amended by section 1 of part I of
4 chapter 59 of the laws of 2016, are amended to read as follows:

5 § 19. Notwithstanding any other provision of law, the commissioner of
6 mental health shall, until July 1, ~~[2020]~~ 2024, be solely authorized, in
7 his or her discretion, to designate those general hospitals, local
8 governmental units and voluntary agencies which may apply and be consid-
9 ered for the approval and issuance of an operating certificate pursuant
10 to article 31 of the mental hygiene law for the operation of a compre-
11 hensive psychiatric emergency program.

12 § 21. This act shall take effect immediately, and sections one, two
13 and four through twenty of this act shall remain in full force and
14 effect, until July 1, ~~[2020]~~ 2024, at which time the amendments and
15 additions made by such sections of this act shall be deemed to be
16 repealed, and any provision of law amended by any of such sections of
17 this act shall revert to its text as it existed prior to the effective
18 date of this act.

19 § 2. Subdivisions (a), (b), (e), (f) and (h) of section 9.40 of the
20 mental hygiene law, as added by chapter 723 of the laws of 1989, are
21 amended, and a new subdivision (a-1) is added to read as follows:

22 (a) The director of any comprehensive psychiatric emergency program
23 may receive and retain therein for a period not to exceed ~~[seventy-two]~~
24 ninety-six hours, any person alleged to have a mental illness for which
25 immediate observation, care and treatment in such program is appropriate
26 and which is likely to result in serious harm to the person or others.
27 The director shall cause to be entered upon the program records the name
28 of the person or persons, if any, who have brought the person alleged to
29 have a mental illness to the program and the details of the circum-
30 stances leading the person or persons to bring the person alleged to
31 have a mental illness to the program.

32 (a-1) The director shall cause triage and referral services to be
33 provided by a psychiatric nurse practitioner or physician of the program
34 as soon as such person is received into the comprehensive psychiatric
35 emergency program. After receiving triage and referral services, such
36 person shall be appropriately treated and discharged, or referred for
37 further crisis intervention services including an examination by a
38 physician as described in subdivision (b) of this section.

39 (b) The director shall cause examination of such persons not
40 discharged after the provision of triage and referral services to be
41 initiated by a staff physician of the program as soon as practicable and
42 in any event within six hours after the person is received into the
43 program's emergency room. Such person may be retained for observation,
44 care and treatment and further examination for up to twenty-four hours
45 if, at the conclusion of such examination, such physician determines
46 that such person may have a mental illness for which immediate observa-
47 tion, care and treatment in a comprehensive psychiatric emergency
48 program is appropriate, and which is likely to result in serious harm to
49 the person or others.

50 (e) If at any time within the seventy-two ~~[hour period it is deter-~~
51 ~~mined that]~~ hours after such person is admitted to an extended observa-
52 tion bed and continues to require immediate observation, care and treat-
53 ment in accordance with this section and the need for such ~~[requirement]~~
54 care is likely to continue beyond ~~[the seventy-two hour period]~~ such
55 time period, such person shall be removed within a reasonable period of
56 time to an appropriate hospital authorized to receive and retain

1 patients pursuant to section 9.39 of this article and such person shall
2 be evaluated for admission and, if appropriate, shall be admitted to
3 such hospital in accordance with section 9.39 of this article, except
4 that if the person is admitted, the fifteen day retention period of
5 subdivision (b) of section 9.39 of this article shall be calculated from
6 the time such person was initially [~~registered~~] received into the emer-
7 gency room of the comprehensive psychiatric emergency program. Any
8 person removed to a hospital pursuant to this paragraph shall be removed
9 without regard to the provisions of section 29.11 or 29.15 of this chap-
10 ter and shall not be considered to have been transferred or discharged
11 to another hospital.

12 (f) Nothing in this section shall preclude the involuntary admission
13 of a person to an appropriate hospital pursuant to the provisions of
14 this article if at any time during the [~~seventy-two~~] ninety-six hour
15 period it is determined that the person is in need of involuntary care
16 and treatment in a hospital and the person does not agree to be admitted
17 to a hospital as a voluntary or informal patient. Efforts shall be made
18 to assure that any arrangements for such involuntary admissions in an
19 appropriate hospital shall be made within a reasonable period of time.

20 (h) All time periods referenced in this section shall be calculated
21 from the time such person is initially [~~registered~~] received into the
22 emergency room of the comprehensive psychiatric emergency program.

23 § 3. Paragraphs 2 and 5 of subdivision (a), paragraph 1 and subpara-
24 graph (ii) of paragraph 2 of subdivision (b) of section 31.27 of the
25 mental hygiene law, paragraph 2 of subdivision (a) as added by chapter
26 723 of the laws of 1989, paragraph 5 of subdivision (a) as amended by
27 section 1 of part M of chapter 57 of the laws of 2006, paragraph 1 of
28 subdivision (b) as amended by section 2 of part M of chapter 57 of the
29 laws of 2006 and subparagraph (ii) of paragraph 2 of subdivision (b) as
30 amended by section 2 of part E of chapter 111 of the laws of 2010, are
31 amended and a new paragraph 12 is added to subdivision (a) to read as
32 follows:

33 (2) "Crisis intervention services" means [~~psychiatric—emergency~~]
34 services provided in an emergency room located within a general hospi-
35 tal, which shall include but not be limited to: psychiatric and medical
36 evaluations and assessments; prescription or adjustment of medication,
37 counseling, and other stabilization or treatment services intended to
38 reduce symptoms of mental illness[~~; extended observation beds; and other~~
39 ~~on-site psychiatric emergency services~~] when appropriate.

40 (5) "Extended observation bed" means an inpatient bed which is in or
41 adjacent to an emergency room located within a general hospital or
42 satellite facility approved by the commissioner, designed to provide a
43 safe environment for an individual who, in the opinion of the examining
44 physician, requires extensive evaluation, assessment, or stabilization
45 of the person's acute psychiatric symptoms, except that, if the commis-
46 sioner determines that the program can provide for the privacy and safe-
47 ty of all patients receiving services in a hospital, he or she may
48 approve the location of one or more such beds within another unit of the
49 hospital.

50 (12) "Satellite facility" means a medical facility providing psychiat-
51 ric emergency services that is managed and operated by a general hospi-
52 tal who holds a valid operating certificate for a comprehensive psychi-
53 atric emergency program and is located away from the central campus of
54 the general hospital.

55 (1) The commissioner may license the operation of comprehensive
56 psychiatric emergency programs by general hospitals which are operated

1 by state or local governments or voluntary agencies. The provision of
2 such services in general hospitals may be located either within the
3 state or, with the approval of the commissioner and the director of the
4 budget and to the extent consistent with state and federal law, in a
5 contiguous state. The commissioner is further authorized to enter into
6 interstate agreements for the purpose of facilitating the development of
7 programs which provide services in another state. A comprehensive
8 psychiatric emergency program shall serve as a primary psychiatric emer-
9 gency service provider within a defined catchment area for persons in
10 need of psychiatric emergency services including persons who require
11 immediate observation, care and treatment in accordance with section
12 9.40 of this chapter. Each comprehensive psychiatric emergency program
13 shall provide or contract to provide psychiatric emergency services
14 twenty-four hours per day, seven days per week, including but not limit-
15 ed to: crisis intervention services, crisis outreach services, [~~crisis~~
16 ~~residence services~~], extended observation beds, and triage and referral
17 services.

18 (ii) a description of the program's psychiatric emergency services,
19 including but not limited to crisis intervention services, crisis
20 outreach services, [~~crisis-residence services~~], extended observation
21 beds, and triage and referral services, whether or not provided directly
22 or through agreement with other providers of services;

23 § 4. Paragraphs 4 and 8 of subdivision (a), and subdivision (i) of
24 section 31.27 of the mental hygiene law are REPEALED.

25 § 5. This act shall take effect immediately and shall be deemed to
26 have been in full force and effect on and after April 1, 2020; provided
27 however that:

28 (a) sections two through four of this act shall take effect on the one
29 hundred eightieth day after it shall have become a law;

30 (b) the amendments to section 19 of chapter 723 of the laws of 1989
31 amending the mental hygiene law and other laws relating to comprehensive
32 psychiatric emergency programs made by section one of this act shall not
33 affect the repeal of such section and shall be deemed repealed there-
34 with;

35 (c) the amendments to section 9.40 of the mental hygiene law made by
36 section two of this act shall not affect the repeal of such section and
37 shall be deemed repealed therewith; and

38 (d) the amendments to section 31.27 of the mental hygiene law made by
39 section three of this act shall not affect the repeal of such section
40 and shall be deemed repealed therewith.

41 PART Z

42 Section 1. The insurance law is amended by adding a new section 344 to
43 read as follows:

44 § 344. Mental health and substance use disorder parity compliance
45 programs. (a) Pursuant to the Paul Wellstone and Pete Domenici Mental
46 Health Parity and Addiction Equity Act of 2008 (29 U.S.C. § 1185a) and
47 the requirement to provide mental health and substance use disorder
48 coverage that is comparable to medical and surgical services as refer-
49 enced in sections three thousand two hundred sixteen, three thousand two
50 hundred twenty-one and four thousand three hundred three of this chap-
51 ter, the superintendent and the commissioner of health, in consultation
52 with the commissioner of addiction services and supports and the commis-
53 sioner of mental health, shall promulgate regulations prior to October
54 first, two thousand twenty to establish mental health and substance use

1 disorder parity compliance program requirements. Such regulations
2 shall, at a minimum, set forth requirements for policies and procedures
3 for compliance, impermissible practices, requirements for training and
4 education programs, public notification and remediation requirements and
5 methods for designating an employee of the insurer who is responsible
6 for ensuring parity compliance consistent with this chapter and federal
7 requirements.

8 (b) Penalties collected for violations of section three thousand two
9 hundred sixteen, three thousand two hundred twenty-one and four thousand
10 three hundred three of the insurance law prior to October first, two
11 thousand twenty shall be deposited into the general fund. Penalties
12 collected on or after October first, two thousand twenty for violations
13 of section three thousand two hundred sixteen, three thousand two
14 hundred twenty-one and four thousand three hundred three of the insur-
15 ance law related to mental health and substance use disorder parity
16 compliance and violations of regulations promulgated pursuant to this
17 section shall be deposited in a fund established pursuant to section
18 ninety-nine-hh of the state finance law.

19 § 2. The state finance law is amended by adding a new section 99-hh to
20 read as follows:

21 § 99-hh. Behavioral health parity compliance fund. 1. There is hereby
22 established in the custody of the state comptroller and the department
23 of taxation and finance a special fund to be known as the behavioral
24 health parity compliance fund.

25 2. Moneys in the behavioral health parity compliance fund shall be
26 kept separate from and shall not be commingled with any other moneys in
27 the custody of the comptroller or the commissioner of taxation and
28 finance. Provided, however that any moneys of the fund not required for
29 immediate use may, at the discretion of the comptroller, in consultation
30 with the director of the budget, be invested by the comptroller in obli-
31 gations of the United States or the state. The proceeds of any such
32 investment shall be retained by the fund as assets to be used for
33 purposes of this fund.

34 3. Such fund shall consist of all moneys required to be deposited
35 thereto pursuant to section three hundred forty-four of the insurance
36 law, section forty-four hundred fourteen of the public health law or any
37 other provision of law, monetary grants, gifts or bequests received by
38 the state, and all other moneys credited or transferred thereto from any
39 other fund or source.

40 4. Moneys of the fund shall only be expended for initiatives support-
41 ing parity implementation and enforcement on behalf of consumers,
42 including the behavioral health ombudsman program.

43 § 3. Section 4414 of the public health law, as added by chapter 2 of
44 the laws of 1998, and as further amended by section 104 of part A of
45 chapter 62 of the laws of 2011, is amended to read as follows:

46 § 4414. Health care compliance programs. 1. The commissioner of
47 health, after consultation with the superintendent of financial
48 services, shall by regulation establish standards and criteria for
49 compliance programs to be implemented by persons providing coverage or
50 coverage and service pursuant to any public or governmentally-sponsored
51 or supported plan for health care coverage or services. Such regulations
52 shall include provisions for the design and implementation of programs
53 or processes to prevent, detect and address instances of fraud and
54 abuse. Such regulations shall take into account the nature of the enti-
55 ty's business and the size of its enrolled population. The commissioner
56 of health and the superintendent of financial services shall accept

1 programs and processes implemented pursuant to section four hundred nine
2 of the insurance law as satisfying the obligations of this section and
3 the regulations promulgated thereunder when such programs and processes
4 incorporate the objectives contemplated by this section.

5 2. (a) Pursuant to the Paul Wellstone and Pete Domenici Mental Health
6 Parity and Addiction Equity Act of 2008 (29 U.S.C. § 1185a) and the
7 requirement to provide mental health and substance use disorder coverage
8 that is comparable to medical and surgical services as referenced in
9 section four thousand three hundred three of the insurance law, the
10 commissioner and the superintendent of financial services, in consulta-
11 tion with the commissioner of addiction services and supports and the
12 commissioner of mental health, shall promulgate regulations prior to
13 October first, two thousand twenty to establish mental health and
14 substance use disorder parity compliance program requirements. Such
15 regulations shall, at a minimum, set forth requirements for policies and
16 procedures for compliance, impermissible practices, requirements for
17 training and education programs, public notification and remediation
18 requirements and methods for designating an employee of the health main-
19 tenance organization who is responsible for ensuring parity compliance
20 consistent with this chapter and federal requirements.

21 (b) Notwithstanding any provisions of section twelve of this chapter
22 to the contrary, penalties collected from any health maintenance organ-
23 ization certified pursuant to this article resulting from a violation of
24 the health maintenance organization's mental health and substance use
25 disorder parity compliance program shall be deposited into the behav-
26 ioral health parity compliance fund as established pursuant to section
27 ninety-nine-hh of the state finance law.

28 § 4. This act shall take effect immediately and shall be deemed to
29 have been in full force and effect on and after April 1, 2020.

30 PART AA

31 Section 1. Subparagraph (iv) of paragraph c of subdivision 3 of
32 section 492 of the social services law, as added by section 1 of part B
33 of chapter 501 of the laws of 2012, is amended to read as follows:

34 (iv) when determined to be relevant to an investigation, contact the
35 statewide central register of child abuse and maltreatment to determine
36 whether the subject of the report has been or is currently the subject
37 of an indicated child abuse and maltreatment report on file with the
38 statewide central register of child abuse and maltreatment;

39 § 2. This act shall take effect immediately.

40 PART BB

41 Section 1. Subdivision (a) of section 16.03 of the mental hygiene law
42 is amended by adding a new paragraph 5 to read as follows:

43 (5) The provision of services approved in a medicaid state plan
44 authorized pursuant to section nineteen hundred two of the federal
45 social security act, including optional state plan services authorized
46 pursuant to subdivision (g) of section nineteen hundred fifteen of the
47 federal social security act, and designated by the commissioner of
48 health, in consultation with the commissioner, as being for persons with
49 developmental disabilities.

50 § 2. Subdivision (d) of section 16.03 of the mental hygiene law, as
51 added by chapter 786 of the laws of 1983, is amended to read as follows:

(d) The operation of a facility or provision of services for which an operating certificate is required pursuant to this article shall be in accordance with the terms of the operating certificate and the regulations of the commissioner.

§ 3. Subdivision (a) of section 16.11 of the mental hygiene law is amended by adding a new paragraph 3 to read as follows:

(3) The review of providers of services, as defined in paragraph five of subdivision (a) of section 16.03 of this article, shall ensure that the provider of services complies with all the requirements of the applicable federal regulations and rules and the regulations adopted by the commissioner.

§ 4. Paragraph (a) of subdivision 4 of section 488 of the social services law, as amended by section 2 of part MM of chapter 58 of the laws of 2015, is amended to read as follows:

(a) a facility or program in which services are provided and which is operated, licensed or certified by the office of mental health, the office for people with developmental disabilities or the office of ~~[alcoholism and substance abuse services]~~ addiction services and supports, including but not limited to psychiatric centers, inpatient psychiatric units of a general hospital, developmental centers, intermediate care facilities, community residences, group homes and family care homes, provided, however, that such term shall not include a secure treatment facility as defined in section 10.03 of the mental hygiene law, services defined in ~~[subparagraph]~~ paragraphs four and five of subdivision (a) of section 16.03 of the mental hygiene law, or services provided in programs or facilities that are operated by the office of mental health and located in state correctional facilities under the jurisdiction of the department of corrections and community supervision;

§ 5. Subdivision 6 of section 2899 of the public health law, as amended by section 3 of part C of chapter 57 of the laws of 2018, is amended to read as follows:

6. "Provider" shall mean: (a) any residential health care facility licensed under article twenty-eight of this chapter; or any certified home health agency, licensed home care services agency or long term home health care program certified under article thirty-six of this chapter; any hospice program certified pursuant to article forty of this chapter; or any adult home, enriched housing program or residence for adults licensed under article seven of the social services law; or (b) ~~[a health home, or any subcontractor of such health home, who contracts with or is approved or otherwise authorized by the department to provide health home services to all those enrolled pursuant to a diagnosis of a developmental disability as defined in subdivision twenty-two of section 1.03 of the mental hygiene law and enrollees who are under twenty-one years of age under section three hundred sixty-five-1 of the social services law, or]~~ any entity that provides home and community based services to enrollees who are under twenty-one years of age under a demonstration program pursuant to section eleven hundred fifteen of the federal social security act.

§ 6. Paragraph (b) of subdivision 9 of section 2899-a of the public health law, as amended by section 4 of part C of chapter 57 of the laws of 2018, is amended to read as follows:

(b) Residential health care facilities licensed pursuant to article twenty-eight of this chapter and certified home health care agencies and long-term home health care programs certified or approved pursuant to article thirty-six of this chapter ~~[or a health home, or any subcontractor of such health home, who contracts with or is approved or otherwise~~

~~authorized by the department to provide health home services to all those enrolled pursuant to a diagnosis of a developmental disability as defined in subdivision twenty-two of section 1.03 of the mental hygiene law and enrollees who are under twenty-one years of age under section three hundred sixty-five-1 of the social services law,~~ or any entity that provides home and community based services to enrollees who are under twenty-one years of age under a demonstration program pursuant to section eleven hundred fifteen of the federal social security act, may, subject to the availability of federal financial participation, claim as reimbursable costs under the medical assistance program, costs reflecting the fee established pursuant to law by the division of criminal justice services for processing a criminal history information check, the fee imposed by the federal bureau of investigation for a national criminal history check, and costs associated with obtaining the fingerprints, provided, however, that for the purposes of determining rates of payment pursuant to article twenty-eight of this chapter for residential health care facilities, such reimbursable fees and costs shall be reflected as timely as practicable in such rates within the applicable rate period.

§ 7. Subdivision 10 of section 2899-a of the public health law, as amended by section 1 of part EE of chapter 57 of the laws of 2019, is amended to read as follows:

10. Notwithstanding subdivision eleven of section eight hundred forty-five-b of the executive law, a certified home health agency, licensed home care services agency or long term home health care program certified, licensed or approved under article thirty-six of this chapter or a home care services agency exempt from certification or licensure under article thirty-six of this chapter, a hospice program under article forty of this chapter, or an adult home, enriched housing program or residence for adults licensed under article seven of the social services law, ~~[or a health home, or any subcontractor of such health home, who contracts with or is approved or otherwise authorized by the department to provide health home services to all enrollees enrolled pursuant to a diagnosis of a developmental disability as defined in subdivision twenty-two of section 1.03 of the mental hygiene law and enrollees who are under twenty-one years of age under section three hundred sixty-five-1 of the social services law,~~ or any entity that provides home and community based services to enrollees who are under twenty-one years of age under a demonstration program pursuant to section eleven hundred fifteen of the federal social security act may temporarily approve a prospective employee while the results of the criminal history information check and the determination are pending, upon the condition that the provider conducts appropriate direct observation and evaluation of the temporary employee, while he or she is temporarily employed, and the care recipient; provided, however, that for ~~[a health home, or any subcontractor of a health home, who contracts with or is approved or otherwise authorized by the department to provide health home services to all enrollees enrolled pursuant to a diagnosis of developmental disability as defined in subdivision twenty-two of section 1.03 of the mental hygiene law and enrollees who are under twenty-one years of age under section three hundred sixty-five-1 of the social services law, or]~~ any entity that provides home and community based services to enrollees who are under twenty-one years of age under a demonstration program pursuant to section eleven hundred fifteen of the federal social security act, direct observation and evaluation of temporary employees shall not be required until July first, two thousand nineteen. The results of such

1 observations shall be documented in the temporary employee's personnel
2 file and shall be maintained. For purposes of providing such appropriate
3 direct observation and evaluation, the provider shall utilize an indi-
4 vidual employed by such provider with a minimum of one year's experience
5 working in an agency certified, licensed or approved under article thir-
6 ty-six of this chapter or an adult home, enriched housing program or
7 residence for adults licensed under article seven of the social services
8 law, ~~[a health home, or any subcontractor of such health home, who~~
9 ~~contracts with or is approved or otherwise authorized by the department~~
10 ~~to provide health home services to those enrolled pursuant to a diagno-~~
11 ~~sis of a developmental disability as defined in subdivision twenty two~~
12 ~~of section 1.03 of the mental hygiene law and enrollees who are under~~
13 ~~twenty-one years of age under section three hundred sixty-five-1 of the~~
14 ~~social services law,~~] or any entity that provides home and community
15 based services to enrollees who are under twenty-one years of age under
16 a demonstration program pursuant to section eleven hundred fifteen of
17 the federal social security act. If the temporary employee is working
18 under contract with another provider certified, licensed or approved
19 under article thirty-six of this chapter, such contract provider's
20 appropriate direct observation and evaluation of the temporary employee,
21 shall be considered sufficient for the purposes of complying with this
22 subdivision.

23 § 8. This act shall take effect on the ninetieth day after it shall
24 have become a law; provided, however, that the amendments to subdivision
25 6 of section 2899 of the public health law made by section five of this
26 act shall not affect the expiration of such subdivision and shall be
27 deemed to expire therewith.

28 § 2. Severability clause. If any clause, sentence, paragraph, subdivi-
29 sion, section or part of this act shall be adjudged by any court of
30 competent jurisdiction to be invalid, such judgment shall not affect,
31 impair, or invalidate the remainder thereof, but shall be confined in
32 its operation to the clause, sentence, paragraph, subdivision, section
33 or part thereof directly involved in the controversy in which such judg-
34 ment shall have been rendered. It is hereby declared to be the intent of
35 the legislature that this act would have been enacted even if such
36 invalid provisions had not been included herein.

37 § 3. This act shall take effect immediately provided, however, that
38 the applicable effective date of Parts A through BB of this act shall be
39 as specifically set forth in the last section of such Parts.